Amoeboma Masquerading As A Colorectal Malignancy In An Asymptomatic Patient: A Diagnostic Challenge In Non-Endemic Settings

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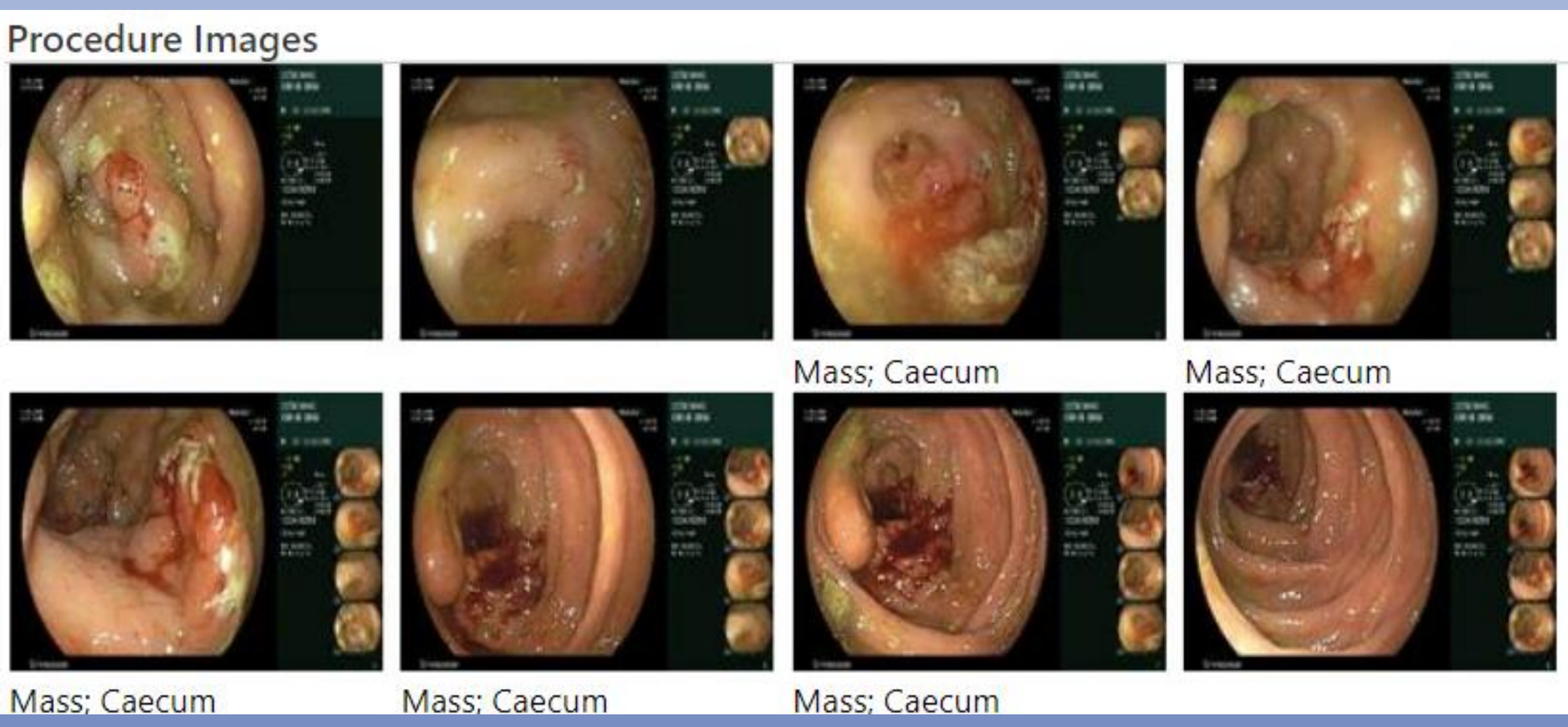
INTRODUCTION

- Amoeboma is a rare manifestation of *Entamoeba histolytica*, which can mimic colorectal carcinoma radiologically and endoscopically.
- It is a tumor-like inflammatory mass of granulation tissue that occurs in an estimated 1.5–2.5% of invasive amoebiasis cases.
- It remains a diagnostic challenge in non-endemic regions due to low clinical suspicion.

CASE PRESENTATION

- Patient demographics: 80-year-old Myanmar-born male, residing in Singapore for 20 years.
- Background: Hypertension, ex-smoker; not on immunosuppressive agents.
- Presented with a positive faecal occult blood test and was asymptomatic otherwise.
- CT Abdomen/Pelvis: circumferential colonic mass, suspicious for malignancy.
- Colonoscopy: ulcerated mass lesion in ascending colon.
- Colonic biopsy: ulcerated granulation tissue with amoebic trophozoites with positive PAS (Periodic acid-Schiff) stain. Serology: *Entamoeba histoly*tica antibody was positive.
- Management: oral metronidazole for 10 days followed by paromomycin for 7 days.
- Outcome: no surgery was needed eventually. Planned for repeat colonoscopy post-treatment.

Procedure Images



DISCUSSION

- Amoeboma can be indistinguishable from colorectal cancer or inflammatory bowel disease.
- Clinical presentation: abdominal pain, rectal bleed, or a palpable mass.
- Asymptomatic patients can present years after leaving endemic areas.
- Key diagnostic tools: history (travel, residence), histopathology, serology, and stool tests (microscopy, antigen detection (immunoassay) and nucleic acid amplification tests/polymerase chain reaction).
- A Japanese cohort study reported a 0.08% prevalence of asymptomatic amoebic ulcers on screening colonoscopy.
- Treatment requires dual therapy - both a tissue-active agent (e.g. metronidazole) and a luminal agent (e.g. paromomycin).

CONCLUSION

- Amoeboma remains a diagnostic challenge as it closely mimics colorectal cancer, even in asymptomatic patients.
- Accurate recognition prevents unnecessary colectomy in a condition that allows cure with medical therapy alone.
- Asymptomatic patients still require treatment due to risk of progression to invasive disease.
- Diagnosis relies on integrating clinical suspicion, epidemiology, and histopathology for confirmation.
- Dual therapy is essential for cure.
- Clinicians must maintain awareness of amoeboma to ensure optimal care and prevent morbidity from misdiagnosis.

References
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Disclosures: All authors/contributors have no conflicts of interest to disclose | Email Contact: tiarajoy.foo@mohh.com.sg