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Section: Parasitology Manual	Subject Title: Collection and Laboratory Procedures for Specimens Other Than Stool or Blood	
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Lung and Liver Aspirates

PRINCIPLE

Aspirates will frequently detect parasites when other methods fail. Organisms that may be found in aspirates include *P. carinii* and *E. histolytica*, from lung and liver respectively.

SPECIMEN

If an amoebic abscess or visceral leishmaniasis is suspected, the aspirate should be placed in a clean and empty bottle and submitted to the laboratory as soon as possible. As the amoebae are generally located near the wall or edge of a liver abscess, it is preferable to place the last part of the aspirate (frequently the reddish “anchovy paste”) in a separate container since it is more likely to contain *E. histolytica*.

REAGENTS

Robinson’s Medium (see appendix)

PROCEDURE

This is considered to be a non-routine procedure therefore it should only be performed by experienced personnel.

1. Start by examining the last part of the aspirate.
2. Examine the sample as a wet mount, or alternatively you can inoculate Robinson’s culture media to grow *E. histolytica* and prepare a permanent stain slide.

QUALITY CONTROL

- Ensure that culture media is not contaminated.
- Ensure that the microscope has been calibrated in the last year and that the results of the calibration are displayed on the microscope base.
- See QC comments associated with haematoxylin staining.

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REPORT

The presence of any parasites.

LIMITATIONS OF PROCEDURE

- An amoebic liver abscess is a necrotic lesion and therefore the chances of detecting amoebae in it are quite low. A lack of trophozoites does not rule out *E. histolytica*.
- Amoebic cultures take several days and there is no guarantee that the parasite will adapt to culture conditions.

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REFERENCES

Garcia LS, Bruckner DA. Diagnostic Medical Parasitology. 3rd Edition. ASM Press, Washington DC. Pp676-688 1997.

Robinson, G.L. *Trans. Royal Soc. Med. Hyg.* 62:285 1968