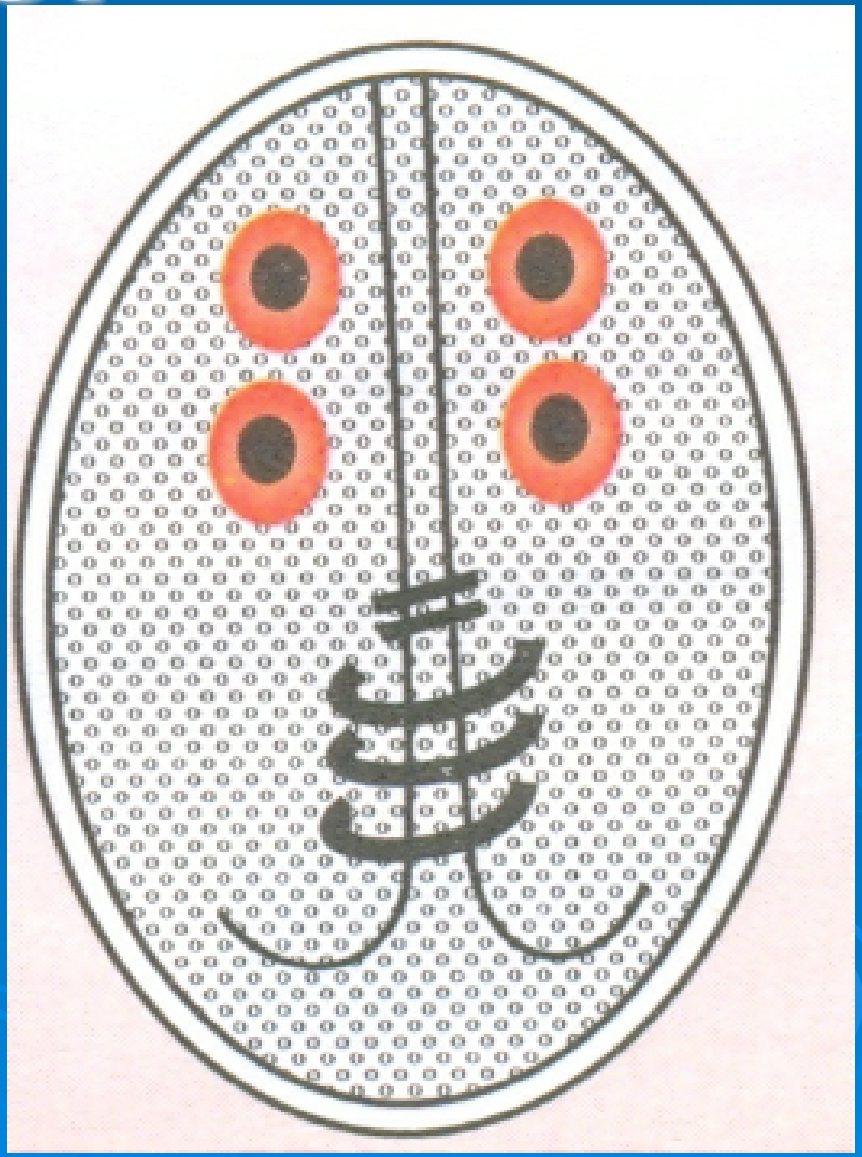
MORPHOLOGY

Cyst

- Shape:
- Size:
- Axostyles:
- Nuclei:



HABITAT & TRANSMISSION

Habitat:

