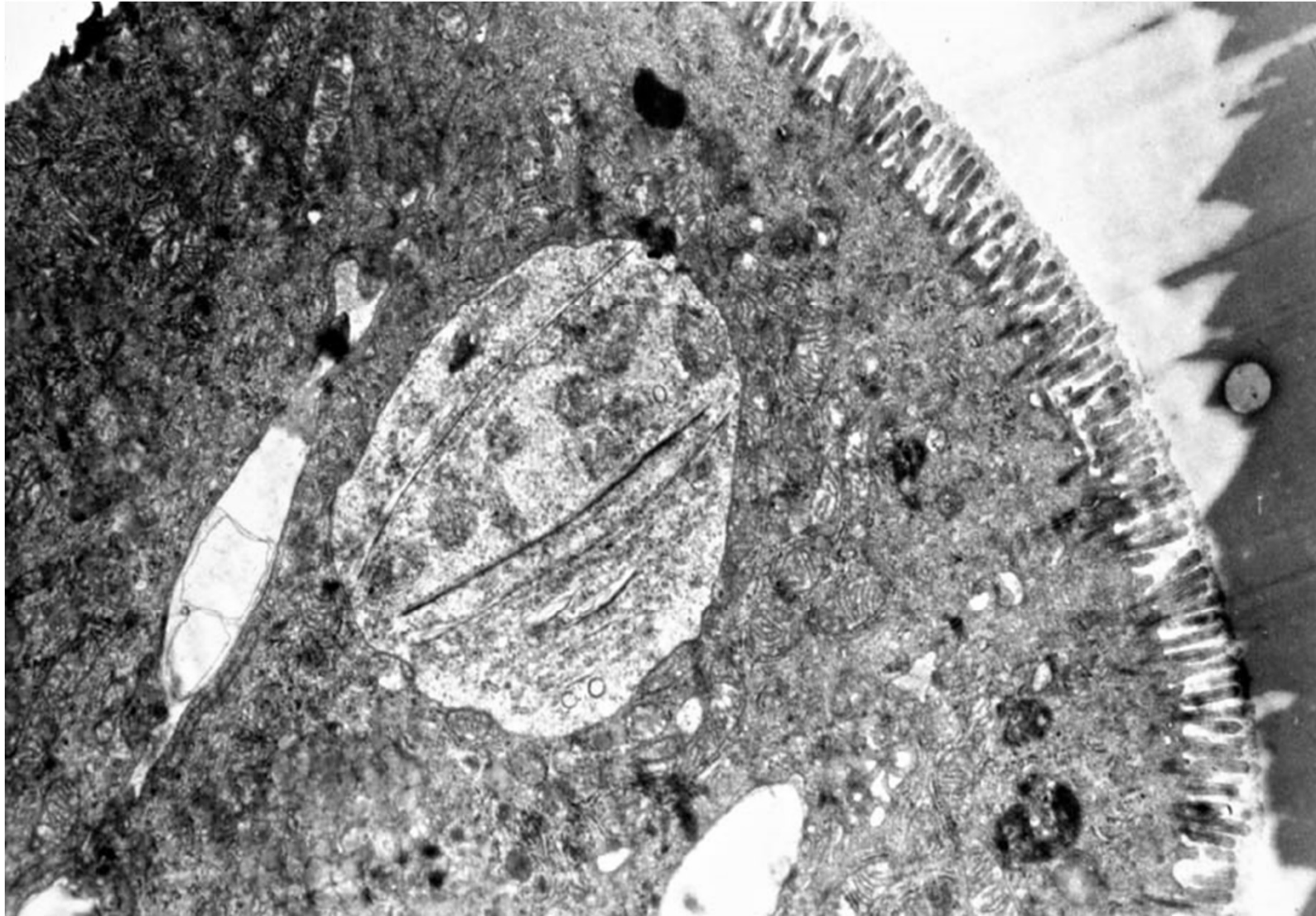


Klinische Parasitologie in Nederland:

zoekt en gij zult vinden...!

