

Supplemental table 2

Articles excluded at full text screening stage

Study	Reason for exclusion
Xavier <i>et al.</i> (2012) ¹	Previous established diagnosis of parasitic colitis
Soulsby <i>et al.</i> (2012) ²	Insufficient information
Agyemang & Virk (2012) ³	Travel to endemic area within four weeks of presentation
Pirti <i>et al.</i> (2012) ⁴	Not describing a case of parasitic colitis
Greaves <i>et al.</i> (2012) ⁵	Not describing a case of parasitic colitis
Crenitte <i>et al.</i> (2012) ⁶	Case in an endemic setting
Lee <i>et al.</i> (2012) ⁷	Case in an endemic setting
Xouris <i>et al.</i> (2012) ⁸	Not describing a case of parasitic colitis
Not de cas artTokuda (2012) ⁹	Insufficient information
Koczka <i>et al.</i> (2012) ¹⁰	Insufficient information
Arora <i>et al.</i> (2012) ¹¹	Case in an endemic setting
Rajadhyaksha <i>et al.</i> (2012) ¹²	Case in an endemic setting
Shelton <i>et al.</i> (2012) ¹³	Not describing a case of parasitic colitis
Kechagia <i>et al.</i> (2012) ¹⁴	Not describing a case of parasitic colitis
Wolters (2013) ¹⁵	Not describing a case of parasitic colitis
Alexander <i>et al.</i> (2013) ¹⁶	Diagnosis of HIV prior to presentation
Tanwar & Jain (2013) ¹⁷	Case in an endemic setting
Roberts <i>et al.</i> (2013) ¹⁸	Not describing a case of parasitic colitis
De Boer <i>et al.</i> (2013) ¹⁹	Diagnosis of HIV prior to presentation
Badyal <i>et al.</i> (2013) ²⁰	Case in an endemic setting
Cyr <i>et al.</i> (2013) ²¹	Not describing a case of parasitic colitis
Shea <i>et al.</i> (2013) ²²	Case in an endemic setting
Suhani <i>et al.</i> (2013) ²³	Case in an endemic setting
Cano <i>et al.</i> (2013) ²⁴	Not describing a case of parasitic colitis
Redaelli <i>et al.</i> (2013) ²⁵	Not describing a case of parasitic colitis
Giuseppe <i>et al.</i> (2014) ²⁶	Not describing a case of parasitic colitis
Vanuytsel <i>et al.</i> (2014) ²⁷	Not describing a case of parasitic colitis
Hohmann (2014) ²⁸	Not describing a case of parasitic colitis
Peto <i>et al.</i> (2014) ²⁹	Not describing a case of parasitic colitis
Sulima <i>et al.</i> (2014) ³⁰	Travel to endemic area within four weeks of presentation
Leal <i>et al.</i> (2014) ³¹	Case in an endemic setting
Sheth <i>et al.</i> (2014) ³²	Not describing a case of parasitic colitis
Prathibha <i>et al.</i> (2014) ³³	Case in an endemic setting
Tanwar <i>et al.</i> (2014) ³⁴	Case in an endemic setting
Bálint <i>et al.</i> (2014) ³⁵	Not describing a case of parasitic colitis
Fathi <i>et al.</i> (2014) ³⁶	Travel to endemic area within four weeks of presentation
Lai & Lamps (2014) ³⁷	Review
Mahvan (2014) ³⁸	Case in an endemic setting
Al-Saffar <i>et al.</i> (2015) ³⁹	Not describing a case of parasitic colitis
Alsharif <i>et al.</i> (2015) ⁴⁰	Not describing a case of parasitic colitis
Chaturvedi <i>et al.</i> (2015) ⁴¹	Case in an endemic setting
Buresch <i>et al.</i> (2015) ⁴²	Not describing a case of parasitic colitis
Fleming <i>et al.</i> (2015) ⁴³	Case in an endemic setting
Pochineni <i>et al.</i> (2015) ⁴⁴	Case in an endemic setting
Soin <i>et al.</i> (2015) ⁴⁵	Not describing a case of parasitic colitis
Rios <i>et al.</i> (2015) ⁴⁶	Case in an endemic setting
Alqarawi <i>et al.</i> (2015) ⁴⁷	Not describing a case of parasitic colitis
Burt & Hoh (2015) ⁴⁸	Not describing a case of parasitic colitis
Rodriguez <i>et al.</i> (2015) ⁴⁹	Not describing a case of parasitic colitis
Hechenbleikner & McQuade (2015) ⁵⁰	Review
Chen <i>et al.</i> (2015) ⁵¹	Case in an endemic setting
Michael <i>et al.</i> (2015) ⁵²	Case in an endemic setting
Horiki <i>et al.</i> (2015) ⁵³	Case in an endemic setting
Malakoutian <i>et al.</i> (2015) ⁵⁴	Case in an endemic setting
Montini <i>et al.</i> (2015) ⁵⁵	Not describing a case of parasitic colitis
Issa <i>et al.</i> (2014) ⁵⁶	Not describing a case of parasitic colitis
Jaiswal <i>et al.</i> (2015) ⁵⁷	Case in an endemic setting
Cheema <i>et al.</i> (2015) ⁵⁸	Insufficient information
Chora <i>et al.</i> (2015) ⁵⁹	Not describing a case of parasitic colitis
Shirley & Moonah (2016) ⁶⁰	Review
Gulati <i>et al.</i> (2016) ⁶¹	Not describing a case of parasitic colitis
Nourse <i>et al.</i> (2016) ⁶²	Travel to endemic area within four weeks of presentation
Barrett <i>et al.</i> (2016) ⁶³	Not describing a case of parasitic colitis
Cocca <i>et al.</i> (2016) ⁶⁴	Not describing a case of parasitic colitis
Jazuli <i>et al.</i> (2016) ⁶⁵	Not describing a case of parasitic colitis
Duvignaud <i>et al.</i> (2016) ⁶⁶	Not describing a case of parasitic colitis

Tachamo <i>et al.</i> (2016) ⁶⁷	Not describing a case of parasitic colitis
O'Neil & Fanella (2016) ⁶⁸	Insufficient information
de Souza <i>et al.</i> (2016) ⁶⁹	Case in an endemic setting
Tan <i>et al.</i> (2016) ⁷⁰	Case in an endemic setting
Zaghlool <i>et al.</i> (2016) ⁷¹	Case in an endemic setting
Rodrigues (2016) ⁷²	Case in an endemic setting
Najjari <i>et al.</i> (2016) ⁷³	Case in an endemic setting
Najafi <i>et al.</i> (2016) ⁷⁴	Case in an endemic setting
Khillan <i>et al.</i> (2016) ⁷⁵	Case in an endemic setting
Darby <i>et al.</i> (2016) ⁷⁶	Not describing a case of parasitic colitis
Peixoto <i>et al.</i> (2017) ⁷⁷	Not describing a case of parasitic colitis
McDonald & Moore (2017) ⁷⁸	Not describing a case of parasitic colitis
Glenn <i>et al.</i> (2017) ⁷⁹	Not describing a case of parasitic colitis
Hench <i>et al.</i> (2017) ⁸⁰	Not describing a case of parasitic colitis
Peixoto <i>et al.</i> (2017) ⁸¹	Insufficient information
Myint <i>et al.</i> (2017) ⁸²	Not describing a case of parasitic colitis
Le <i>et al.</i> (2017) ⁸³	Diagnosis of HIV prior to presentation
Kuriakose <i>et al.</i> (2017) ⁸⁴	Diagnosis of HIV prior to presentation
Smith <i>et al.</i> (2017) ⁸⁵	Not describing a case of parasitic colitis
Reddy <i>et al.</i> (2017) ⁸⁶	Case in an endemic setting
Yerra & Yarra (2017) ⁸⁷	Travel to endemic area within four weeks of presentation
Davis <i>et al.</i> (2017) ⁸⁸	Not describing a case of parasitic colitis
Mamachen <i>et al.</i> (2017) ⁸⁹	Not describing a case of parasitic colitis
Hassanudin <i>et al.</i> (2017) ⁹⁰	Case in an endemic setting
Kalambay <i>et al.</i> (2017) ⁹¹	Not describing a case of parasitic colitis
Dogra <i>et al.</i> (2017) ⁹²	Case in an endemic setting
Sukhwani <i>et al.</i> (2017) ⁹³	Case in an endemic setting
Van Der Voort (2017) ⁹⁴	Not describing a case of parasitic colitis
Rawl <i>et al.</i> (2017) ⁹⁵	Not describing a case of parasitic colitis
Cristina <i>et al.</i> (2017) ⁹⁶	Not describing a case of parasitic colitis
Wang & Prayson (2017) ⁹⁷	Not describing a case of parasitic colitis
Abreu <i>et al.</i> (2017) ⁹⁸	Not describing a case of parasitic colitis
Reyes <i>et al.</i> (2017) ⁹⁹	Not describing a case of parasitic colitis
Tariq <i>et al.</i> (2017) ¹⁰⁰	Not describing a case of parasitic colitis
Wingfield <i>et al.</i> (2018) ¹⁰¹	Diagnosis of HIV prior to presentation
Topić <i>et al.</i> (2018) ¹⁰²	Not describing a case of parasitic colitis
Cheung <i>et al.</i> (2018) ¹⁰³	Not describing a case of parasitic colitis
Chan <i>et al.</i> (2018) ¹⁰⁴	Not describing a case of parasitic colitis
Rodríguez-Wong & Rodríguez-Medina (2018) ¹⁰⁵	Case in an endemic setting
Ramos-Poblete (2018) ¹⁰⁶	Not describing a case of parasitic colitis
Dillon & Riedel (2018) ¹⁰⁷	Not describing a case of parasitic colitis
Timsit <i>et al.</i> (2018) ¹⁰⁸	Not describing a case of parasitic colitis
Abullah <i>et al.</i> (2018) ¹⁰⁹	Not describing a case of parasitic colitis
Guzmán <i>et al.</i> (2018) ¹¹⁰	Case in an endemic setting
Varshney <i>et al.</i> (2018) ¹¹¹	Case in an endemic setting
Domazetovska <i>et al.</i> (2018) ¹¹²	Insufficient information
Wilson & Fearon (2018) ¹¹³	Not describing a case of parasitic colitis
Almalki & Yaseen (2018) ¹¹⁴	Not describing a case of parasitic colitis
Mavilia <i>et al.</i> (2018) ¹¹⁵	Insufficient information
Polley <i>et al.</i> (2018) ¹¹⁶	Not describing a case of parasitic colitis
Greenberg <i>et al.</i> (2018) ¹¹⁷	Not describing a case of parasitic colitis
Wesolowska <i>et al.</i> (2018) ¹¹⁸	Travel to endemic area within four weeks of presentation
Miah <i>et al.</i> (2018) ¹¹⁹	Case in an endemic setting
Gupta <i>et al.</i> (2018) ¹²⁰	Case in an endemic setting
Xing <i>et al.</i> (2018) ¹²¹	Case in an endemic setting
Sim <i>et al.</i> (2018) ¹²²	Case in an endemic setting
Kanth & Affolter (2018) ¹²³	Not describing a case of parasitic colitis
Bansal <i>et al.</i> (2019) ¹²⁴	Insufficient information
Bronswijk & Van Gool (2019) ¹²⁵	Diagnosis of HIV prior to presentation
Madden <i>et al.</i> (2019) ¹²⁶	Not describing a case of parasitic colitis
Wilechansky <i>et al.</i> (2019) ¹²⁷	Not describing a case of parasitic colitis
Morris <i>et al.</i> (2019) ¹²⁸	Travel to endemic area within four weeks of presentation
Vasquez-Rios <i>et al.</i> (2019) ¹²⁹	Not describing a case of parasitic colitis
Fraser (2019) ¹³⁰	Not describing a case of parasitic colitis
Jaboury (2019) ¹³¹	Insufficient information
Fernández-Huerta <i>et al.</i> (2019) ¹³²	Insufficient information
Heydarian <i>et al.</i> (2019) ¹³³	Case in an endemic setting
Glenda Herrera <i>et al.</i> (2019) ¹³⁴	Not describing a case of parasitic colitis
Sebastian <i>et al.</i> (2019) ¹³⁵	Case in an endemic setting
Premkumar <i>et al.</i> (2019) ¹³⁶	Case in an endemic setting

