

Intestinal Parasitism among Homosexual Male

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Published online: 10 May 2006
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Abstract Homosexuality can be seen all over the world at present. An important sexual practice in homosexual male is anal sex, which can be an important risk factor for transmission of many diseases including intestinal parasitism. Here, the author reviews the recent advance knowledge in intestinal parasite infestation in homosexual male.

Keywords Homosexual · Male · Parasite

Why does Intestinal Parasitism become an Important Homosexual Male?

Homosexuality can be seen all over the world at present. Health care for gay men is a complicated mix of physical, psychosocial and cultural phenomena that needs further empirical study and research [1]. Gay men's health issues are unique and need to be incorporated into clinical practice to provide comprehensive and culturally appropriate care to homosexual male [1]. An important sexual practice in homosexual male is anal sex, which can be an important risk factor for transmission of many diseases including intestinal parasitism. Indeed, Frankis and Flowers said that around 10% of homosexual men reported casual status-unknown/serodiscordant unprotected anal intercourse (UAI) within public sex environments (PSEs) [2]. In addition to gonorrhea and syphilis, both of which may develop primarily at anorectal or pharyngeal sites, a number of conditions, including *Neisseria meningitidis* urethritis, nonspecific urethritis, anorectal herpes, condyloma acuminatum, amebiasis, giardiasis, shigellosis, typhoid fever, enterobiasis and hepatitises A and B, have been identified as being transmitted by male homosexual contact [3]. Here, the author reviews the recent advance knowledge in intestinal parasite infestation in homosexual male.

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Important Intestinal Parasitic Infestation in Homosexual Male

Entamoeba Infestation

Entamoeba histolytica is a pathogenic species to human beings. Estambale and Knight said that association of HIV infection with this gut parasite infestation was likely to be related to sexual modes of contact that favour both HIV and the parasite [4]. Law said that the carriage of *E. histolytica* in the male homosexual population, who were prone for getting HIV infection, was rarely associated with any deleterious effects and treatment should be directed only at symptomatic patients in whom other enteric pathogens had been excluded [5]. In 1988, Allason-Jones et al. studied the outcome of untreated infection with *E. histolytica* in homosexual men with and without HIV antibody [6]. They found the same benign course in both cases who had and did not have HIV antibody [6]. They concluded that that *E. histolytica* in homosexual HIV-infected men was a commensal organism [6]. In addition, Keshinro and Musa said that there was no statistically significant relationship established between *E. histolytica* detection and cellular immunity in the HIV-infected patient [7].

Concerning the important complication of intestinal amebic infection, it is also noted that amebic liver abscess highly endemic in most developing tropical countries is being encountered more frequently in other geographical areas maybe secondary to increased travel to areas where the disease is endemic as well as in the homosexual population [8]. In 1999, Yoshikawa et al. reported an interesting case that that invasive amebiasis had occurred in a homosexual man, because *E. histolytica* in homosexual patients was considered to be a nonpathogenic and commensal organism in western countries, and that the patient had not complained of any gastrointestinal symptoms associated with minute colonic lesion of an isolated cecal ulcer [9]. This report indicates that the absence of gastrointestinal symptoms does not rule out invasive amebiasis, therefore, once the ameba is identified in stool specimens, even in homosexual men, it is important to differentiate pathogenic from nonpathogenic species irrespective of whether the patient is symptomatic, and to treat the patient infected with pathogenic species [9].

Giardiasis

Giardiasis is an important member of gay bowel syndrome [10]. Male homosexual contact is believed to be the main mode of transmission of observed *Giardia* cases in HIV-infected population [11]. In general, *Giardia intestinalis* in HIV infected population, is not considered a major cause of enteritis [12]. However, Angarano said that enteritis due to *G. intestinalis* is a frequent event among AIDS patients, especially in the most advanced stage of disease, irrespectively of the risk factor [12]. Concerning general male homosexual population, *G. intestinalis* was identified in about 3% [13]. Although the prevalence of infection is low, giardiasis is still transmissible amongst homosexual men [13].

Blastocystis Infection

Blastocystis Hominis is a Common Commensal Parasite in the Intestine [14].

Generally, *B. hominis* infection resolves spontaneous before any manifestation of the protozoa [14]. This common parasite is a commensal germ of the intestinal tract, even in subjects free of gastro-intestinal manifestations, and does not usually require prescription

of an antibiotic [14]. Junod said that *B. hominis* was shown to be noncontagious in children and was not found to be sexually transmitted in homosexual men [14]. However, Albrecht et al. found that homosexual men had a higher detection rate of this parasite than patients from other risk groups [15]. They also suggested that suggest that the isolation of *B. hominis* did not justify treatment even in symptomatic, severely immunocompromised patients [15].

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