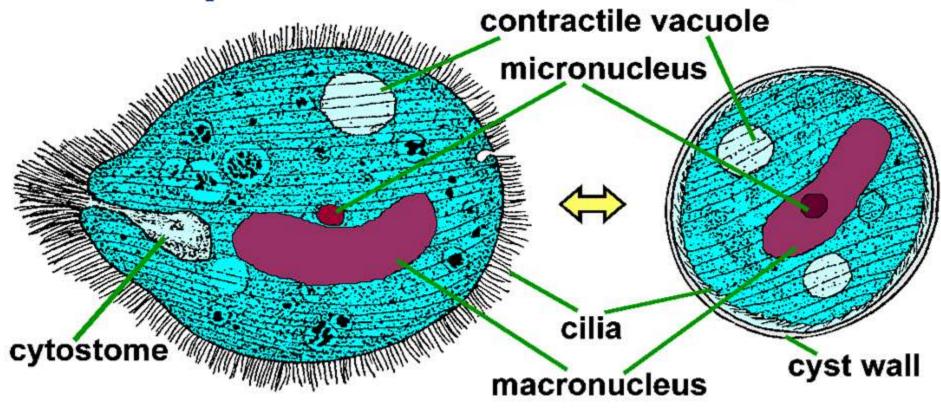
Balantidium coli

Balantidium coli is a protozoan parasite responsible for the disease Balantidiasis. *B.coli* is the largest protozoan, *B. coli* is a species of ciliate protozoan. This parasite is the only member of this family known to be pathogenic to humans. Hosts include pigs, wild boars, rats, primates (including humans), horses, cattle and guinea pigs. Infection is transmitted within or between these species by fecal-oral transmission. Pigs are the mostsignificant reservoir hosts. The protozoa are found worldwide, usually with a prevalence of less than 1%. Infection is rare, but is likely to occur in places where humans live closely with swine and where water sanitation is poor or non-existent.

- Balantidium coli
- Morphology
- Conspicuous vestibulum leads into a large cytostome; opposite of which lies a cytopyge
- Coarse cilia line the peristomal area
- Macronucleus is typically elongate and kidneyshaped; micronucleus is spherical
- 2 prominent contractile vacuoles,
- Food vacuoles in the cytoplasm contain debris, bacteria, RBCs, and fragments of host epithelium