Saeed <i>et al.</i> (2019) ¹³⁷	Case in an endemic setting
Bourée <i>et al.</i> (2019) ¹³⁸	Diagnosis of HIV prior to presentation
Agrosa <i>et al.</i> (2019) ¹³⁹	Not describing a case of parasitic colitis
Khan <i>et al.</i> (2019) ¹⁴⁰	Case in an endemic setting
Gomez-Hinojosa <i>et al.</i> (2020) ¹⁴¹	Case in an endemic setting
Veraldi <i>et al.</i> (2020) ¹⁴²	Not describing a case of parasitic colitis
Colman <i>et al.</i> (2020) ¹⁴³	Not describing a case of parasitic colitis
Junare & Udgirkar (2020) ¹⁴⁴	Case in an endemic setting
Fiamma <i>et al.</i> (2020) ¹⁴⁵	Not describing a case of parasitic colitis
Beltrán Rosel <i>et al.</i> (2020) ¹⁴⁶	Not describing a case of parasitic colitis
Jon <i>et al.</i> (2020) ¹⁴⁷	Insufficient information
Lier <i>et al.</i> (2020) ¹⁴⁸	Not describing a case of parasitic colitis
Kiriwathuduwa <i>et al.</i> (2020) ¹⁴⁹	Case in an endemic setting
Yen <i>et al.</i> (2020) ¹⁵⁰	Not describing a case of parasitic colitis
Ünal <i>et al.</i> (2020) ¹⁵¹	Not describing a case of parasitic colitis
Hirani <i>et al.</i> (2020) ¹⁵²	Not describing a case of parasitic colitis
Licona Vera <i>et al.</i> (2020) ¹⁵³	Case in an endemic setting
Motamedi <i>et al.</i> (2020) ¹⁵⁴	Case in an endemic setting
Bohossian <i>et al.</i> (2020) ¹⁵⁵	Not describing a case of parasitic colitis
Cabral <i>et al.</i> (2020) ¹⁵⁶	Not describing a case of parasitic colitis
Kaplun <i>et al.</i> (2020) ¹⁵⁷	Not describing a case of parasitic colitis
AnilKumar <i>et al.</i> (2020) ¹⁵⁸	Diagnosis of HIV prior to presentation
Birhanu <i>et al.</i> (2021) ¹⁵⁹	Case in an endemic setting
Pinto <i>et al.</i> (2021) ¹⁶⁰	Not describing a case of parasitic colitis
Sánchez Zamora <i>et al.</i> (2021) ¹⁶¹	Not describing a case of parasitic colitis
Páramo-Zunzunegui <i>et al.</i> (2021) ¹⁶²	Not describing a case of parasitic colitis
Saini <i>et al.</i> (2021) ¹⁶³	Case in an endemic setting
Edelman-Klapper <i>et al.</i> (2021) ¹⁶⁴	Not describing a case of parasitic colitis
Stone <i>et al.</i> (2021) ¹⁶⁵	Not describing a case of parasitic colitis
Stylemans <i>et al.</i> (2021) ¹⁶⁶	Not describing a case of parasitic colitis
Venturini <i>et al.</i> (2021) ¹⁶⁷	Not describing a case of parasitic colitis
Braojos <i>et al.</i> (2021) ¹⁶⁸	Not describing a case of parasitic colitis
Singh <i>et al.</i> (2021) ¹⁶⁹	Not describing a case of parasitic colitis
Shijubou <i>et al.</i> (2021) ¹⁷⁰	Case in an endemic setting
Garg & Jasmine (2021) ¹⁷¹	Case in an endemic setting
Dorantes <i>et al.</i> (2021) ¹⁷²	Case in an endemic setting
Bdioui <i>et al.</i> (2021) ¹⁷³	Case in an endemic setting
Wardlaw <i>et al.</i> (2021) ¹⁷⁴	Not describing a case of parasitic colitis
Kitaoka <i>et al.</i> (2021) ¹⁷⁵	Case in an endemic setting
Hussin <i>et al.</i> (2021) ¹⁷⁶	Not describing a case of parasitic colitis
Cai <i>et al.</i> (2021) ¹⁷⁷	Case in an endemic setting
Miyaguchi <i>et al.</i> (2022) ¹⁷⁸	Case in an endemic setting
Nasrallah <i>et al.</i> (2022) ¹⁷⁹	Not describing a case of parasitic colitis
Tan & Tseng (2022) ¹⁸⁰	Case in an endemic setting
Henry <i>et al.</i> (2022) ¹⁸¹	Travel to endemic area within four weeks of presentation
Tam <i>et al.</i> (2022) ¹⁸²	Case in an endemic setting
Mahoney <i>et al.</i> (2022) ¹⁸³	Not describing a case of parasitic colitis
Sterbenc <i>et al.</i> (2022) ¹⁸⁴	Presentation post-transplantation
Puerta-Peña & Calleja Algarra (2022) ¹⁸⁵	Not describing a case of parasitic colitis
Farraj <i>et al.</i> (2022) ¹⁸⁶	Not describing a case of parasitic colitis
Naidu <i>et al.</i> (2022) ¹⁸⁷	Not describing a case of parasitic colitis
Khan <i>et al.</i> (2022) ¹⁸⁸	Case in an endemic setting
Sy <i>et al.</i> (2022) ¹⁸⁹	Not describing a case of parasitic colitis
Müller <i>et al.</i> (2022) ¹⁹⁰	Travel to endemic area within four weeks of presentation
Zheng & Xue (2022) ¹⁹¹	Case in an endemic setting
Babazadeh <i>et al.</i> (2022) ¹⁹²	Case in an endemic setting
Dominguez <i>et al.</i> (2022) ¹⁹³	Not describing a case of parasitic colitis
Aggarwal <i>et al.</i> (2022) ¹⁹⁴	Case in an endemic setting
Qu & Zong (2022) ¹⁹⁵	Case in an endemic setting
Mandili <i>et al.</i> (2022) ¹⁹⁶	Case in an endemic setting
Ketema <i>et al.</i> (2022) ¹⁹⁷	Case in an endemic setting
Ordaya <i>et al.</i> (2022) ¹⁹⁸	Not describing a case of parasitic colitis
Boyle and Coppock (2022) ¹⁹⁹	Not describing a case of parasitic colitis
Geng <i>et al.</i> (2022) ²⁰⁰	Case in an endemic setting
Jerabek <i>et al.</i> (2023) ²⁰¹	Not describing a case of parasitic colitis
Gandhi <i>et al.</i> (2023) ²⁰²	Case in an endemic setting
Huang <i>et al.</i> (2023) ²⁰³	Case in an endemic setting
Costache <i>et al.</i> (2023) ²⁰⁴	Not describing a case of parasitic colitis
Iwasaki <i>et al.</i> (2023) ²⁰⁵	Case in an endemic setting
Rodrigues <i>et al.</i> (2023) ²⁰⁶	Case in an endemic setting