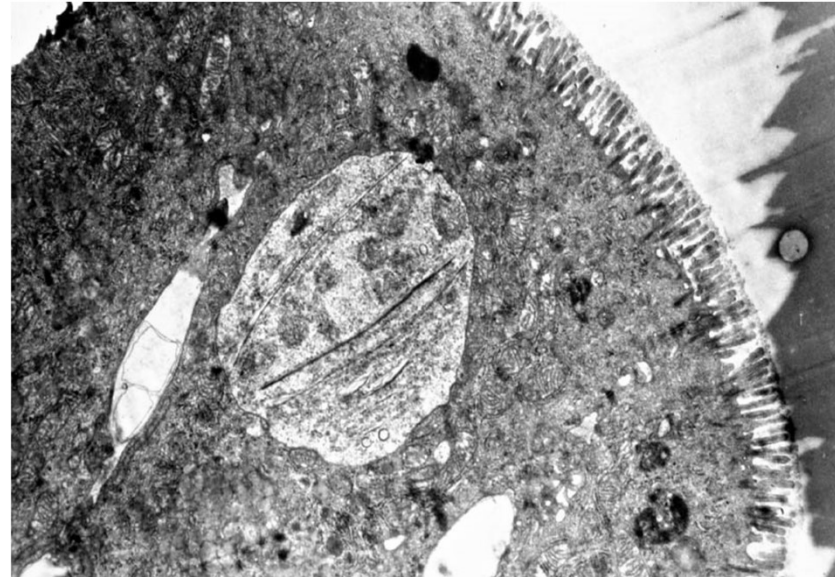
Tom van Gool
Sectie Klinische Parasitologie
Amsterdam UMC



