

Abstract

Amoebiasis is a parasitic infection caused by the pathogenic intestinal amoeba *Entamoeba histolytica*, which multiplies as a minute form in the human lumen of the colon. Under not yet defined conditions, the minute form can be transformed into a magna form that attacks the colon wall and is able to spread out of the intestine by blood and infect internal organs, especially the liver. Amoebiasis is primarily treated with chemotherapeutics, which are divided into luminal and tissue depending on the site of action. Luminal drugs target the stages of *E.histolytica* in the lumen of the intestine and are therefore used to treat asymptomatic and symptomatic forms of intestinal amoebiasis. Tissue drugs, especially the 5-nitroimidazole derivative, metronidazole, which is the drug of choice in the treatment of amoebiasis, penetrate the tissues and are used to treat invasive intestinal and extra-intestinal infections. If chemotherapy is ineffective or there is a risk of rupture of abscess and sepsis, surgical treatment is performed. This thesis summarizes therapeutic approaches to individual clinical forms of amoebiasis, possibilities of chemotherapy at present, but also before the use of 5-nitroimidazole derivates, and alternatives to current drugs.

Key words

Intestinal amebae of humans, *Entamoeba histolytica*, amebiasis, treatment