Singh <i>et al.</i> (2023) ²⁰⁷	Case in an endemic setting
Sant'ana <i>et al.</i> (2023) ²⁰⁸	Case in an endemic setting
Romero Cedeño <i>et al.</i> (2023) ²⁰⁹	Case in an endemic setting
Solano Blas & Amieva-Balmori (2023) ²¹⁰	Not describing a case of parasitic colitis
Motobayashi <i>et al.</i> (2023) ²¹¹	Case in an endemic setting
Malik <i>et al.</i> (2023) ²¹²	Not describing a case of parasitic colitis
Reznik <i>et al.</i> (2023) ²¹³	Not describing a case of parasitic colitis
Winterton & Ghous (2023) ²¹⁴	Not describing a case of parasitic colitis
Mohammed <i>et al.</i> (2024) ²¹⁵	Case in an endemic setting
Barrón-Díaz <i>et al.</i> (2024) ²¹⁶	Case in an endemic setting
Murthy <i>et al.</i> (2024) ²¹⁷	Case in an endemic setting
Li <i>et al.</i> (2024) ²¹⁸	Case in an endemic setting
Wu <i>et al.</i> (2024) ²¹⁹	Not describing a case of parasitic colitis
Ross (2024) ²²⁰	Review
Phan <i>et al.</i> (2024) ²²¹	Case in an endemic setting
Zeng <i>et al.</i> (2024) ²²²	Case in an endemic setting
Ikeda <i>et al.</i> (2024) ²²³	Case in an endemic setting
Van-Londoño <i>et al.</i> (2024) ²²⁴	Case in an endemic setting
Giri <i>et al.</i> (2025) ²²⁵	Case in an endemic setting
Celli <i>et al.</i> (2025) ²²⁶	Not describing a case of parasitic colitis
Malakar <i>et al.</i> (2025) ²²⁷	Case in an endemic setting
Asija <i>et al.</i> (2025) ²²⁸	Diagnosis of HIV prior to presentation

- 1 Xavier RJ, Gala MK, Bronzo BK, Kelly PJ. Case records of the Massachusetts General Hospital. Case 23-2012. A 59-year-old man with abdominal pain and weight loss. *N Engl J Med* 2012; **367**: 363–73.
- 2 Soulsby HM, Hewagama S, Brady S. Case series of four patients with strongyloides after occupational exposure. *Med J Aust* 2012; **196**: 444.
- 3 Agyemang EA, Virk A. 57-Year-old man with fever, rash, chronic watery diarrhea, cough, and sweats. *Mayo Clin Proc* 2012; **87**: e83-6.
- 4 Pirti O, Koçak E, Güler O, *et al.* An unusual cause of unilateral hydronephrosis: invasive colonic amebiasis. *Ren Fail* 2012; **34**: 798–800.
- 5 Greaves D, Gouliouris T, O'Donovan M, Craig JIO, Török ME. Strongyloides stercoralis hyperinfection in a patient treated for multiple myeloma. *Br J Haematol* 2012; **158**: 2.
- 6 Crenitte MRF, de Campos FPF, Felipe-Silva A. Strongyloides stercoralis hyperinfection: a dreaded but still missed diagnosis. *Autops Case Rep* 2012; **2**: 31–8.
- 7 Lee J, Jung H-S, Nam H-C, *et al.* Fulminant amoebic colitis mimicking intestinal vasculitis in a patient with systemic lupus erythematosus. *Lupus* 2012; **21**: 1351–5.
- 8 Xouris D, Vafiadis-Zoumbulis I, Papaxoinis K, *et al.* Possible Strongyloides stercoralis infection diagnosed by videocapsule endoscopy in an immunocompetent patient with devastating diarrhea. 2012 www.annalsgastro.gr.
- 9 Tokuda Y. Case 23-2012: A man with abdominal pain and weight loss. *N Engl J Med* 2012; **367**: 1670; author reply 1671-2.
- 10 Koczka CP, Hindy P, Goodman A, Gress F. Strongyloidiasis: a diagnosis more common than we think. *Eur J Gastroenterol Hepatol* 2012; **24**: 860–2.
- 11 Arora A, Sandip S, Mukund A, Patidar Y. Fulminant necrotizing amoebic colitis. *Travel Med Infect Dis* 2012; **10**: 270–1.
- 12 Rajadhyaksha A, Mehra S, Kawale J. Disseminated Strongyloides in systemic lupus erythematosus and antiphospholipid antibody syndrome: a case report. *Int J Rheum Dis* 2012; **15**: e159-61.
- 13 Shelton CL, Smith T, Karabatsou K, Ajdukiewicz K. Strongyloides hyperinfection syndrome following resection of meningioma. *BMJ Case Rep* 2012; **2012**. DOI:10.1136/bcr-2012-006174.
- 14 Kechagia M, Stamoulos K, Skarmoutsou N, *et al.* Rare Case of Strongyloides stercoralis Hyperinfection in a Greek Patient with Chronic Eosinophilia. *Int J Prev Med* 2012; **3**: 370–2.

- 15 Wolters J. Strongyloidiasis in a mine worker. *Neth J Med* 2013; **71**: 276.
- 16 Alexander CL, Clutterbuck DJ, Jones B. Strongyloides stercoralis: highlighting an imported case of the neglected parasite. *Int J STD AIDS* 2013; **24**: 73–4.
- 17 Tanwar R, Jain S. Amoebic cecal perforation following fulminant colitis with amoebic appendicitis and ruptured liver abscess: A rare presentation. *Ann Trop Med Public Health* 2013; **6**: 367.
- 18 Roberts AL, Schneider AE, Young RL, Hinrichs SH, Iwen PC. *Strongyloides stercoralis* Infection in a Non-Endemic Area. *Lab Med* 2013; **44**: 339–43.
- 19 de Boer MP, Bethlem-Schaap C, de Jager S, Wesselink E, Ambrose I, Slaght C. Fatal strongyloidiasis in an immunocompromised HTLV-I infected patient. *Intensive Care Med* 2013; **39**: 339–40.
- 20 Badyal RK, Gupta R, Vaiphei K. Diffuse perforated necrotising amoebic colitis with histoplasmosis in an immunocompetent individual presenting as an acute abdomen. *BMJ Case Rep* 2013; : bcr2013009059.
- 21 Cyr S, Nagpal A, Sohail MR. Shiga toxin producing *E coli* bloodstream infection secondary to *Strongyloides* penetration through intestinal mucosa. *BMJ Case Rep* 2013; : bcr2013200728.
- 22 Shea YF, Chau KM, Hung IFN, Chu LW. Strongyloidiasis in a nonagenarian who previously worked in conservancy services. *Hong Kong Med J* 2013; **19**: 74–6.
- 23 Suhani, Aggarwal L, Ali S, Thomas S. Fulminant necrotizing colitis: A rare complication of a common entity. *Ann Trop Med Public Health* 2013; **6**: 661.
- 24 Cano PM, López PH, González CB. La importancia de nuestro origen natal, a propósito de un proceso infeccioso. *FMC* 2013; **20**: 624.
- 25 Redaelli M, Mahmoohdzad J, Lang R, Schencking M. Globalised world, globalised diseases: A case report on an amoebiasis-associated colon perforation. *World J Clin Cases* 2013; **1**: 79–81.
- 26 Giuseppe S, Francesco C, Socrate P, Doriana V, Carlo S, Pierluigi C. Gastrointestinal: Strongyloides stercoralis infestation. *J Gastroenterol Hepatol* 2014; **29**: 1340.
- 27 Vanuytsel T, Sagaert X, Van Dijck H, *et al.* An unsuspected cause of diarrhoea and gastrointestinal bleeding during corticosteroid therapy. *Acta Gastroenterol Belg* 2014; **77**: 259–61.
- 28 Hohmann EL. Case 25-2014: A man with ulcerative colitis and bloody diarrhea. *N Engl J Med* 2014; **371**: 1848–9.