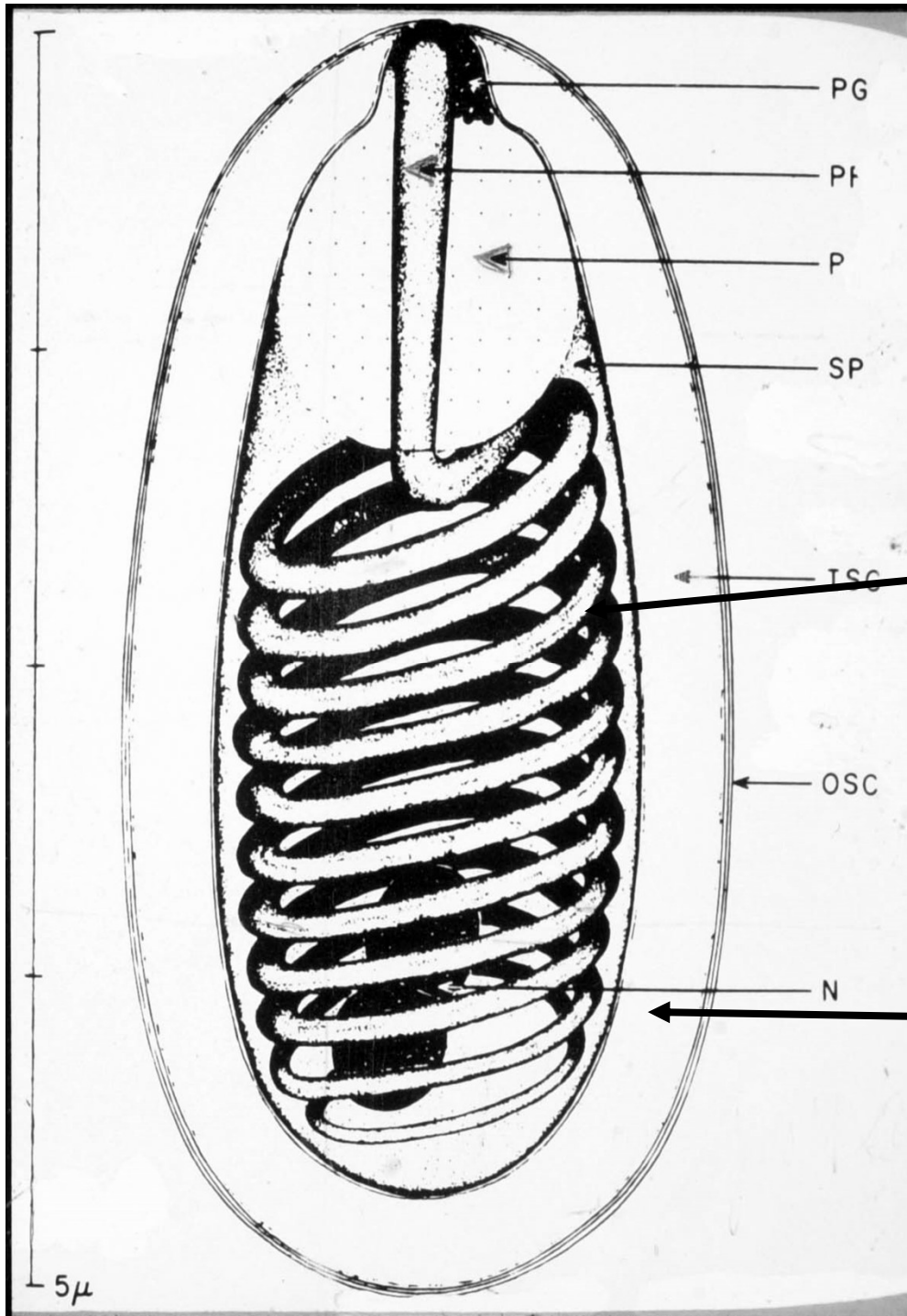


A unique finding in Paris in 1985.....

Prof. Isabelle Desportes
Hôpital Pitié-Salpêtrière (Paris)



“Small parasite belonging to the microsporidia but
