

**Lampiran 1 : Alat-alat yang Digunakan pada Percobaan**



Mikro pipet merk Nichipet EX  
1000 ml



Alat Sentrifuse type Genofuge 16M



Mikroskop listrik



Kaca objek, kaca penutup dan  
larutan eosin 2%

## Lampiran 2 : Tabel Perbandingan Penyakit yang Disebabkan oleh Ameba Hidup Bebas

**TABLE 81-1 Comparison of diseases caused by free-living amebas**

Ameba	<i>Naegleria fowleri</i>	<i>Acanthamoeba</i> sp./ <i>B. mandrillaris</i>
Protozoology	Trophozoites: 10-15 $\mu$ m diam., with broad, blunt pseudopodia. Cyst:	Trophozoites: 25-40 $\mu$ m with slender, tapering pseudopodia. Cyst: star-shaped with double walls spherical
Disease	Primary Amebic Meningoencephalitis (PAM)	Granulomatous amebic encephalitis (GAE); <i>Acanthamoeba</i> keratitis
No. of cases reported as of 1995	About 175 cases	GAE: > 140 cases; <i>Acanthamoeba</i> keratitis: > 600
Epidemiology	Good health; recent history of swimming in lake or swimming pool in warm weather	Immunoincompetence (e.g., AIDS)
Incubation (Days)	3-7 days	Probably > 10 days
Portal of Entry	Olfactory neuroepithelium	Skin, lungs, olfactory neuroepithelium
Onset	Fast	Slow, insidious
CNS spread	Direct; amyelinic nervous plexus	Probably hematogenous
Organs affected	Brain only	Brain, skin, eyes, lungs
Clinical course	Acute, fulminant; fatal within 10 days	Subacute (8-30 days) or chronic (> 32 days)
Signs & Symptoms	Headache, anorexia, nausea, vomiting, fever, meningism, mental abnormalities, diplopia, seizures	Mental abnormalities, seizures, fever, hemiparesis, headache, meningism, visual abnormalities
Ocular involvement	None	Keratitis
Laboratory Diagnosis & CSF	CSF similar to bacterial meningitis: neutrophilic pleocytosis, high protein, low glucose. Direct examination of fresh CSF shows active trophozoites. Culturing or inoculation into mice also used.	CSF similar to those in viral encephalitides. Culturing or inoculation into mice also used.
Host Response	Purulent leptomenigitis, hemorrhagic necrotizing meningoencephalitis, brain edema, perivascular collection of amebas.	Granulomatous encephalitis with focal necrosis and multinucleated giant cells, necrotizing angitis
CNS amebic forms	Trophozoites	Trophozoites + cysts
Differential diagnosis	Acute pyogenic (bacterial) leptomenigitis.	Tuberculous, viral or fungal encephalitis; brain tumors; brain abscess. Ocular: herpes; fungal keratitis.
Therapy	Amphotericin B + miconazole + Rifampin	?Sulfadiazine, ?ketoconazole, propamidine isethionate (for keratitis)

Sumber : Martinez, A.J., 2005

**Lampiran 3 : Perbandingan Gejala yang Disebabkan oleh Primary Amebic Meningoensefalitis (PAM) dengan Granulomatous Amebic Encephalitis (GAE)**

**TABLE 81-2 Signs and Symptoms in Primary Amebic Meningoencephalitis (PAM) and Granulomatous Amebic Encephalitis (GAE)**

Symptoms and Signs	PAM	GAE
<b>Symptoms</b>		
Mental status abnormalities*	+	+
Headache	+	+
Fever > 38.2°C	+	0
Nausea and vomiting	+	+
Stiff neck	+	+
Seizures	+	+
Anorexia	+	+
Diplopia and blurred vision	+	+
Photophobia	+	+
Hallucinations	+	+
Sleep disturbances	0	+
Sore throat	+	0
Rhinitis	+	0
Ageusia	+	0
Parosmia	+	0
Hearing difficulties	+	
<b>Signs</b>		
	<b>Early</b>	<b>Late</b>
Coma	0	+
Papilledema	+	+
Cranial nerve palsies (nerves III & VI)	+	0
Nystagmus	+	+
Gait ataxia	+	+
Babinski's sign	+	
Kernig's sign	+	+
Hemiparesis	0	+
Aphasia	0	+
Anisocoria	+	0
Disconjugate gaze	+	0
Cause of death	Cardiorespiratory arrest Pulmonary edema Brain edema	Bronchopneumonia Liver/kidney failure

\* Lethargy, drowsiness, stupor, disorientation, confusion, delirium, obtundation, restless, irritability, combativeness.

Sumber : Martinez,A.J., 2005