- 29 Peto P, Kubelka I, Jayawardene S. A Complex Case of Diarrhea. *Infectious Diseases in Clinical Practice* 2014; **22**: 110–2.
- 30 Sulima M, Wołyniec W, Nahorski WL, Zadrożny D, Witczak-Malinowska K, Renke M. Misdiagnosed amoebiasis leading to liver abscess. *Scand J Infect Dis* 2014; **46**: 735–6.
- 31 Leal R, Fayad L, Vieira D, *et al.* Unusual presentations of eosinophilic gastroenteritis: two case reports. *Turk J Gastroenterol* 2014; **25**: 323–9.
- 32 Sheth S, Asslo F, Hallit R, *et al.* Strongyloidiasis: The Cause of Multiple Gastrointestinal Ulcers in an Immunocompetent Individual. *Case Rep Med* 2014; **2014**: 1–3.
- 33 Prathibha PS, Telisinghe PU, Nasir J. Strongyloides hyperinfection in immune compromised host. *Brunei International Medical Journal* 2014; **10**: 285–8.
- 34 Tanwar R, Jain SK, Bains L. Amoebic colitis presenting as ileocaecal intussusception - a rare case. *Malays J Med Sci* 2014; **21**: 68–70.
- 35 Bálint A, Dóczy I, Bereczki L, *et al.* Do not forget the stool examination!-cutaneous and gastrointestinal manifestations of Blastocystis sp. infection. *Parasitol Res* 2014; **113**: 1585–90.
- 36 Fathi AT, Dec GW, Richter JM, *et al.* Case records of the Massachusetts General Hospital. Case 7-2014. A 27-year-old man with diarrhea, fatigue, and eosinophilia. *N Engl J Med* 2014; **370**: 861–72.
- 37 Lai KK, Lamps LW. Enterocolitis in immunocompromised patients. *Semin Diagn Pathol* 2014; **31**: 176–91.
- 38 Mahvan TD. Entamoeba dysentery in a pregnant female treated with paromomycin, metronidazole and ampicillin. *Atencion Farmaceutica* 2014; **16**: 59–61.
- 39 Al-Saffar F, Najjar N, Ibrahim S, Clark M. Pin Worms Presenting as Suspected Crohn's Disease. *Am J Case Rep* 2015; **16**: 737–9.
- 40 Alsharif A, Sodhi A, Murillo LC, Headley AS, Kadaria D. Wait!!! No Steroids for this Asthma.... *Am J Case Rep* 2015; **16**: 398–400.
- 41 Chaturvedi R, Gupte PA, Joshi AS. Fulminant amoebic colitis: a clinicopathological study of 30 cases. *Postgrad Med J* 2015; **91**: 200–5.
- 42 Buresch AM, Judge NE, Dayal AK, Garry DJ. A Fatal Case of Strongyloidiasis in Pregnancy. *Obstetrics and gynecology* 2015; **126**: 87–9.
- 43 Fleming R, Cooper CJ, Ramirez-Vega R, Huerta-Alardin A, Boman D, Zuckerman MJ. Clinical manifestations and endoscopic findings of amebic

- colitis in a United States-Mexico border city: a case series. *BMC Res Notes* 2015; **8**: 781.
- 44 Pochineni V, Lal D, Hasnayan S, Restrepo E. Fatal Strongyloides Hyperinfection Syndrome in an Immunocompromised Patient. *Am J Case Rep* 2015; **16**: 603–5.
- 45 Soin K, Chambers C, Studdiford JS. Rash, diarrhea, and eosinophilia. *J Fam Pract* 2015; **64**: 655–8.
- 46 Rios JT, Franco MC, Martins BC, *et al.* Strongyloides stercoralis hyperinfection: an unusual cause of gastrointestinal bleeding. *Rev Assoc Med Bras (1992)* 2015; **61**: 311–2.
- 47 Alqarawi WA, Khan KM, Bierman AS. Weight loss · diarrhea · mild eosinophilia · Dx? *J Fam Pract* 2015; **64**: 174–6.
- 48 Burt A, Hoh C. Colonic inflammation in a samoan immigrant with gastric lymphoma shown by positron emission tomography. *Am J Trop Med Hyg* 2015; **92**: 881–2.
- 49 Rodriguez EA, Abraham T, Williams FK. Severe strongyloidiasis with negative serology after corticosteroid treatment. *Am J Case Rep* 2015; **16**: 95–8.
- 50 Hechenbleikner E, McQuade J. Parasitic Colitis. *Clin Colon Rectal Surg* 2015; **28**: 079–86.
- 51 Chen C-J, Tsai J-W, Tai C-M. Gastrointestinal strongyloidiasis. *Endoscopy* 2015; **47 Suppl 1 UCTN**: E187-8.
- 52 Michael A, Jasjit SN, Prabhu R. Fulminant necrotising amoebic colitis: A diagnostic conundrum. *Med J Malaysia* 2015; **70**: 365–6.
- 53 Horiki N, Furukawa K, Kitade T, *et al.* Endoscopic findings and lesion distribution in amebic colitis. *J Infect Chemother* 2015; **21**: 444–8.
- 54 Malakoutian T, Mohammadi R, Asgari M, Amouzegar A. Disseminated strongyloidiasis in a patient with membranoproliferative glomerulonephritis-case report. *Iran J Parasitol* 2015; **10**: 141–5.
- 55 Montini F, Grenouillet F, Capellier G, Piton G. Strongyloidiasis: an unusual cause of septic shock with pneumonia and enteropathy in western countries. *BMJ Case Rep* 2015; **2015**. DOI:10.1136/bcr-2014-209028.
- 56 Issa I, Osman M, Aftimos G. Schistosomiasis manifesting as a colon polyp: a case report. *J Med Case Rep* 2014; **8**: 331.
- 57 Jaiswal SS, Mehra R, Pattnaik MR. Amoeboma—Lest We Forget!!! *Indian Journal of Surgery* 2015; **77**: 190–2.

- 58 Cheema M, Vizuete J, Ali SK. How would you diagnose this infection? *Consultant* 2015; **55**.
- 59 Inês Chora, Rodrigo Pimentel, Fernando Friões, Paula Dias, Sérgio Silva. Strongyloides stercoralis - a Legacy from the Past. *Eur J Case Rep Intern Med* 2015; **2**. DOI:10.12890/2015_000286.
- 60 Shirley D-A, Moonah S. Fulminant Amebic Colitis after Corticosteroid Therapy: A Systematic Review. *PLoS Negl Trop Dis* 2016; **10**: e0004879.
- 61 Gulati A, Clarke K, Greer JB, *et al*. IBD LIVE Case Series-Case 4: Worms in IBD: Friend or Foe. *Inflamm Bowel Dis* 2016; **22**: 1462–72.
- 62 Nourse CB, Robson JM, Whitby MR, Francis JR. First report of Entamoeba histolytica infection from Timor-Leste--acute amoebic colitis and concurrent late development of amoebic liver abscess in returned travellers to Australia. *J Travel Med* 2016; **23**: tav027.
- 63 Barrett J, Broderick C, Soulsby H, Wade P, Newsholme W. Subcutaneous ivermectin use in the treatment of severe Strongyloides stercoralis infection: two case reports and a discussion of the literature. *J Antimicrob Chemother* 2016; **71**: 220–5.
- 64 Cocca S, Guarino M, Cicala M. Asymptomatic Parasitic Infection in a Crohn's Disease Patient on Anti-TNF α Therapy: An Alert for Our Patients? *J Crohns Colitis* 2016; **10**: 1455–6.
- 65 Jazuli F, Kelton TJ, Keystone JS. A diagnostic challenge: Eosinophilia of unknown etiology. *Travel Med Infect Dis* 2016; **14**: 537–8.
- 66 Duvignaud A, Pistone T, Malvy D. Strongyloidiasis in a young French woman raises concern about possible ongoing autochthonous transmission in Spain. *Int J Infect Dis* 2016; **42**: 43–4.
- 67 Tachamo N, Nazir S, Lohani S, Karmacharya P. Strongyloidiasis in the immunocompetent: an overlooked infection. *J Community Hosp Intern Med Perspect* 2016; **6**: 32038.
- 68 O'Neil CR, Fanella S. One lab finding, 2 vastly different causes. *J Fam Pract* 2016; **65**: 715–8.
- 69 de Souza JN, Inês EDJ, Santiago M, Teixeira MCA, Soares NM. Strongyloides stercoralis infection in patients with systemic lupus erythematosus: diagnosis and prevention of severe strongyloidiasis. *Int J Rheum Dis* 2016; **19**: 700–5.
- 70 Tan TJ, Ng VW, Lim KR. 'Right Iliac Fossa Pain': More Than Meets the Eye. *Ann Acad Med Singap* 2016; **45**: 527–9.