Is a new, unknown species”: *Enterocytozoon bieneusi*

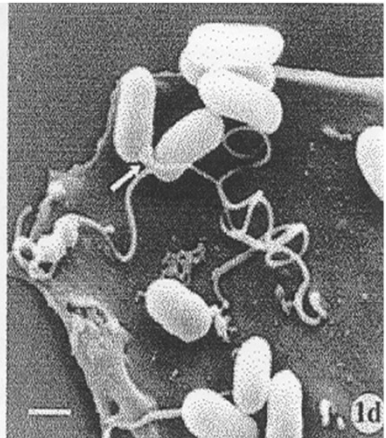
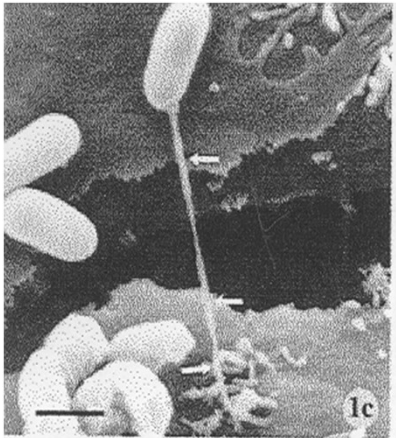
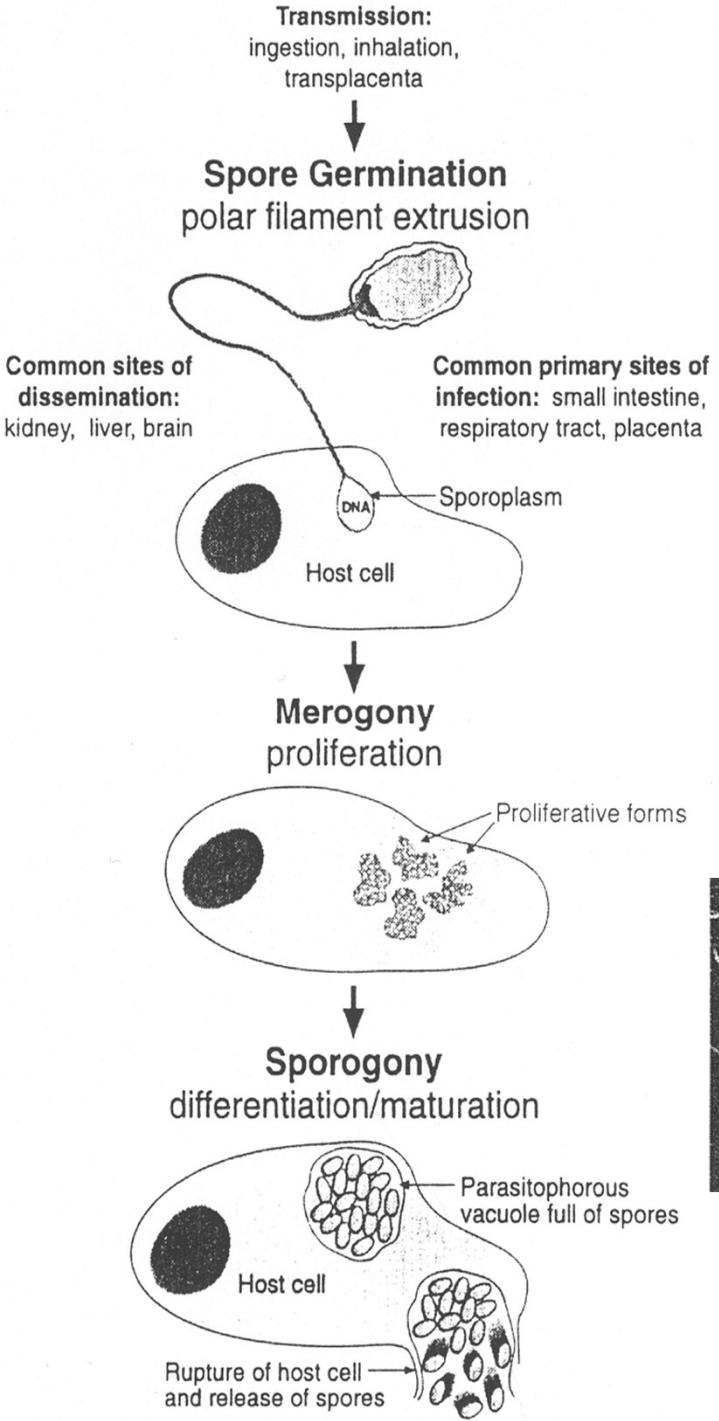


