

was given to 64% of patients and metronidazole to 29%. Cases of resistance to this treatment received a combination of 2 nitroimidazoles (4.4% of patients) :16.5% were HIV-positive, 4.5% had cancer, 1% had hypogammaglobulinemia. 5% had presented with a recurrence of giardiasis due to either reinfection or resistance to a previous treatment (4.4%).

Discussion. This work confirm the importance of having parasitic stool examinations in all patients presenting with persisting gastrointestinal disorders, and particularly for patients with known risks factors for giardiasis.

P-073

CLINICAL, IMMUNOLOGICAL AND PARASITOLOGICAL PARALLELS IN PATIENTS WITH BLASTOCYSTOSIS

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Blastocystis hominis is a widely spread throughout the world parasite, most often detected in human fecal materials. The aim of the study was to look for a correlation between the clinical form of blastocystosis - asymptomatic and clinically manifested, and some clinical, parasitological and immunological indices. On clinical and prophylactic indications, 7905 patients were parasitologically examined, and *B. hominis* was detected in 273 (3.4%) of them. Detailed investigations were carried out in 82 of the infected patients (19 males and 63 females), divided into two groups: individuals with clinical symptoms and asymptomatic carriers. A correlation was found between the number of parasites detected, the clinical presentation and the changes in the levels of total serum immunoglobulins (IgG, IgA, IgM) in the persons infected with *B. hominis*. Half of the patients investigated presented with gastrointestinal and allergic symptoms. Significant decrease of levels of serum immunoglobulin IgA, correlating with the number of parasites detected was found in 43 patients, irrespective of the presence or absence of clinical symptoms.

P-074

IS THERE A POSSIBLE LINK BETWEEN THE HELICOBACTER PYLORI INFECTION AND DIENTAMOEBIA FRAGILIS?

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Dientamoeba fragilis is a protozoan parasite which has no cyst stage and resides in human large intestine. It's mode of transmission is not known yet. *H. pylori* primarily colonizes in the gastric mucosal cells. Amonium, the metabolite of *H. pylori*'s urease enzyme, is regarded as the cause of gastric mucosal damage. In this report, we have investigated four *D. fragilis* positive patient cases to find out if there is a relationship between the damage at gastric mucosa which caused by *H. pylori* and the passage of *D. fragilis* from stomach to the large intestine. These four patients applied to the dermatology clinic with the complaints of pruritis and urticaria. We found out *D. fragilis* in faeces samples, which have been sent to our coproparasitology laboratory. We used iron haematoxylin permanent staining to diagnose *D. fragilis*. After treatment of *D. fragilis*, all patients reported a decrease in pruritis symptoms.

out that, *H. pylori* IgG was positive in all of these patients. In the basis of our results we suggest that the investigations about the association of *H. pylori* and *D. fragilis* can provide new openings about the mode of *D. fragilis* transmission.

P-075

INVESTIGATION OF ENTAMOEBIA HISTOLYTICA VE MYCOBACTERIUM TUBERCULOSIS IN BIOPSY SPECIMENS OF PATIENTS WITH INFLAMMATORY BOWEL DISEASES

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Inflammatory bowel diseases have overlapping clinical pathological, radiological and endoscopic findings with both intestinal amoebiasis and tuberculosis, which can be challenging for diagnosis and treatment of these diseases. Besides, treatment of inflammatory bowel diseases with corticosteroids at the presence of intestinal amoebiasis can lead to serious consequences. In order to investigate *Mycobacterium tuberculosis* and/or *Entamoeba histolytica* coexistence, endoscopic biopsy specimens of 20 inflammatory bowel disease patients and 9 control patients with other intestinal diseases were tested by polymerase chain reaction. *Entamoeba histolytica* DNA was investigated by real-time PCR. Internal control (human TNF-alpha gene sequences) was used in order to evaluate DNA extraction quality and inhibitors. We found neither *Entamoeba histolytica* nor *Mycobacterium tuberculosis* DNA in any of the patient and control specimens. We concluded that, our negative findings may be due to the low sensitivity of PCR in intestinal specimens and the low prevalence of these pathogens in inflammatory bowel disease patients.

P-076

INVASION OF HELIX LUCORUM LINNAEUS 1758, BY TREMATODA AT THE TBILISI RESERVOIR EMBANKMENT

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For the first time on the territory of Georgia *Helix lucorum* is registered as an intermediate host of Trematoda (family Dicrocoeliidae and Brachylaemidae). The researches were carried in 2006-2007 years on the left embankment of Tbilisi Reservoir. 275 specimens of *Helix lucorum* were investigated and 193 individuals (70.1%) appeared invaded by larval forms of Trematoda (Trematoda: Digenea). Two forms of cercaria (cercaria Dicrocoeliidae, cercaria Brachylaemidae), two forms of metacercaria and partenits were found. Maximal invasion was registered in the end of spring, in summer and fall. Intensity of invasion is very high and at optimal temperature and humidity several thousand specimens of metacercaria and several hundreds of partenits are found. They are located mainly in lungs, liver and genital organs. Sizes of cercaria and metacercaria are not constant and depend on the intensity of invasion.

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