- 71 Zaghlool DA, Hassan AA, Moustafa AM, Shahin WA. A case of fatal gastrointestinal haemorrhage due to hyperinfection with *Strongyloides stercoralis*. *Journal of Parasitic Diseases* 2016; **40**: 1347–50.
- 72 Rodrigues G. Simultaneous occurrence of amoebic liver abscess and cecal ameboma. *J Infect Public Health* 2016; **9**: 356–7.
- 73 Najjari M, Ebrahimipour M, Kaheh A, Karimazar M. Disseminated Strongyloidiasis in an Immunodeficient Patient (*Pemphigus Vulgaris*) Due to Corticosteroid Therapy: A Case Report. *Iran J Parasitol* 2016; **11**: 411–6.
- 74 Najafi N, Soleymani E, Sarvi S, Marofi A, Nosrati A, Davoodi A. Disseminated Strongyloidiasis in an Iranian Immunocompromised Patient: A Case Report. *Iran J Parasitol* 2016; **11**: 279–83.
- 75 Khillan V, Rathor N, Sarin SK. *Strongyloides stercoralis* hyperinfection in patient with autoimmune hepatitis and purpura fulminans. *Indian Journal of Critical Care Medicine* 2016; **20**: 52–4.
- 76 Darby JB, Rees CA, Bocchini CE, *et al.* A Case of an 11-year-old With Cough, Diarrhea, and Findings of Concern in His Lungs and Spleen. *Pediatrics* 2016; **137**: e20150155.
- 77 Peixoto A, Gonçalves R, Silva M, *et al.* Eosinophilic ileocolitis due to *Enterobius vermicularis* infection: a rare cause of anemia. *Int J Colorectal Dis* 2016; **31**: 743.
- 78 McDonald HH, Moore M. *Strongyloides stercoralis* Hyperinfection. *N Engl J Med* 2017; **376**: 2376.
- 79 Glenn K, Lindholm DA, Meis G, Watts L, Conger N. Case Report: A Case of Recurrent *Strongyloides stercoralis* Colitis in a Patient with Multiple Myeloma. *Am J Trop Med Hyg* 2017; **97**: 1619–22.
- 80 Hench J, Cathomas G, Dettmer MS. *Hymenolepis nana*: A case report of a perfect IBD camouflage warrior. *Medicine* 2017; **96**: e9146.
- 81 Peixoto A, Silva M, Vilas-Boas F, Macedo G. All that glitters is not gold. A different cause for an 'ulcerative colitis'. *Revista espanola de enfermedades digestivas* 2017; **109**: 64–5.
- 82 Myint A, Chapman C, Almira-Suarez I, Mehta N. *Strongyloides* hyperinfection syndrome in an immunocompetent host resulting in bacteraemia and death. *BMJ Case Rep* 2017; **2017**. DOI:10.1136/bcr-2016-217911.
- 83 Le T-T, Bilal M, Reep G. Yellow Colon: A Case of *Cryptosporidium* Colitis. *Clin Gastroenterol Hepatol* 2017; **15**: A21–2.

- 84 Kuriakose K, Carpenter K, Wanjalla C, Pettit A. Case of Strongyloides hyperinfection syndrome. *BMJ Case Rep* 2017; **2017**. DOI:10.1136/bcr-2016-218320.
- 85 Smith S, Phillips GE, McBride WJH, Hanson J. Case Report: Endemic Amebiasis in Australia: Implications for Residents, Travelers, and Clinicians. *Am J Trop Med Hyg* 2017; **97**: 245–7.
- 86 Reddy PRTSM, Rajalakshmi A, Vijayan D, Raman M. A Rare Case of Strongyloides Hyperinfection from Hypogammaglobulinemia. *Indian Journal of Critical Care Medicine* 2017; **21**: 466–8.
- 87 Yerra S, Yarra P. Case report of a computerized tomography sign in *Strongyloides stercoralis* infection. *Int Med Case Rep J* 2017; **Volume 10**: 219–22.
- 88 Davis MJ, Templeton SF, Dickensheets DL, Gross AS. Massive perianal ulceration: Entamoeba histolytica and Candida albicans co-infection. *JAAD Case Rep* 2017; **3**: 553–5.
- 89 Mamachen A, Al-Hanayneh M, Bilal M, Merwat S, Hashmi A. Eosinophilic Colitis-"Not as rare". *Dig Liver Dis* 2017; **49**: 826–8.
- 90 Hassanudin NS, Wahab ZA, Ibrahim K, Nor FM. Disseminated strongyloidiasis in an immunocompromised host: A case report. *Asian Pac J Trop Biomed* 2017; **7**: 587–90.
- 91 Kalambay JD, Zaman R, Zaman MH, Zaman T. Twenty-five Years of Chronic Strongyloidiasis in an Immigrant. *Clin Med Insights Case Rep* 2017; **10**. DOI:10.1177/1179547616684828.
- 92 Dogra V, Gupta D, Kashyap R, Nand L, Sondhi S. Intestinal amebiasis presenting as life threatening lower GI bleed-A rare presentation. *Ann Trop Med Public Health* 2017; **10**: 244.
- 93 Sukhwani KS, Bansal N, Soni M, Ramamurthy A, Gopalakrishnan R. Enterococcal meningitis in association with Strongyloides hyperinfection syndrome. *Germs* 2017; **7**: 28–31.
- 94 Van Der Voort PHJ. A woman with abdominal symptoms, hyperdynamic shock and ARDS. *Netherlands Journal of Critical Care* 2017; **25**: 71–4.
- 95 Rawl R, Matthews L, Sautter RL, Scobey M. Strongyloides stercoralis Hyperinfection Causing Abdominal Pain and Hypoxia. *Clin Microbiol News* 2017; **39**: 48–9.
- 96 Cristina MG, Marta GQ, Begoña FC, María DLA, María GUJ, Isabel MHM. Ivermectin enema treatment in a patient with strongyloides hyperinfection. A case report. *European Journal of Clinical Pharmacy* 2017; **19**: 211–2.

- 97 Wang H, Prayson RA. Disseminated strongyloidiasis and concomitant Aspergillus infection with central nervous system involvement. *Clin Neuropathol* 2017; **36** (2017): 154–5.
- 98 Abreu M, Azevedo Alves R, Pinto J, Campos M, Aroso S. Solitary Rectal Ulcer Syndrome: A Paediatric Case Report. *GE Port J Gastroenterol* 2017; **24**: 142–6.
- 99 Reyes F, Singh N, Anjuman-Khurram N, Lee J, Chow L. Strongyloides Hyperinfection Syndrome causing fatal meningitis and septicemia by *Citrobacter koseri*. *IDCases* 2017; **10**: 102–4.
- 100 Tariq H, Kamal MU, Reddy P, *et al.* Anemia, intractable vomiting, chronic diarrhea, and syndrome of inappropriate antidiuretic secretion: a diagnostic dilemma: Disseminated strongyloidosis in a patient with newly diagnosed HTLV infection-case report and review of literature. *Medicine* 2017; **96**: e9229.
- 101 Wingfield T, Ball R, Woolley SD, *et al.* Closing The Brief Case: A Rare Case of Invasive Amebiasis Requiring Emergency Subtotal Colectomy in an HIV-Positive Man. *J Clin Microbiol* 2018; **56**. DOI:10.1128/JCM.01704-17.
- 102 Topić MB, Čuković-Čavka S, Brinar M, Kalauz M, Škrlec I, Majerović M. Terminal ileum resection as a trigger for *Strongyloides stercoralis* hyperinfection and ensuing serial sepsis in a 37-year-old patient with complicated Crohn's disease: a case report. *Z Gastroenterol* 2018; **56**: 380–3.
- 103 Cheung DA, Langshaw A, Rivera-Rivera E. Cryptosporidium diagnosed on endoscopic biopsy in a paediatric patient with inflammatory bowel disease. *BMJ Case Rep* 2018; **2018**. DOI:10.1136/bcr-2017-222015.
- 104 Chan FLY, Kennedy B, Nelson R. Fatal *Strongyloides* hyperinfection syndrome in an immunocompetent adult with review of the literature. *Intern Med J* 2018; **48**: 872–5.
- 105 Rodríguez-Wong U, Rodríguez-Medina U. Fulminant amoebic colitis with cecal pneumatosis. *Revista de gastroenterología de Mexico (English)* 2018; **83**: 453–4.
- 106 Ramos-Poblete J, Kasper E, Mu A. A long way from Laos. *PLoS Negl Trop Dis* 2018; **12**: e0006534.
- 107 Dillon R, Riedel DJ. *Strongyloides* Hyperinfection. *Am J Med* 2018; **131**: e411–2.
- 108 Timsit BL, Deroux A, Lugosi M, Colombe B, Bouillet L. [Amoebosis: May sexual transmission be an underestimated way of contamination?]. *Rev Med Interne* 2018; **39**: 586–8.

