

Abstract

Between June 1994 and June 2003, 45 out of 854 (5.33%) HIV-infected patients were diagnosed with invasive amebiasis (IA) (amebic liver abscess and/or amebic colitis) who had a median CD4+ count of 202 cells/mm³ (range, 6-805 cells/mm³). A high titer (defined as $\geq 1:128$) was detected in 35 of the 595 patients (5.88%) screened using indirect hemagglutination (IHA) assay. In order to understand if higher IHA antibody titers were more common in HIV-infected persons than HIV-uninfected persons, we tested all blood specimens for HIV antibody submitted for IHA assay between November 2001 and November 2003. Of the 110 HIV-infected and 405 HIV-uninfected persons, 14 (12.73%) and 7 (1.73%), respectively, had high titers ($p < 0.05$). To investigate if the risk for amebic infection was higher in HIV-infected persons, we tested stool specimens for amebic antigen using \geq ENTAMOEBA TEST. Forty-three of 303 (12.68%) HIV-infected and 0 of 86 HIV-uninfected healthy volunteers were tested positive ($p < 0.05$). At least 10 of the 43 (23.26%) stool specimens contained pathogenic *Entamoeba histolytica*, which was identified by polymerase chain reaction (PCR) using primers specific for pathogenic strains. Our study suggested that IA was an emerging parasitic infection of patients with HIV infection in Taiwan and should alert the clinicians to this disease as a sentinel disease for HIV infection. The higher rate of disease than what had been reported in western countries was likely due to a higher rate of intestinal colonization with pathogenic *E. histolytica*. Education of and adherence to protected sex are urgently needed and reinforced in Taiwan where a certain proportion of the HIV-infected patients may carry pathogenic strains of *E. histolytica*.

Keywords : INTESTINAL PROTOZOA ; HIV INFECTION ; AIDS ; ENTAMOEBA HISTOLYTICA ; AMEBIASIS ; INVASIVE AMEBIC INFECTION