Typical spore
stage
of microsporidia

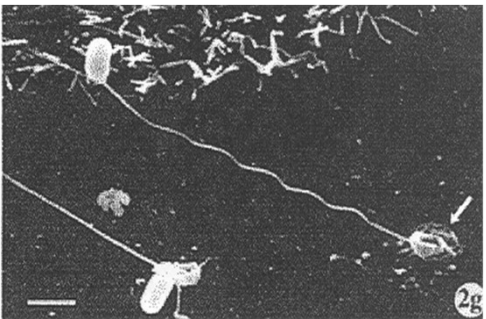
Coiled polar filament

Thick exospore
with chitin

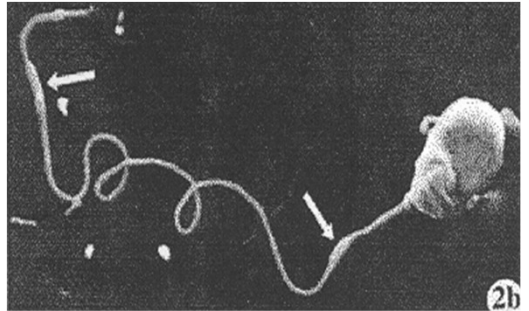
Life cycle of microsporidia (*Encephalitozoon*)



E.i.



