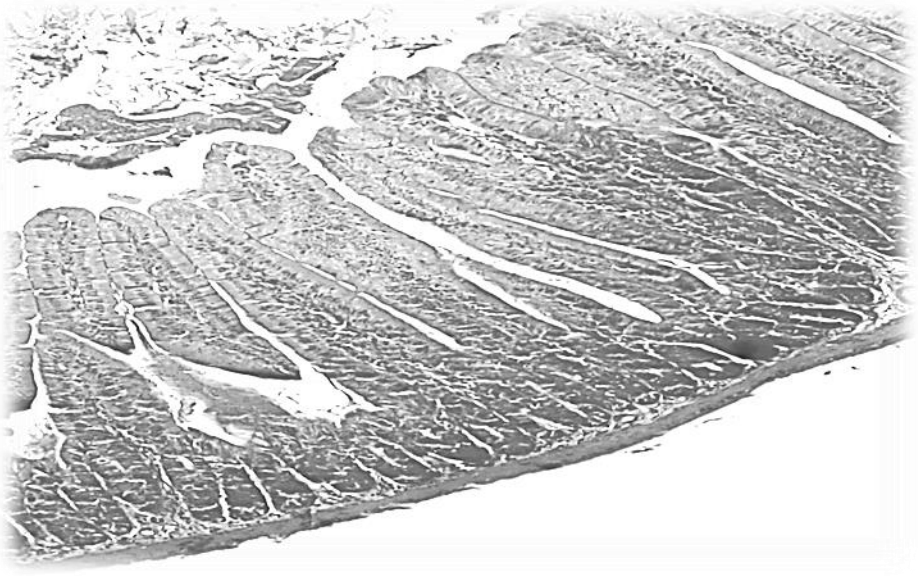

Fig. S1: A jejunal section of non-infected non-treated control mouse showing long slender intact villi with normal villous/crypt ratio (x 200, H&E).

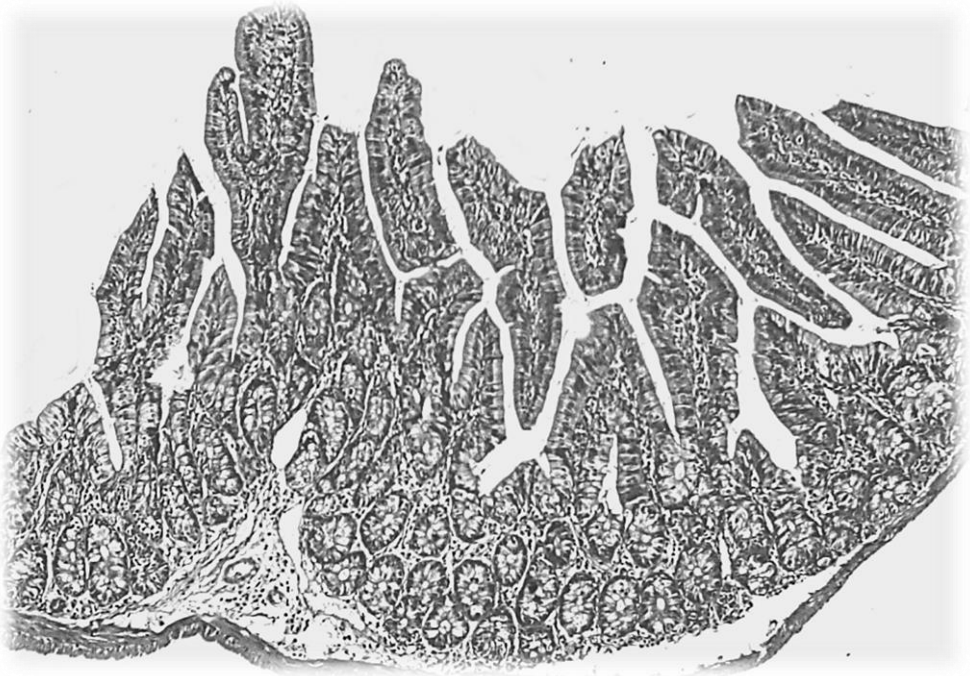

Fig. S2: A jejunal section of an infected non-treated mouse showing shortening and fusion of the villi and infiltration of lamina propria with inflammatory cells (X200, H&E).