1. Trophozoites:

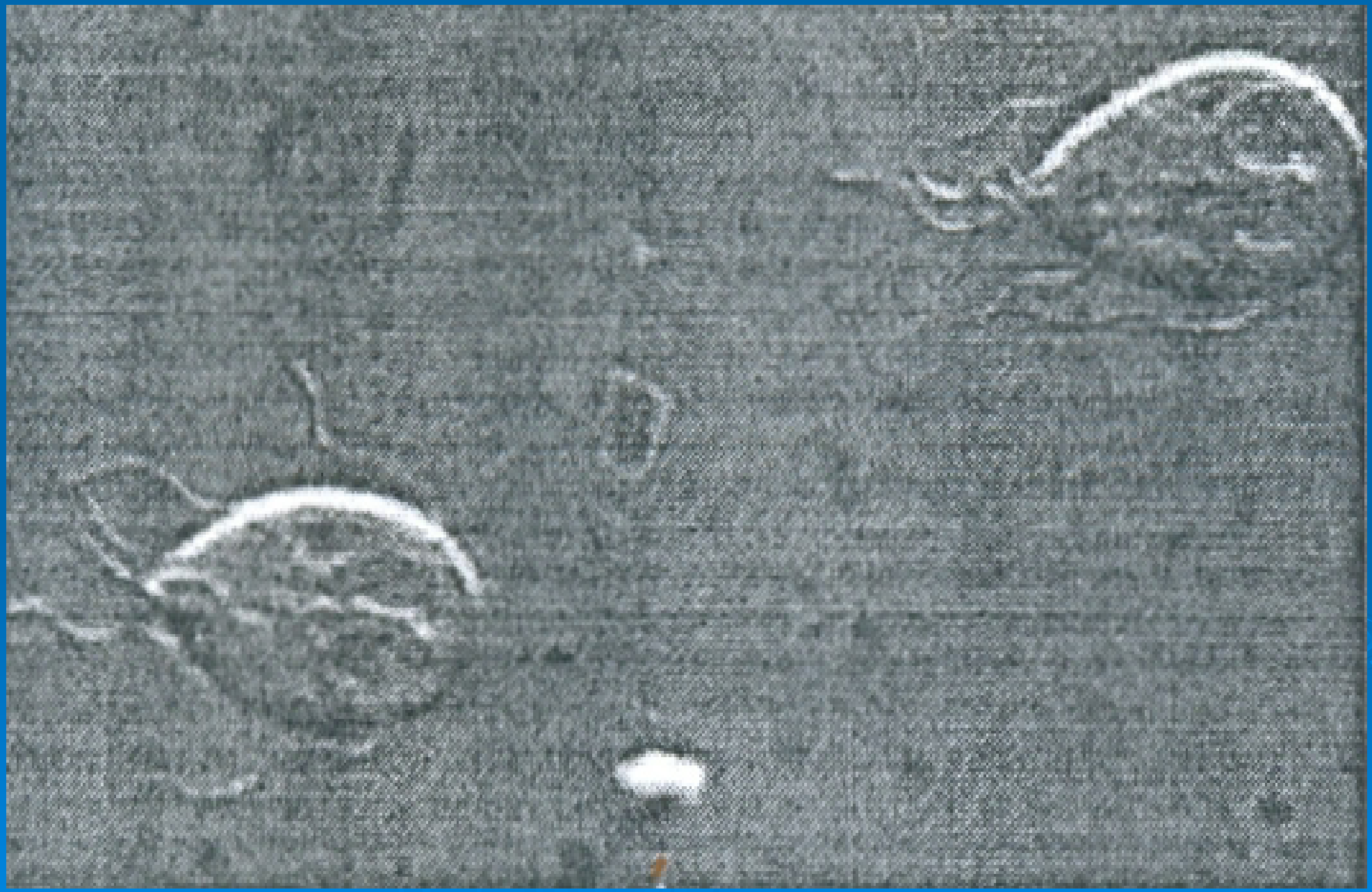
(a) definitive host

(b) Intermediate host

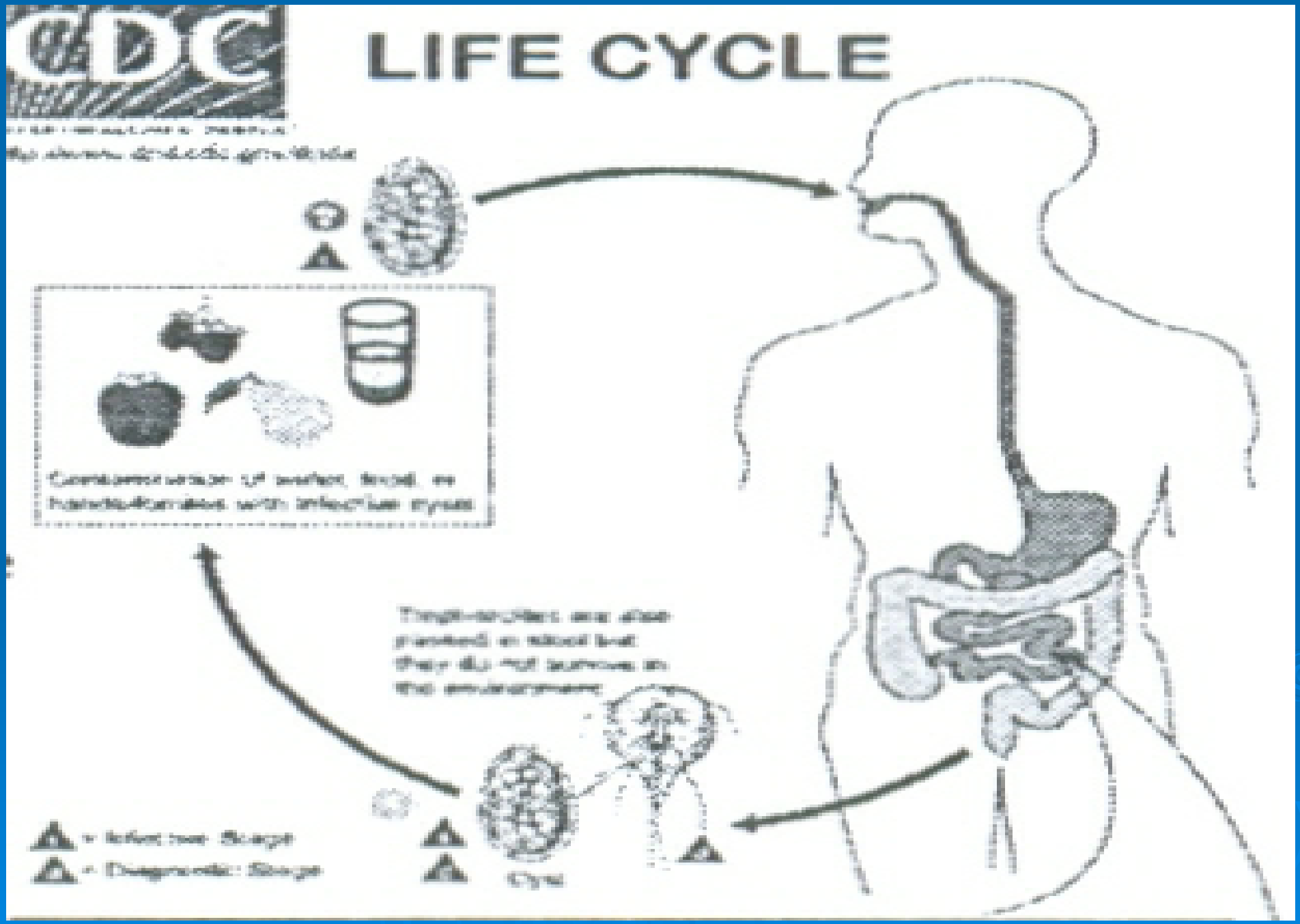
1. 2. Cysts:

Transmission:

TROPHOZOITES



LIFE CYCLE OF GIARDIA LAMBLIA



LIFE CYCLE OF GIARDIA LAMBLIA

- Only one host
- Cysts are ingested and in the small intestine, excystation releases trophozoites Trophozoites multiply by longitudinal binary flssion, remaining in the lumen of the proximal small bowel where they can be free or attached to the mucosa by a ventral socking disk
- Encystation occurs as the parasites transit toward the colon.
- The cyst is the stage found most commonly in nondiarrheal feces

PATHOGENESIS & CLINICAL FINDINGS

GIARDIASIS:

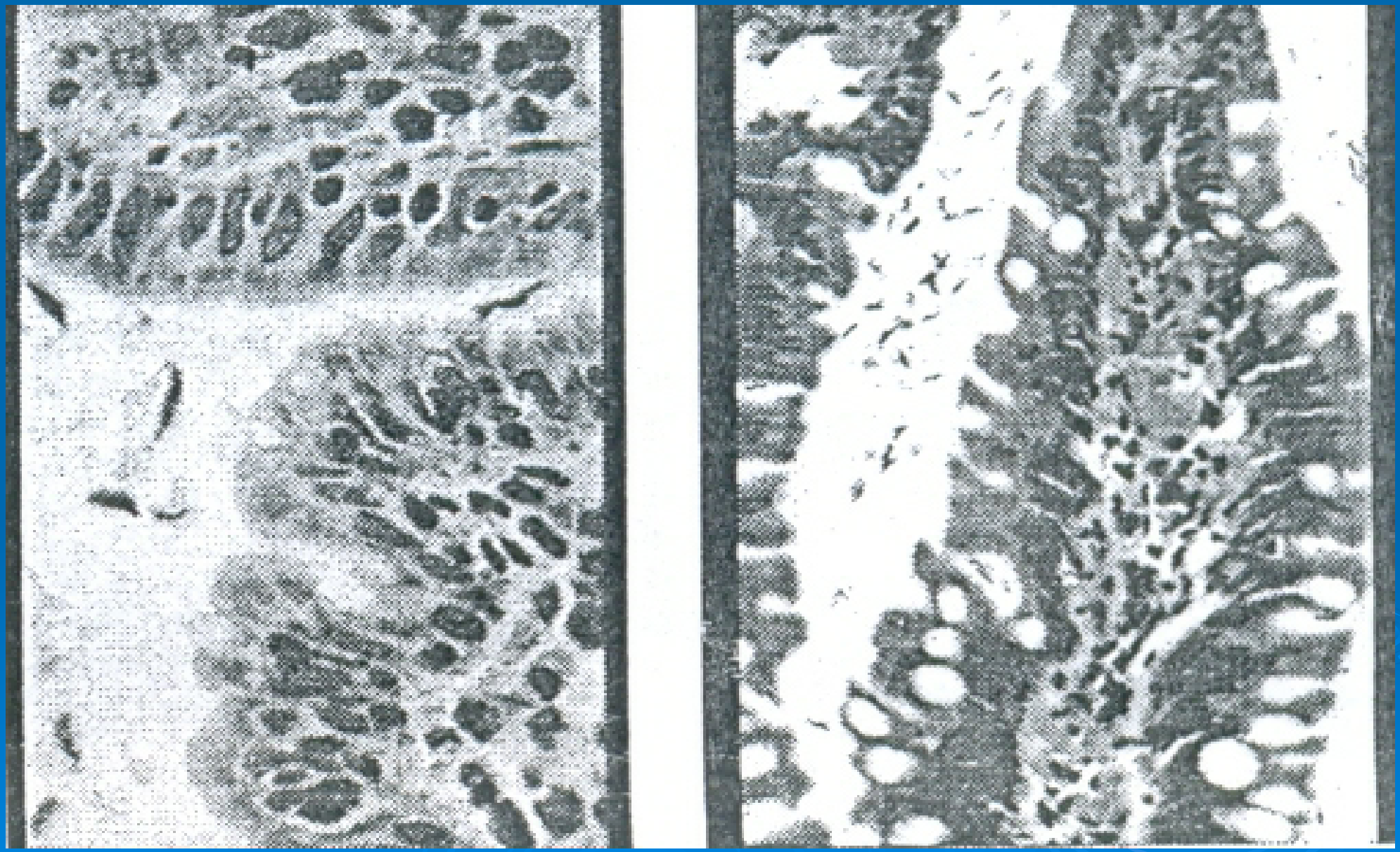
- INFECTIVE AGENT:
- INFECTIVE DOSE:
- PATHOGENESIS:
- Large no of Trophozoite attached to bowel wall with the help of sucking disc → causes irritation & low-grade inflammation of duodenal or jejunal mucosa associated with crypt hypertrophy, villous atrophy, & epithelial cell damage⟶ acute or chronic diarrhea.