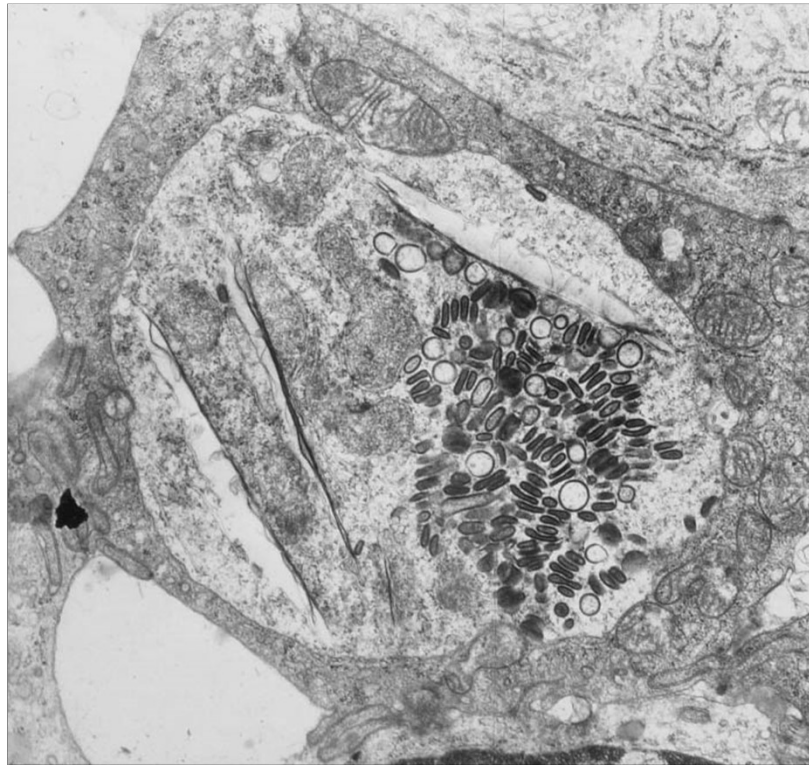
E.h.