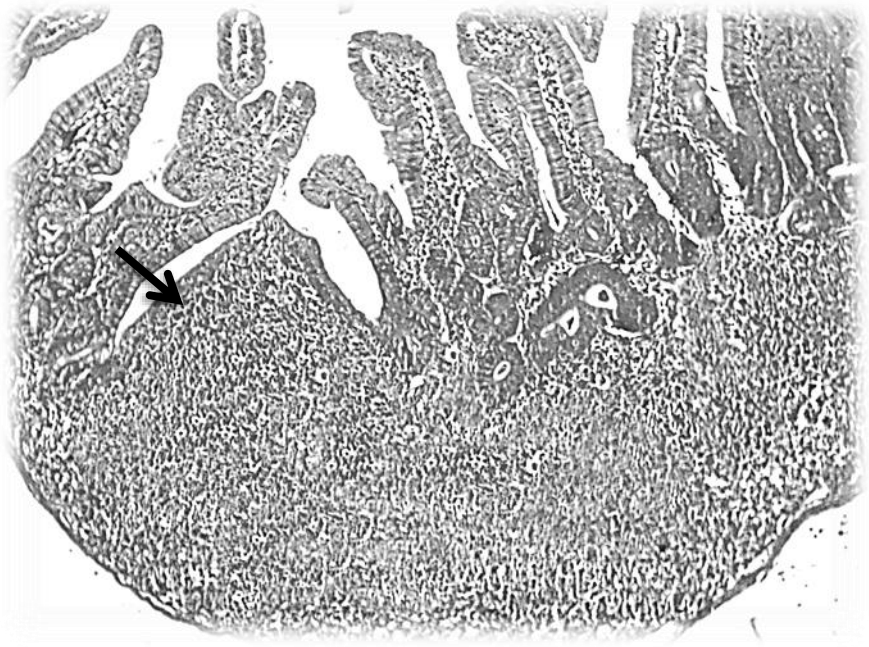

Fig. S3: A jejunal section of an infected mouse, at the 10th day post-infection and 3rd day of treatment by Tomex, showing loss of the normal architecture of the villi and lymphoid hyperplasia (black arrow) (X 200, H&E).

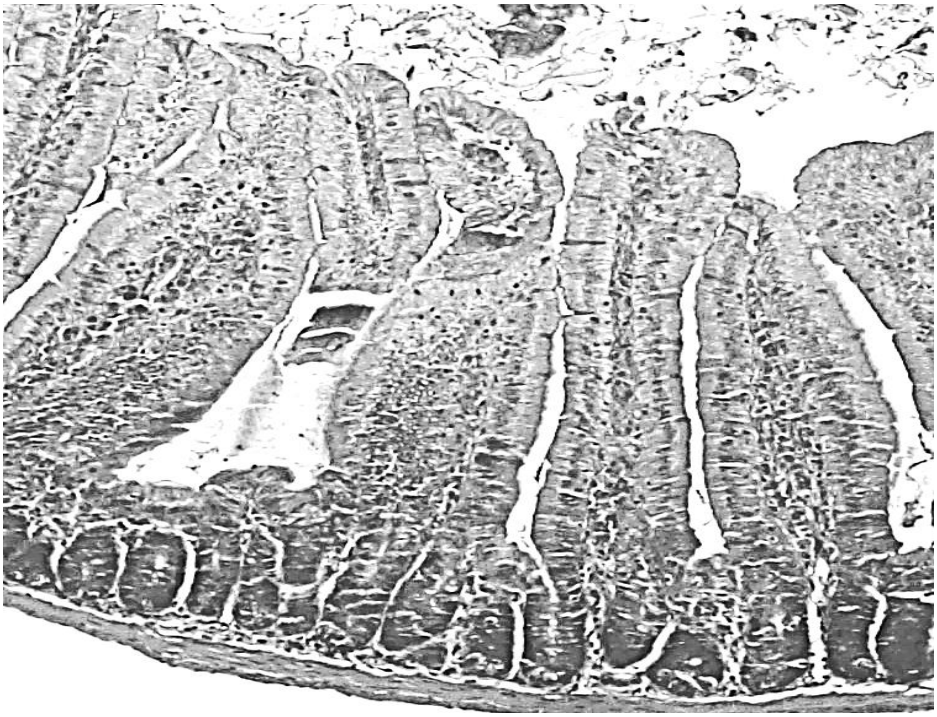

Fig. S4: A jejunal section of an infected mouse, at the17th day post-infection and 10th day of treatment by Tomex, showing an improvement of the villous architecture, normal villous/crypt ratio with mild inflammatory infiltrate in the lamina propria (X 250, H&E).