- 109 Abdullah A, Winnicka L, Raghu C, Zeykan V, Singh J. Disseminated Strongyloidiasis in Association with Nephrotic Syndrome. *Case Rep Nephrol Dial* 2018; **8**: 155–60.
- 110 Guzmán LJ, Molina GA, Cevallos JM, *et al.* Colonic perforation due to amebiasis, a rare and lethal complication. *J Surg Case Rep* 2018; **2018**. DOI:10.1093/jscr/rjy297.
- 111 Varshney V, Soni S, Yadav T, Puranik A, Elhence P. Amebic colonic stricture: An unusual presentation. *Trop Parasitol* 2018; **8**: 98.
- 112 Domazetovska A, Lee R, Adhikari C, *et al.* A 12-Year Retrospective Study of Invasive Amoebiasis in Western Sydney: Evidence of Local Acquisition. *Trop Med Infect Dis* 2018; **3**: 73.
- 113 Wilson A, Fearon D. Paediatric Strongyloidiasis in Central Australia. *Trop Med Infect Dis* 2018; **3**: 64.
- 114 Almalki M, Yaseen W. Cecal ameboma mimicking obstructing colonic carcinoma. *J Surg Case Rep* 2018; **2018**. DOI:10.1093/jscr/rjy124.
- 115 Mavilia MG, Bhat V, Olefson S. A 'shocking' case of intestinal schistosomiasis. *Conn Med* 2018; **82**: 407–10.
- 116 Polley SD, Watson J, Chiodini PL, Lockwood DNJ. Visceral Leishmaniasis in Traveler to Guyana Caused by *Leishmania siamensis*, London, UK. *Emerg Infect Dis* 2018; **24**: 155–6.
- 117 Greenberg J, Greenberg J, Helmstetter N. Chronic intestinal pseudo-obstruction due to *Strongyloides stercoralis*. *IDCases* 2018; **13**: e00425.
- 118 Wesółowska M, Rymer W, Kicia M, Popiołek M. Concurrent infection of a young tourist by hookworm and *Strongyloides stercoralis* during low budget travel in Southeast Asia. *Helminthologia* 2018; **55**: 166–72.
- 119 Miah MT, Ayaz K, Farhana -, Sultana S. *Strongyloides Stercocalis* Infection: A Case Report for Raising Awareness. *J Med* 2017; **19**: 54–7.
- 120 Gupta R, Riyaz S, Soni N. Acute fulminant necrotizing amoebic pancolitis: A lethal entity in children. *Medical Journal of Dr DY Patil Vidyapeeth* 2018; **11**: 338.
- 121 Xing F, Ye H, Yang J, *et al.* Fatal pancytopenia due to albendazole treatment for strongyloidiasis. *IDCases* 2018; **12**: 112–6.
- 122 Sim LK, Hamid A, Muhaimin A, Lee YL, Arif NAM, Adzman S. Fulminating amoebic colitis with peritonitis: A diagnostic dilemma with high mortality. *Surgical Chronicles* 2018; **23**: 46–8.

- 123 Kanth P, Affolter K. Worming Your Way Through the Gastrointestinal Tract: A Case of Strongyloidiasis. *Clin Gastroenterol Hepatol* 2018; **16**: A33.
- 124 Bansal R, Natarajan S, Aron J. Amebic Colitis. *Am J Med Sci* 2019; **357**: e15.
- 125 Bronswijk M, Van Gool S. A case of amoebic colitis with amoeboma and simultaneous liver abscesses. A diagnosis by colonoscopy. *Acta Gastroenterol Belg* 2019; **82**: 539–41.
- 126 Madden GR, Shirley D-A, Townsend G, Moonah S. Case Report: Lower Gastrointestinal Bleeding due to *Entamoeba histolytica* Detected Early by Multiplex PCR: Case Report and Review of the Laboratory Diagnosis of Amebiasis. *Am J Trop Med Hyg* 2019; **101**: 1380–3.
- 127 Wilechansky RM, Spring M, Huang Q, Zullo S. Eosinophilic esophagitis, gastroenteritis, and colitis in a patient with prior parasite exposure. *Clin J Gastroenterol* 2019; **12**: 530–3.
- 128 Morris PD, Lee D, Chung KK-Y, Shin J-S, Byrne C. Fulminant amoebic colitis and septic shock in a returning traveller. *ANZ J Surg* 2019; **89**: E50.
- 129 Vasquez-Rios G, Pineda-Reyes R, Ruiz EF, Terashima A, Mejia F. *Strongyloides stercoralis* infection after the use of emergency corticosteroids: a case report on hyperinfection syndrome. *J Med Case Rep* 2019; **13**: 121.
- 130 Fraser J. A case report suggestive of strongyloidiasis infection occurring in temperate Australia. *Rural Remote Health* 2019; **19**: 4787.
- 131 Jaboury IA. Re: Fulminant amoebic colitis and septic shock in a returning traveller. *ANZ J Surg* 2019; **89**: 786–7.
- 132 Fernández-Huerta M, Zarzuela F, Barberá M-J, *et al*. Sexual Transmission of Intestinal Parasites and Other Enteric Pathogens among Men Who Have Sex with Men Presenting Gastrointestinal Symptoms in an STI Unit in Barcelona, Spain: A Cross-Sectional Study. *Am J Trop Med Hyg* 2019; **101**: 1388–91.
- 133 Heydarian P, Mobedi I, Mohaghegh MA, Hosseini A, Chegini FG, Esboei BR. A case of fatal disseminated strongyloidiasis accompanied with intestinal obstruction. *Oxf Med Case Reports* 2019; **2019**. DOI:10.1093/omcr/omz087.
- 134 Glenda Herrera C, Amílcar Herrera C, Pontón P, Molina GA, Constante JE, Delgado JA. Amebiasis, A rare cause of acute appendicitis. *J Surg Case Rep* 2019; **2019**. DOI:10.1093/jscr/rjz076.
- 135 Sebastian IA, Pandian JD, Oberoi A, *et al*. Disseminated strongyloidiasis: Breaking brain barriers. *Ann Indian Acad Neurol* 2019; **22**: 234–7.
- 136 Premkumar M, Devurgowda D, Dudha S, Kulkarni A, Joshi YK. Clinical and Endoscopic Management of Synchronous Amoebic Liver Abscess and Bleeding Colonic Ulcers. *J Assoc Physicians India* 2019; **67**: 14–8.

- 137 Saeed H, Mohsin SF, Talib A, Haider I, Baloch GA, Harilal. Disseminated strongyloidiasis in an immunocompetent male: A Case Report. *J Pak Med Assoc* 2019; **69**: 761–3.
- 138 Bourée P, Usubillaga R, Viard J-P, Slama L, Salmon D. [Strongyloidiasis, a sexually transmitted disease]. *Presse Med* 2019; **48**: 322–4.
- 139 Agrusa A, Di Buono G, Buscemi S, *et al.* Systemic schistosomiasis and large bowel perforation: An unexpected surgical urgency. Report of a case and literature review. *Clin Case Rep* 2019; **7**: 968–72.
- 140 Kahn T, Locketz M, Thomson S. The value of microscopy in the diagnosis of colitis. *South African Gastroenterology Review* 2019; **17**: 27–9.
- 141 Gomez-Hinojosa P, García-Encinas C, Carlin-Ronquillo A, Chancafe-Morgan RP, Espinoza-Ríos J. Strongyloides infection mimicking inflammatory bowel disease. *Revista de gastroenterología de Mexico (English)* 2020; **85**: 366–8.
- 142 Veraldi S, Angileri L, Rossi LC, Nazzaro G. Endolimax nana and urticaria. *J Infect Dev Ctries* 2020; **14**: 321–2.
- 143 Colman S, Cattoir L, Van Vaerenbergh K, De Beenhouwer H, Boel A. Travel history can make the difference. *Acta Gastroenterol Belg* 2020; **83**: 334–6.
- 144 Junare PR, Udgirkar SS. An uncommon presentation of strongyloidiasis. *Indian J Med Res* 2020; **152**: S12–3.
- 145 Fiamma M, Longoni SS, Siddig EE, *et al.* Multi-parasite infection in an immigrant from Ghana: potential for new epidemic foci. *J Infect Dev Ctries* 2020; **14**: 1344–8.
- 146 Beltrán Rosel A, Sanjoaquín Conde I, Pérez Muñoz A, Alcalá PM, Marta CB, Irigoyen von Sierakowski A. Strongyloides stercoralis: a rare and severe presentation in a pregnant woman. *New Microbiol* 2020; **43**: 44–6.
- 147 Jon M, Lee CK, Kim HJ. Colonic Schistosoma Granulomas: An Unusual Cause of Colonic Subepithelial Lesions. *Clin Gastroenterol Hepatol* 2020; **18**: e15–6.
- 148 Lier AJ, Tuan JJ, Davis MW, *et al.* Case Report: Disseminated Strongyloidiasis in a Patient with COVID-19. *Am J Trop Med Hyg* 2020; **103**: 1590–2.
- 149 Kiriwaththuduwa S, Gnanapragasam R, Amarasinghe A, *et al.* Acute fulminant necrotizing amebic colitis in a pediatric patient: a rare complication of amebiasis with high mortality—a case report. *Annals of Pediatric Surgery* 2020; **16**. DOI:10.1186/s43159-020-00039-7.
- 150 Yen D, Koh FH, Tan WJ, *et al.* Colon cancer or is it?: a fortunate aetiology for a caecal mass. *ANZ J Surg* 2020; **90**: E206–7.

