

中文題目：因使用類固醇使愛滋病人之阿米巴大腸炎穿孔合併腹膜炎

英文題目：Invasive amoebiasis with colon perforation in an AIDS patient due to concurrent administration of corticosteroid

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摘要：We report a 34-year-old HIV-infected man with amoeba colitis, disseminated *Mycobacterium avian complex* (MAC) and cytomegalovirus (CMV) infection with cecum perforation due to concurrent administration of corticosteroid for suspected *Pneumocystis jiroveci* pneumonia.(PCP) He presented with fever, short of breath, and dysphagia for 14 days. At the emergency room, he had mild fever, liver enzyme impairment and peripheral eosinophilia (5%).Chest radiography revealed bilateral interstitial infiltrations. He was given fluconazole, trimethoprim-sulfamethoxazole and hydrocortisone for treatment of esophageal candidiasis and PCP. However, he developed diarrhea and abdominal pain 6 days after hospitalization. A diagnosis of invasive amoebiasis with colon perforation was made because of presence of amoeba trophozoite in the stool and pathology examination of the colon. He was given metronidazole followed by iodoquinol. Five months after operation, he received closure of double barrel ileostomy and colostomy. This case illustrates the difficulty diagnostic challenge of caring for AIDS persons with multiple illnesses and medication use. Before the administration of corticosteroid for patients with PCP, the possibility of amoebiasis must be excluded.