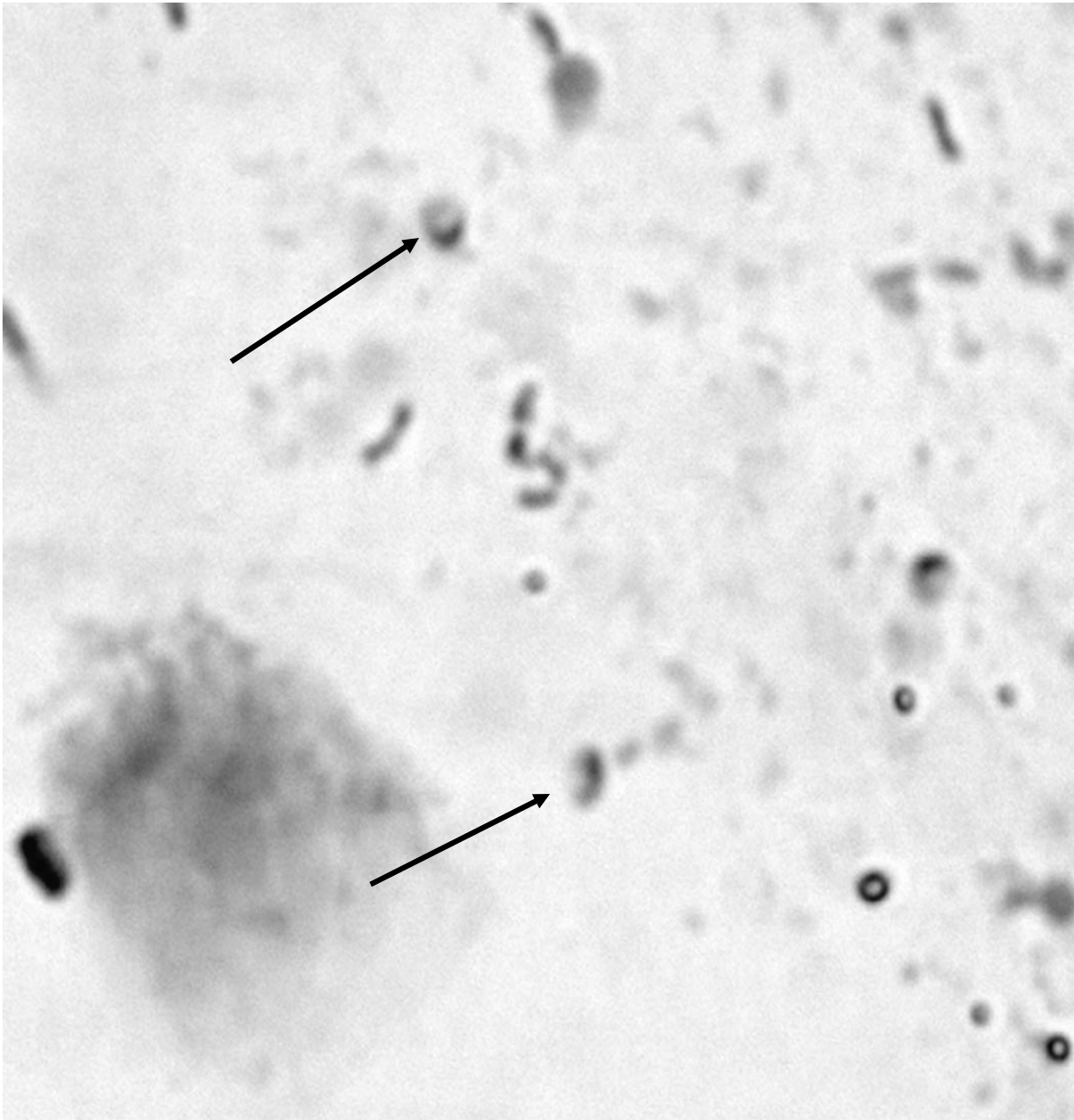
Microsporidia

- obligate intracellular protozoan parasites
- more than 144 genera and 1200 species
- important parasites in all phyla of animals

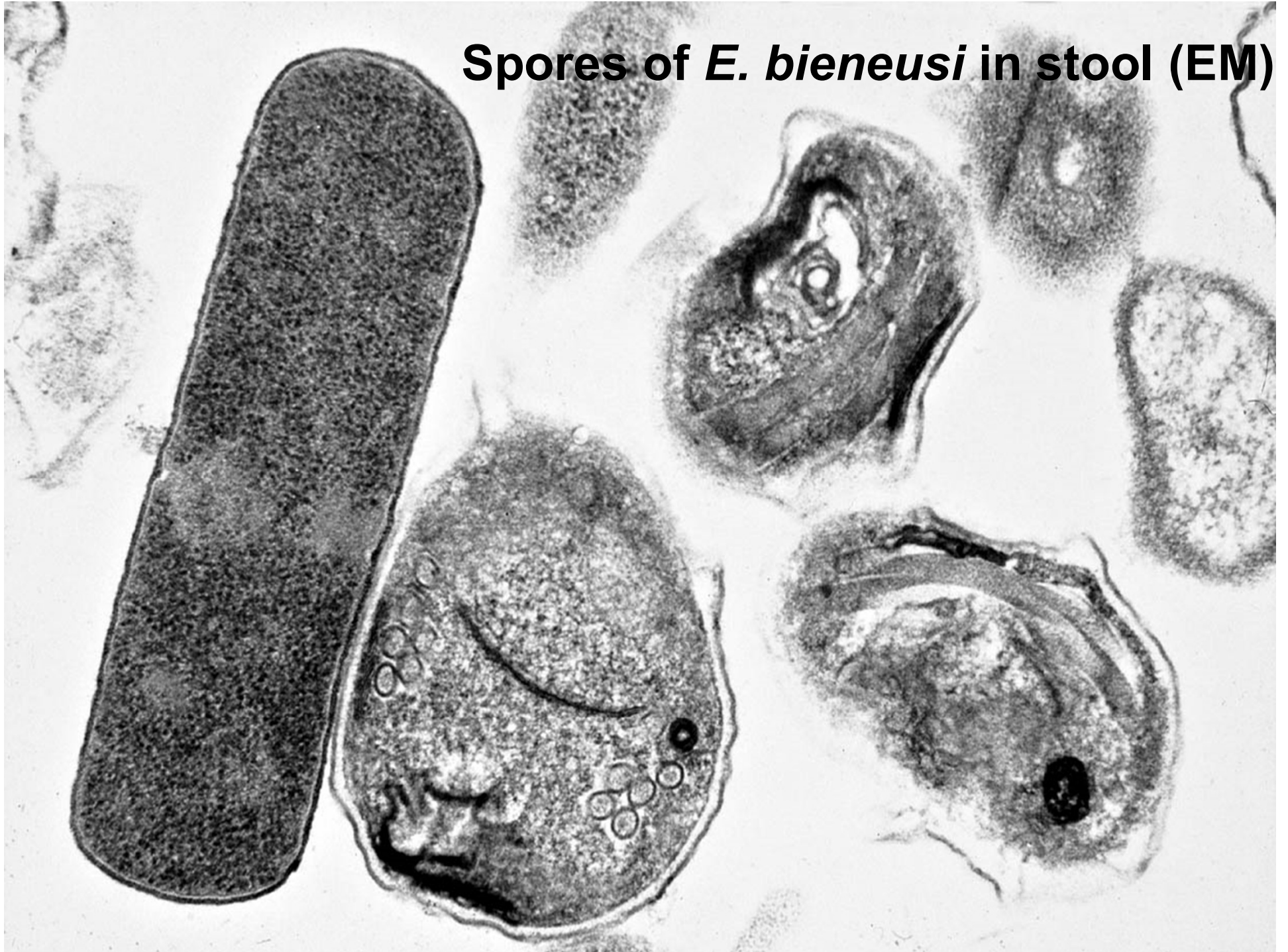
Diagnosis of human microsporidiosis 1985:
electron microscopy of duodenal biopsies