Balantidium coli

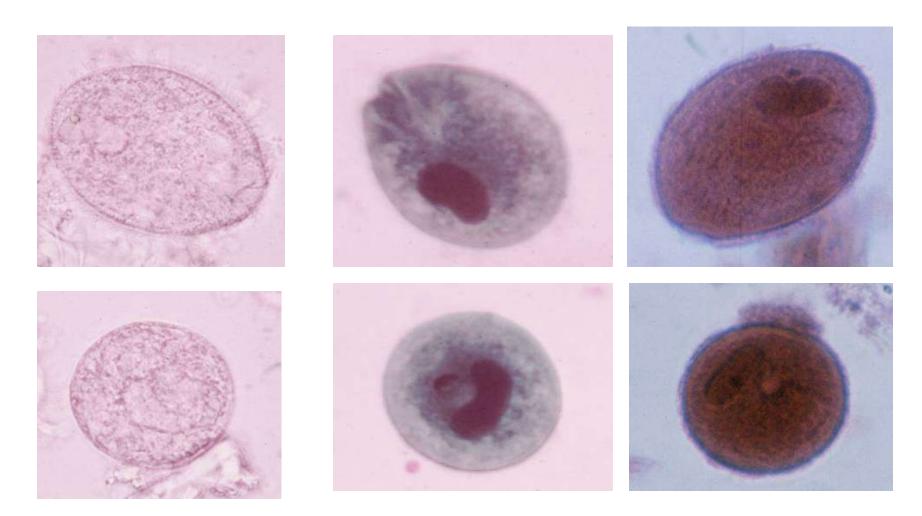
trophozoite cyst

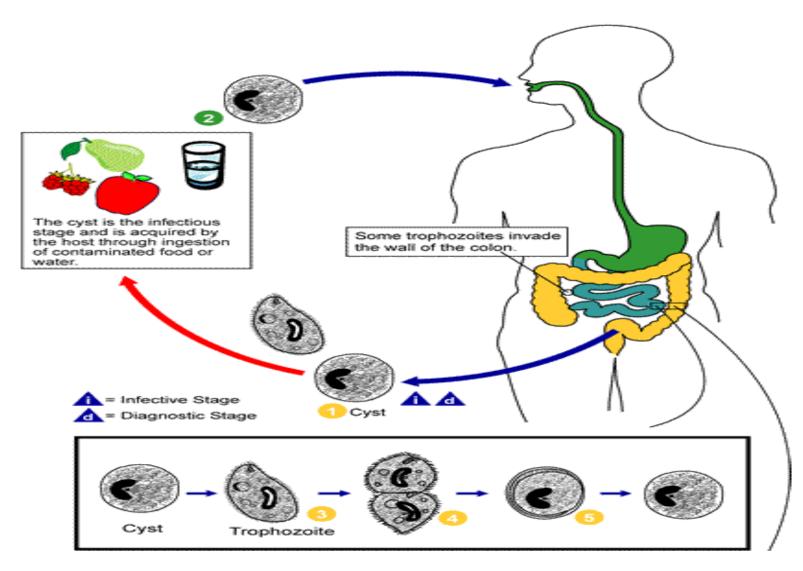


~70 x 45 μm (up to 200 μm)

~55 μm

unstained trichrome eosin





Life Cycle of Balantidium coli

<u>Life Cycle of Balantidium coli</u>

Balantidium coli has 2 developmental stages: a trophozoite stage and a cyst stage.

The cyst is the infective stage of *Balantium coli* life cycle. Once the cyst is ingested via feces-contaminated food or water, it passes through the host digestive system. The tough cyst wall allows the cyst are resist to acidic environment of the stomach and the basic environment of the small intestine until it reaches the large intestine. There, excystation takes place. Excystation produces a trophozoite from the cyst stage.

The motile trophozoite feeding on intestinal bacterial flora and intestinal nutrients.

Trophozoites multiply by asexual binary fission or sexual conjugation
The trophozoite may become invasive and penetrate the mucosa of the large intestine, Trophozoites are released with the feces, and encyst to form new cysts. Encystation takes place in the rectum of the host as feces are dehydrated or soon after the feces have been excreted.

Clinical manifestation

who are infected with *B. coli* remain asymptomatic. An infected individual may have cysts or trophozoites in their feces, but be free of any other symptoms or complaints.

Although Balantidium coli usually resides in the lumen of its host, trophozoites can invade the mucosa of the large intestine (cecum and colon) and cause ulcerations. The parasite secretes a substance called hyaluronidase enzyme, which helps degrade intestinal tissue and facilitates penetration of the mucosa. Other bacteria in the intestine may enter the ulcer leading to secondary infections. Ulcerations of the intestine can be viewed using sigmoidoscopy large Common symptoms of Balantidiasis include chronic diarrhea, occasional dysentery (diarrhea with passage of blood or mucus), nausea, foul breath, colitis (inflammation of the colon), abdominal pain, weight loss, deep intestinal ulcerations, and possibly perforation of the intestine. After ingestion of an infective *Balantidium coli* cyst, days to weeks may pass before infection occurs.

Epidemiology

Balantidiosis is most often found in tropical regions throughout the world ,It is not a common human disease; the infection rate is less than 1% ,The parasite is nonpathogenic in pigs and is much more prevalent (20-100%) among these hosts Pigs are a good source of infection for humans in areas where they share habitation.

Diagnosis

Examination of stool samples, looking for trophozoites and cysts, Trophozoites are readily identified because of their large size and the fact that B. coli is the only ciliate that parasitizes humans, The infection may disappear spontaneously or the host may become asymptomatic, with the host remaining as a carrier Several drugs that are taken orally are known to eliminate the infection

Treatment of Balantidiasis

Balantidium coli infection can be treated effectively with antibiotics. Three drugs are commonly used and dministered orally. They are listed below in order of recommendation.

- (1) Tetracyclines
- (2) Metronidazole
- (3) Iodoquinol