- 151 Ünal E, Arslan S, Onur MR, Akpınar E. Parasitic diseases as a cause of acute abdominal pain: imaging findings. *Insights Imaging* 2020; **11**. DOI:10.1186/s13244-020-00892-5.
- 152 Hirani F, Oladunjoye O, Oladunjoye A, Patel N. Strongyloides stercoralis in Immunocompromised Patients: A Case Series. *Infectious Diseases in Clinical Practice* 2020; **28**: 291–4.
- 153 Licona Vera E, Guerrero Ospina F, Ramírez TL, *et al.* Hyperinfection syndrome by Strongyloides stercoralis in a patient with non-Hodgkin lymphoma: A case report | Síndrome de hiperinfección por Strongyloides stercoralis en un paciente con linfoma no Hodgkin: a propósito de un caso. *Acta Colombiana de Cuidado Intensivo* 2020; **20**: 196–9.
- 154 Motamedi M, Haghighi L, Omidian M, Sarkari B. Coinfection of Strongyloides stercoralis and Aspergillus sp. *Interdiscip Perspect Infect Dis* 2020; **2020**. DOI:10.1155/2020/8649409.
- 155 Bohossian HB, Lopes EW, Roller LA, Ananthakrishnan AN, Zukerberg LR. Case 8-2020: An 89-Year-Old Man with Recurrent Abdominal Pain and Bloody Stools. *N Engl J Med* 2020; **382**: 1042–52.
- 156 Cabral SL, Deveza N, Baptista JP, Martins P. Disseminated strongyloides stercoralis infection associated with endogenous hypercortisolism – A case report. *Eur J Case Rep Intern Med* 2020; **7**. DOI:10.12890/2020_001509.
- 157 Kaplun O, Lobo Z, Pseudos G. An Unexpected Etiology for Abdominal Pain and Diarrhea in an Argentinian Immigrant. *Infectious Diseases in Clinical Practice* 2020; **28**: 112–3.
- 158 AnilKumar M, Savage E, Thota PN. A Curious Case of Bloody Diarrhea. *Am J Med Sci* 2020; **360**: 312.
- 159 Birhanu Y, Asefa M, Sultan A. Colonic Schistosomiasis Presenting with Findings of Inflammatory Bowel Disease. *Am J Trop Med Hyg* 2021; **105**: 859.
- 160 Pinto J, Almeida P, Meireles D, Araújo A. Strongyloidiasis: A Diagnosis to Consider in Previously Endemic Regions in Portugal. *Acta Med Port* 2021; **34**: 552–6.
- 161 Sánchez Zamora P, Gallotti AC, Ramos R, *et al.* An Unexpected Case of Disseminated Amebiasis with Cerebral Involvement and Successful Recovery in a Non-Endemic Context. *Am J Case Rep* 2021; **22**: e934188.
- 162 Páramo-Zunzunegui J, Rubio-López L, Benito-Barbero S, Muñoz-Fernández Á. Eosinophilic appendicitis due to Strongyloides stercoralis: a challenging differential diagnosis for clinicians. *BMJ Case Rep* 2021; **14**. DOI:10.1136/bcr-2020-239685.

- 163 Saini R, Bhagat VK, Thirunavukkarasu B, Baksi A. Fulminant necrotising amoebic colitis after corticosteroid therapy for severe COVID-19. *BMJ Case Rep* 2021; **14**. DOI:10.1136/bcr-2021-246110.
- 164 Edelman-Klapper H, Schwartz E, Ben-Horin S. Visible Worms in a Crohn's Patient Treated with Infliximab. *Gastroenterology* 2021; **160**: e10–1.
- 165 Stone JK, Walkty A, Bicamumpaka C, *et al*. A 49-Year-Old Male With Fever and Abdominal Pain. *Clin Infect Dis* 2021; **73**: 2140–3.
- 166 Stylemans D, Van Cauwelaert S, D'Haenens A, Slabbynck H. COVID-19-Associated Eosinopenia in a Patient with Chronic Eosinophilia Due to Chronic Strongyloidiasis. *Infectious Diseases in Clinical Practice* 2021; **29**: E305–6.
- 167 Venturini E, Fusani L, Mantella A, *et al*. Strongyloidiasis in children outside the tropics: Do we need to increase awareness? *Microorganisms* 2021; **9**. DOI:10.3390/microorganisms9091905.
- 168 Braojos F, Fuentes I, Saugar J-M, Martín O, López-Vélez R, Norman FF. Amebic abscess and sexual contact. *J Travel Med* 2021; **28**. DOI:10.1093/jtm/taab089.
- 169 Singh V, Singh M, Friesen CA. Colonic mucosal eosinophilia in children without inflammatory bowel disease. *Hum Pathol* 2021; **113**: 34–8.
- 170 Shijubou N, Sumi T, Kamada K, *et al*. Fulminant Amebic Colitis in a Patient with Concomitant Cytomegalovirus Infection After Systemic Steroid Therapy: A Case Report. *World J Clin Cases* 2021; **9**: 3726–32.
- 171 Garg D, Jasmine S. Triple whammy! Steroids, strongyloidiasis and septic meningitis. *Ann Indian Acad Neurol* 2021; **24**: 461–3.
- 172 Dorantes JA, López-Becerril JO, Zavala-Cerna MG. Fatal attraction: intestinal amebiasis and COVID-19 as risk factors for colonic perforation. *J Surg Case Rep* 2021; **2021**. DOI:10.1093/jscr/rjab301.
- 173 Bdioui A, Bchir A, Missaoui N, Hmissa S, Mokni M. Histopathological diagnosis of strongyloidiasis hyperinfection in Tunisian patient with hodgkin lymphoma: Case report. *Annals of Medicine and Surgery* 2021; **66**. DOI:10.1016/j.amsu.2021.102367.
- 174 Wardlaw AJ, Myers B, Rathbone BJ, Siddiqui S, Wurm P. Unexplained peripheral blood eosinophilia with gastrointestinal symptoms. *Clin Exp Allergy* 2021; **51**: 623–6.
- 175 Kitaoka A, Tanimura K, Yasuda Y, *et al*. Successful treatment with metronidazole and paromomycin for fulminant amoebic colitis during cytotoxic chemotherapy in a patient with small-cell lung cancer. *IDCases* 2021; **26**. DOI:10.1016/j.idcr.2021.e01337.

- 176 Hussin MHF, Jalihal A, Aliuddin PMB. Eosinophilic gastroenteritis: A rare cause of persistent abdominal pain, diarrhoea and ascites. *Brunei International Medical Journal* 2021; **2021**: 36–9.
- 177 Cai D-H, Wang J, Fang X-L. A case of triple infection including strongyloides stercoralis in a microscopic polyangiitis patient. *Respir Med Case Rep* 2021; **34**. DOI:10.1016/j.rmcr.2021.101479.
- 178 Miyaguchi K, Tsuzuki Y, Imaeda H. Amoebic colitis rapidly diagnosed by endocytoscopy. *Dig Endosc* 2022; **34**: e42–3.
- 179 Nasrallah J, Akhoundi M, Haouchine D, *et al*. Updates on the worldwide burden of amoebiasis: A case series and literature review. *J Infect Public Health* 2022; **15**: 1134–41.
- 180 Tan JT, Tseng C-W. Strongyloides stercoralis hyperinfection presenting with shock and intermittent eosinophilia: A case report. *Medicine* 2022; **101**: e30490.
- 181 Henry L, Boue A, Janssen G, Bartlett A. Delayed caecal perforation from amoebic dysentery. *ANZ J Surg* 2022; **92**: 1522–3.
- 182 Tam LM, Ng KC, Man CH, Cheng FY, Gao Y. Fulminant necrotising amoebic colitis: a report of two cases. *Hong Kong Med J* 2022; **28**: 172–4.
- 183 Mahoney C, Brown CM, McIntyre B, Neal S. Disseminated strongyloidiasis after prolonged treatment with corticosteroids. *BMJ Case Rep* 2022; **15**. DOI:10.1136/bcr-2022-250559.
- 184 Šterbenc A, Šoba B, Glinšek Biškup U, *et al*. Diagnostic challenge of Strongyloides stercoralis hyperinfection syndrome: a case report. *Acta Dermatovenerol Alp Pannonica Adriat* 2022; **31**: 79–81.
- 185 Puerta-Peña M, Calleja Algarra A. Larva Currens in Strongyloides Hyperinfection Syndrome. *N Engl J Med* 2022; **386**: 1559.
- 186 Farraj K, Diaz-Marty C, Lannom M, *et al*. A Case Of Entamoeba Histolytica Infection Among Men Who Have Sex With Men. *J Investig Med High Impact Case Rep* 2022; **10**: 23247096221078710.
- 187 Naidu Y V, Calderon Candelario RA, Kett DH. Strongyloides stercoralis hyperinfection syndrome: a known entity in an unknown provenance. *BMJ Case Rep* 2022; **15**. DOI:10.1136/bcr-2021-242698.
- 188 Khan AA, Kumar RN, Arora S, Ranga S. Fulminant amebic colitis: A rare and elusive complication. *Biomedical and Biotechnology Research Journal* 2022; **6**: 591–3.
- 189 Sy H, Zalcgendler S, Edelman D. Chronic Strongyloidiasis in the Primary Care Setting. *Infectious Diseases in Clinical Practice* 2022; **30**: 1–3.

