**Entamoeba coli,** **Entamoeba dispar** and **Iodamoeba bütschlii** are commensals; they can be disregarded even if the patient is symptomatic, because they are found equally commonly in asymptomatic persons, and treatment for these organisms is ineffective.

- Treatment of patients with asymptomatic passage of giardia cysts is unwarranted.
- For symptomatic patients, use:
  - tinidazole 2 g (child: 50 mg/kg up to 2 g) orally, as a single dose OR
  - metronidazole 2 g (child: 30 mg/kg up to 2 g) orally, daily for 3 days.
- If the above treatment fails, repeat the primary course or use a longer course of metronidazole 400 mg (child: 10 mg/kg up to 400 mg) orally, 8-hourly for 7 to 10 days.

**Isospora belli** gastroenteritis generally occurs in HIV-infected patients in whom the clinical features resemble cryptosporidiosis. Use:
- trimethoprim+sulfamethoxazole 160+800 mg (child: 4+20 mg/kg up to 160+800 mg) orally, 6-hourly for 10 days.

**Cryptosporidium parvum** gastroenteritis
- In immunocompetent patients, **Cryptosporidium parvum** gastroenteritis is usually self-limiting within 14 days and requires no treatment.
- In immunocompromised patients, crampy abdominal pain and prolonged severe watery diarrhoea occur. Fluid replacement and the use of antidiarrhoeals are the mainstay of treatment.
- In patients with AIDS, highly active combination antiretroviral therapy often reduces symptoms.
- If treatment is indicated, use:
  - nitazoxanide 500 mg (child 1 to 3 years: 100 mg; 4 to 11 years: 200 mg) orally, 12-hourly for 3 days.

**Microsporidia** such as **Enterocytozoon bieneusi** and **Encephalitozoon (Septata) intestinalis** may be found in patients with chronic diarrhoea associated with AIDS.
- Symptoms are similar to cryptosporidiosis, but systemic dissemination to the liver, gall bladder, sinuses, muscle, eye and central nervous system can occur with **Encephalitozoon (Septata) intestinalis** infections.
- Although **albendazole** may be effective against **Encephalitozoon (Septata) intestinalis**, relapse is common. Use: **albendazole** 400 mg orally, 12-hourly for 21 days.
- **Albendazole** is usually not effective against **Enterocytozoon bieneusi**.
- **Fumagilin** (80 mg orally, once daily for 14 days) may be effective against **Enterocytozoon bieneusi**, but adverse effects may be a problem.

**Dientamoeba fragilis**
- **Dientamoeba fragilis**, a flagellate protozoan, is an occasional cause of acute and relapsing diarrhoea with associated bloating and intermittent pain in some infected individuals. Asymptomatic carriage also occurs.
- For symptomatic patients, use:
  - doxycycline 100 mg (child >8 years: 2.5 mg/kg up to 100 mg) orally, 12-hourly for 3 to 7 days OR
  - metronidazole 400 mg (child: 10 mg/kg up to 400 mg) orally, 8-hourly for 3 to 7 days.