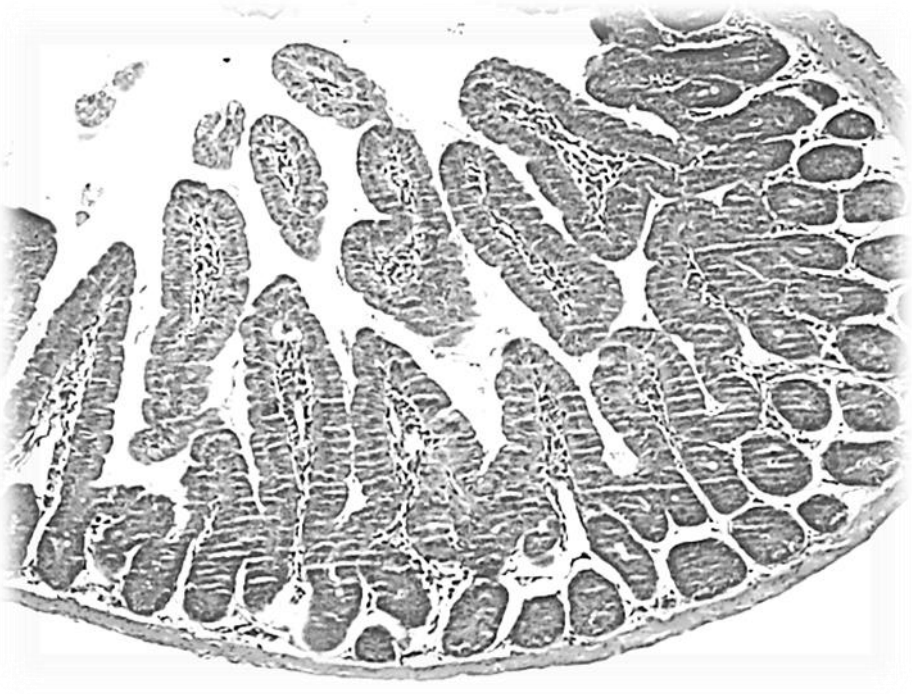

Fig. S5: A jejunal section of an infected mouse, at the 10th day post-infection and 3rd day of treatment by Metronidazole showing loss of the normal villus architecture with increased cellular infiltration in the lamina propria (X 200, H&E).

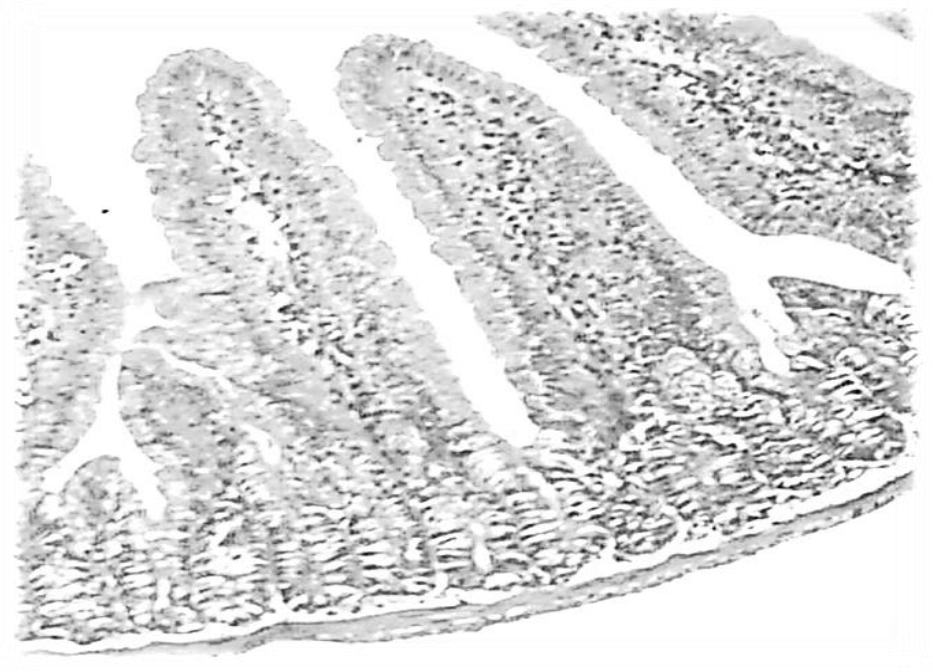

Fig. S6: A jejunal section of an infected mouse, at the17th day post-infection and 10th day of treatment by Metronidazole showing a long slender intact villi with normal villous/crypt ratio architecture (X 250, H&E).