A 47-year-old African-American man presented with 3-week history of rectal bleeding. It had started 6 weeks previously while he was visiting Nigeria, with watery diarrhea, abdominal bloating, and pain. His symptoms had resolved without treatment within 2 weeks. Physical examination and hematological and biochemical profiles were all normal. Colonoscopy showed several large ulcers in the cecum, hepatic flexure, and transverse colon with normal surrounding mucosa (Fig. 1), and multiple small, shallow ulcers in the rectum (Fig. 2). Pathologic examination of biopsies showed exudates with necrosis, and pieces of colonic mucosa with severe acute and chronic inflammation, and focal acute cryptitis, plus multiple vacuolated and amoeboid structures (Fig. 3). Subsequent stool study with a special trichrome stain confirmed the diagnosis of Blastocystis hominis. He was treated with metronidazole for 10 days with symptom resolution, and no recurrence of diarrhea. 

B. hominis is an anaerobic nonpathogenic protozoan and one of the most common stool pathogens [1]. Most infected patients are asymptomatic carriers. A presumptive diagnosis of infection is made by the presence of more than five organisms identified per high power field. The parasite, which measures about 5–40 μm, the size of a macrophage, resides in the colon and is transmitted feco-orally [2, 3]. The shallow punched-out ulcers more typical for Entamoeba histolytica and large ulcers of the colon have never been reported before in healthy adults [4, 5]. There is a single previously reported case of invasive B. hominis infection in a previously healthy 4-year-old child. Patients do not usually undergo a colonoscopic examination as the typical presenting symptom is a self-limiting watery diarrhea; therefore, it is possible that some of these immunocompetent patients could also have colonic ulcers. Though an unlikely cause, B. hominis is a pathogen to bear in mind when large colonic ulcers are diagnosed, especially in patients with a travel history and diarrhea.

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An unusual case of invasive Blastocystis hominis infection
S. Janarthanan\textsuperscript{1}, N. Khoury\textsuperscript{2}, F. Antaki\textsuperscript{1}
\textsuperscript{1} Division of Gastroenterology, Department of Internal Medicine, John D. Dingell VA Medical Center and Wayne State University, Detroit, Michigan, USA
\textsuperscript{2} Department of Pathology and Laboratory Medicine, John D. Dingell VA Medical Center, Detroit, Michigan, USA

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Corresponding author
F. Antaki, MD
Division of Gastroenterology
John D. Dingell VA Medical Center
4646 John R Road, C-3820, Detroit
Michigan 48201, USA
Fax: +1-313-576-1237
fadi.antaki@va.gov