PATHOGENESIS

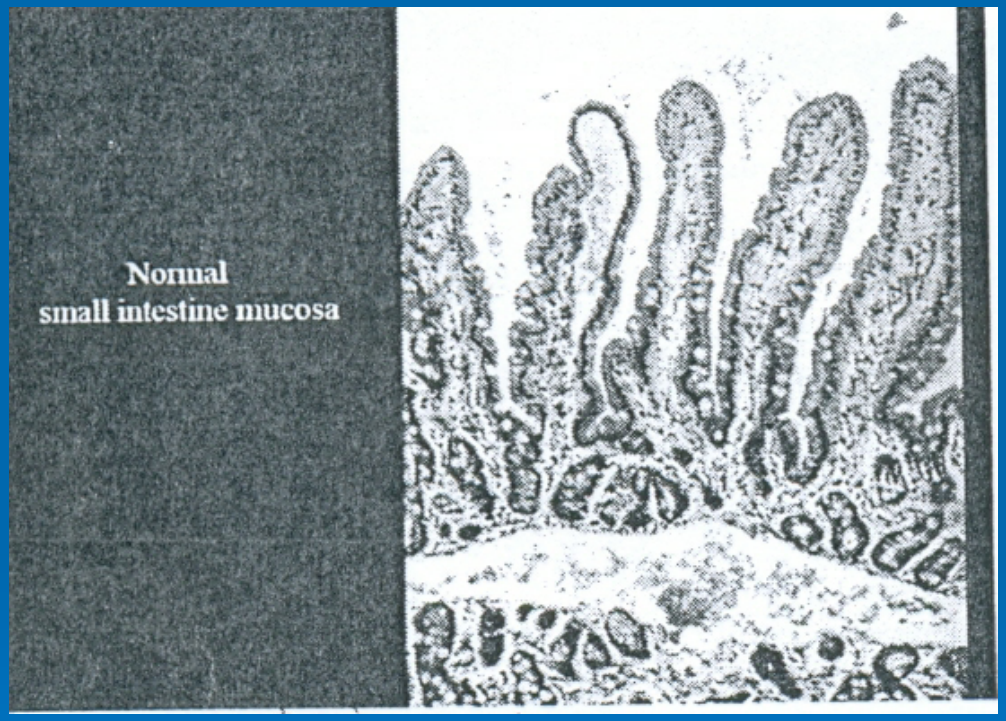
Possible Mechanisms

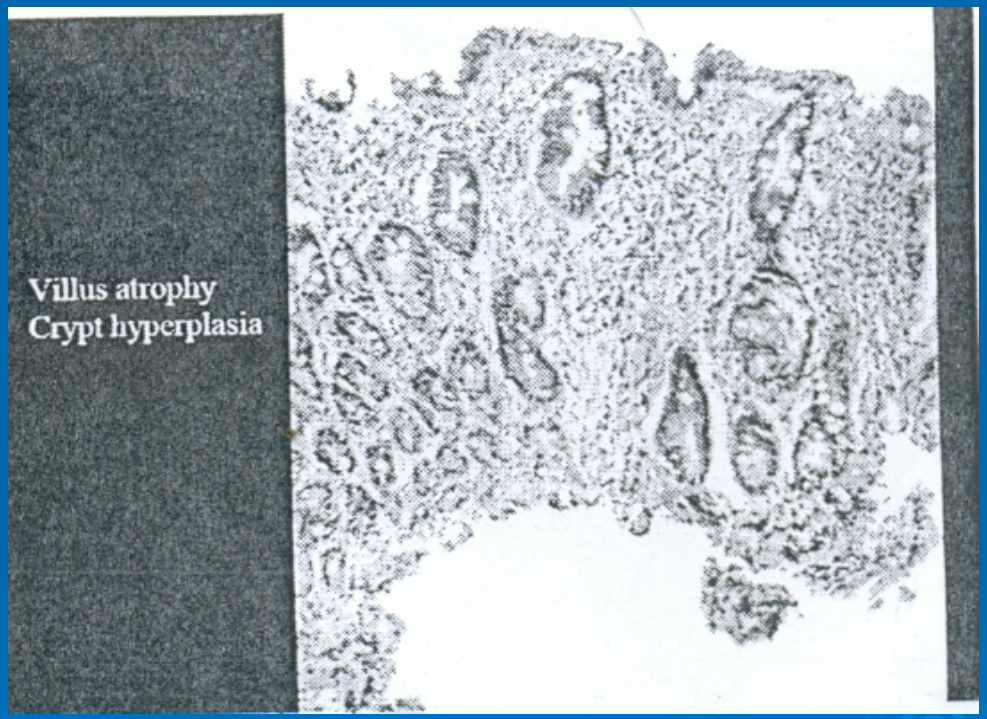
- Trophozoites released in the upper part of the SI move to the duodenum and jejunum and attach. Suction force may damage microvilli.
- Large number of parasite may interfere mechanically with digestion.
- Symptoms may result from inflammation of the mucosal cells of the small intestine
- AIDS patients do not appear to be more susceptible to giardiasis

PATHOGENESIS



PATHOGENESIS





GIARDIASIS

CLINICAL FEATURES

- Incubation period :

SYMPTOMS:

- Diarrhea
- Flatulence
- Abdominal cramps
- Bloating
- Nausea
- Anorexia
- Malaise
- Weight loss
- Malabsorption