- 190 Müller A, Frickmann H, Tannich E, Poppert S, Hagen RM. Colitis caused by *Entamoeba histolytica* identified by real-time-PCR and fluorescence in situ hybridization from formalin-fixed, paraffin-embedded tissue. *Eur J Microbiol Immunol (Bp)* 2022; **12**: 84–91.
- 191 Zheng J-H, Xue L-Y. Disseminated strongyloidiasis in a patient with rheumatoid arthritis: A case report. *World J Clin Cases* 2022; **10**: 6163–7.
- 192 Babazadeh S, Shokri-Shirvani J, Ranaee M. Strongyloides Hyperinfection Syndrome Following Corticosteroid Therapy in a Patient with COVID-19 infection: A Case Report. *Iranian Journal of Medical Microbiology* 2022; **16**: 267–70.
- 193 Domínguez VR, Pérez-López C, Sánchez CV, Contreras CU, Guerrero AI, Abildúua MJA. Strongyloides hyperinfection syndrome due to corticosteroid therapy after resection of meningioma: illustrative case. *Journal of Neurosurgery: Case Lessons* 2022; **4**. DOI:10.3171/CASE21667.
- 194 Aggarwal M, Sharma S, Tewari R, Gupta RM, Naithani N. Acute amebic appendicitis in early pregnancy. *Med J Armed Forces India* 2022; **78**: 232–4.
- 195 Qu J, Zong Z. Strongyloidiasis in a Patient Diagnosed by Metagenomic Next-Generation Sequencing: A Case Report. *Front Med (Lausanne)* 2022; **9**. DOI:10.3389/fmed.2022.835252.
- 196 Mandili SY, Alkhotani N, Alem R, Filfilan WM. Case Report of Schistosomiasis Complicated with Perianal Fistula. *IDCases* 2022; **27**. DOI:10.1016/j.idcr.2022.e01397.
- 197 Ketema W, Taye K, Tagesse N, *et al.* Fulminant Hepatitis and Ulcerative Colitis: Case Report of Ethiopian Child with Schistosomiasis and Amebiasis Co-Infection. *Int Med Case Rep J* 2022; **15**: 409–18.
- 198 Ordaya EE, Misra A, Abu Saleh OM. Strongyloidiasis complicated by gram-negative bacteremia and liver abscesses. *IDCases* 2022; **27**. DOI:10.1016/j.idcr.2022.e01392.
- 199 Boyle E, Coppock D. Polymicrobial bacteremia and Strongyloides hyperinfection syndrome: Vigilance in patients on corticosteroids. *IDCases* 2022; **28**. DOI:10.1016/j.idcr.2022.e01520.
- 200 Geng ZH, Zhu Y, Liu XY, *et al.* Severe septic shock after colonoscopic polypectomy. *J Dig Dis* 2022; **23**: 130–2.
- 201 Jerabek J, Abdulrahim A, Cavalieri S, Witherspoon K, El-Herte R. Disseminated Coccidioidomycosis With Fungemia and Possible Strongyloides Co-infection. *WMJ* 2023; **122**: 200–4.

- 202 Gandhi J, Awasthi AA, Banker A. Fulminant amoebic colitis co-infection in a patient with COVID-19. *BMJ Case Rep* 2023; **16**. DOI:10.1136/bcr-2022-254004.
- 203 Huang W-F, Ding Y, Sun J, Zhang J-Y. More than meets the eye: a strange cause of bowel obstruction and perforation. *Gut* 2023; **72**: 2259–320.
- 204 Costache C, Colosi IA, Neculicioiu VS, *et al*. A Rare Case of Strongyloides stercoralis Hyperinfection in a Diabetic Patient from Romania—Case Report and Review of the Literature. *Pathogens* 2023; **12**. DOI:10.3390/pathogens12040530.
- 205 Iwasaki H, Yukaya T, Hayashi M, *et al*. A Case of Fulminant Amoebic Colitis with Total Colon Necrosis | 結腸全域に壊死を認めた劇症型アメーバ性腸炎の1例. *Japanese Journal of Gastroenterological Surgery* 2023; **56**: 280–9.
- 206 Rodrigues MAM, Miamoto B, Viero RM. Necrotizing amebic colitis in an elder patient: an unexpected autopsy finding. *Autops Case Rep* 2023; **13**. DOI:10.4322/acr.2023.456.
- 207 Singh A, Prasad P, Singh A. A case of strongyloidiasis with aplastic anaemia: A common disease with an uncommon presentation. *IDCases* 2023; **33**. DOI:10.1016/j.idcr.2023.e01883.
- 208 Sant'ana PHT, Fragoso SX, Giuberti J. PERIUMBILICAL PURPURIC RASH AS A CLUE TO THE DIAGNOSIS OF STRONGYLOIDIASIS AND HTLV-1 INFECTION. *Journal of Tropical Pathology* 2023; **52**: 177–84.
- 209 Romero Cedeño CA, Contreras-Yametti J, Ramírez Durini LJ, *et al*. Acute fulminant amoebic colitis: A Case report. *SAGE Open Med Case Rep* 2023; **11**. DOI:10.1177/2050313X231205127.
- 210 Solano Blas MÁ, Amieva-Balmori M. Lymphocytic colitis with macroscopic findings. *Revista espanola de enfermedades digestivas* 2023; **115**: 281.
- 211 Motobayashi H, Sumiyoshi S, Aoki K, *et al*. A case of amebic colitis and liver abscesses that occurred after treatment of coronavirus disease 2019 with dexamethasone. *IDCases* 2023; **31**. DOI:10.1016/j.idcr.2022.e01648.
- 212 Malik S, Jagtiani T, Cenaj O, Rakhlin A. Amebic appendicitis: a case report. *J Surg Case Rep* 2023; **2023**. DOI:10.1093/jscr/rjac551.
- 213 Reznik EV, Smirnova AS, Gudilova YY, Baykova IE, Golukhov GN. Microscopic Colitis: A Clinical Case | МИКРОСКОПИЧЕСКИЙ КОЛИТ: КЛИНИЧЕСКИЙ СЛУЧАЙ. *Russian Archives of Internal Medicine* 2023; **13**: 155–60.
- 214 Winterton MB, Ghous G. Strongyloides stercoralis: Intriguing cough in an acute lymphoblastic leukemia patient. *Hematol Transfus Cell Ther* 2023; **45**: 412–3.

- 215 Mohammed U, Musa N, Ekochin K, Dantuni Y, Wasagu H. Strongyloidiasis causing bowel perforation: rare complication. *West Afr J Med* 2024; **10**.
- 216 Barrón-Díaz DR, Meza-Hernández J, Hernández-Montiel E, *et al*. Fulminant amoebic colitis: a challenging diagnosis for the surgeon. *J Surg Case Rep* 2024; **2024**. DOI:10.1093/jscr/rjae724.
- 217 Murthy NS, Rao MR, Gowda RS, Tejashree A, Shah N. Masquerading Lethal Strongyloidiasis in A Patient with Chronic Kidney Disease: A Case Report. *J Pure Appl Microbiol* 2024; **18**: 2284–7.
- 218 Li Y, Qu P, Ye Y, Chen L. Strongyloides stercoralis hyperinfection syndrome in immunocompetent patients. *Clinical Microbiology and Infection* 2024; **30**: 1408–9.
- 219 Wu A, Levine J, Otero Espinal D, Pek Z. A 25-Year-Old Man With Fever, Diarrhea, and Shock. *Clin Infect Dis* 2024; **79**: 1305–7.
- 220 Ross K. Locally acquired strongyloidiasis in remote Australia: why are there still cases? *Philos Trans R Soc Lond B Biol Sci* 2024; **379**: 20220435.
- 221 Phan NT, Ho PT, Ma NP, Pham TQ, Quach DT. Eosinophilic Gastrointestinal Disease Presenting as Chronic Diarrhea: A Case Report. *Biomedical Research and Therapy* 2024; **11**: 6520–31.
- 222 Zeng J, Wen Y, Ding H, Li D, Zeng H. Strongyloides stercoralis-induced sepsis and acute respiratory distress syndrome in a patient with Guillain-Barré syndrome. *World J Emerg Med* 2024; **15**: 413–5.
- 223 Ikeda R, Kaneko H, Sato H, *et al*. Amoebic colitis insufficient to metronidazole monotherapy. *Clin J Gastroenterol* 2024. DOI:10.1007/s12328-024-02083-x.
- 224 Van-Londoño I, Ramírez-Giraldo C, Martínez Echeverri JC, Villany-Sarmiento JJ, Fino-Velásquez LM. Eosinophilic enterocolitis in duodenum, ileum, and colon: A case report. *Heliyon* 2024; **10**. DOI:10.1016/j.heliyon.2024.e26885.
- 225 Giri S, Kosuru SC, Mishra A, Nath P, Panigrahi SC, Anand AC. Spectrum of endoscopic findings in Strongyloides stercoralis infection with gastroduodenal involvement-A case series. *Trop Doct* 2025; **55**: 42–4.
- 226 Celli SI, Burden M, Minor N, Frank MG. Never Too Late: A Case of Strongyloidiasis Several Decades After Most Recent Exposure. *J Gen Intern Med* 2025; **40**: 712–6.
- 227 Malakar S, Mathur A, Mishra P, Radha P, Krishnani N, Ghoshal UC. Malabsorption due to strongyloidiasis after high-dose steroid therapy for Coronavirus disease-19. *Indian Journal of Gastroenterology* 2025; **44**: 118–9.

- 228 Asija U, Blaney H, Kumar S. Features of Gastrointestinal Strongyloidiasis Hyperinfection: Endoscopy and Histopathology. *Clin Gastroenterol Hepatol* 2025; **23**: A14.