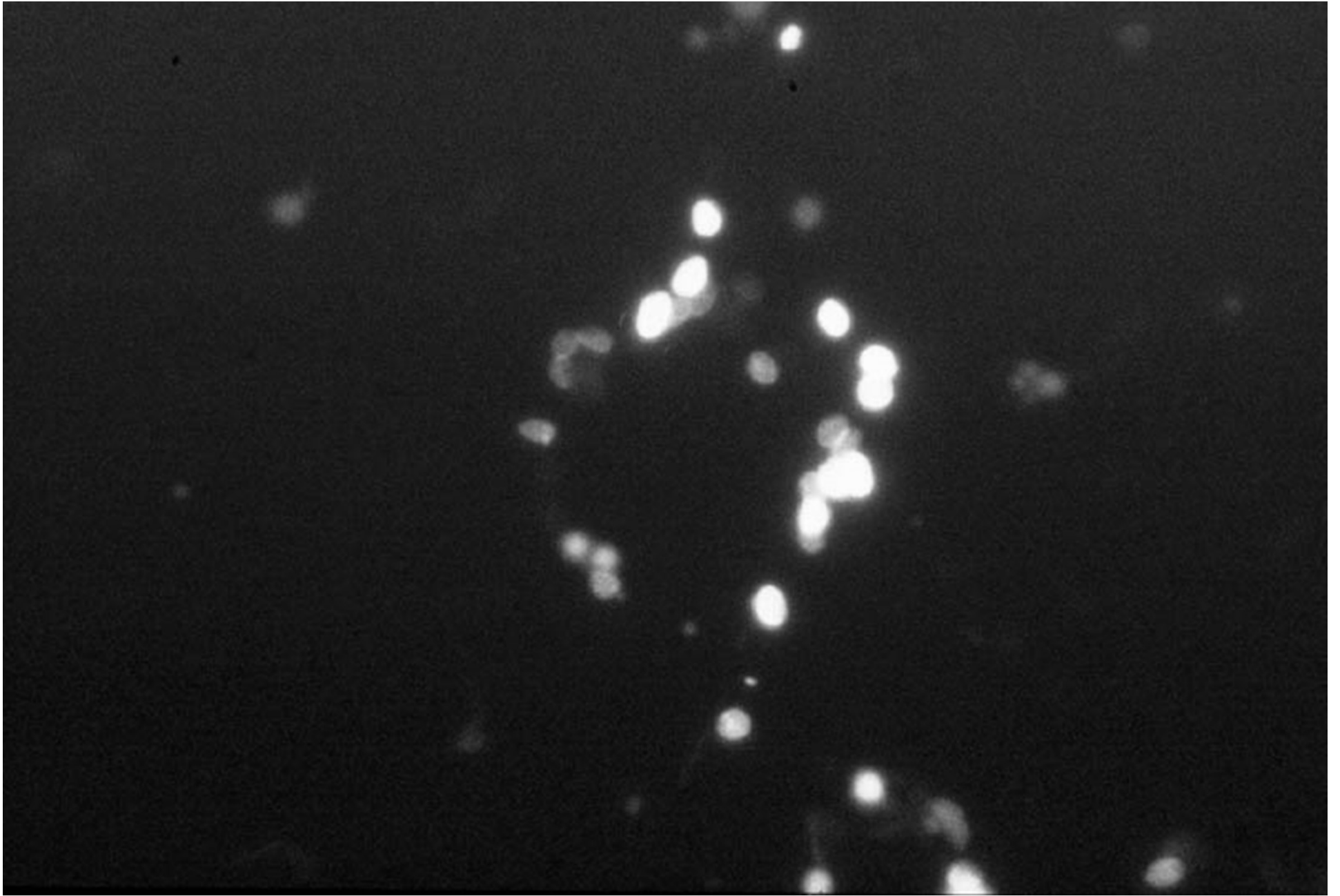


Spores of *E. bienewisi*
in stool (Giemsa stain)



Spores of *E. bieneusi* in stool (EM)





E. bieneusi with Uvitex 2B stain

Clinical significance of small-intestinal microsporidiosis in HIV-1-infected individuals

J. K. M. EEFTINCK SCHATTENKERK T. VAN GOOL
R. J. VAN KETEL J. F. W. M. BARTELSMAN CARLA L. KUIKEN
W. J. TERPSTRA P. REISS

The Lancet, Clinical Practice, 1991

- chronic diarrhea
 - cholangiopathy
 - rhinosinusitis
-
- HIV infected patients CD 4 <100

Treatment *E. bieneusi*

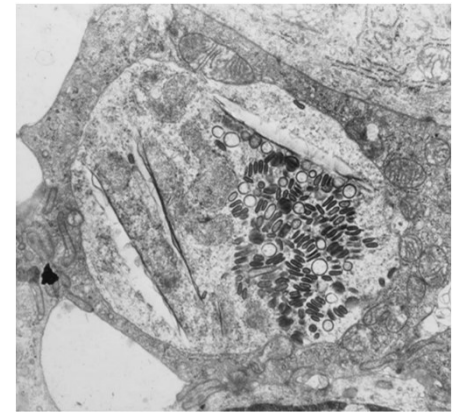
- Difficult!!
- In AIDS: fumagillin, effective but can be toxic.
- With improvement antiretroviral treatment in HIV (and improved function of immune system): disappearance of infection!
- Non-HIV immunosuppression: lowering dosage of immunosuppressive drugs can be useful

TvG1



A peculiar finding !!

Encephalitozoon spp.
in epithelial cell of small
intestine



Parasitophorous vacuole with
sporoblasts and spores.....

Dia 13

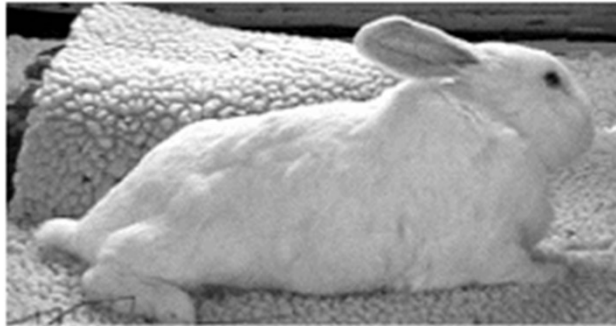
TvG1

Tom van Gool; 12-02-2020

Parasite in EM much resemblance with
Encephalitozoon cuniculi

→ Severe pathology in animals i.e. CNS
and kidneys

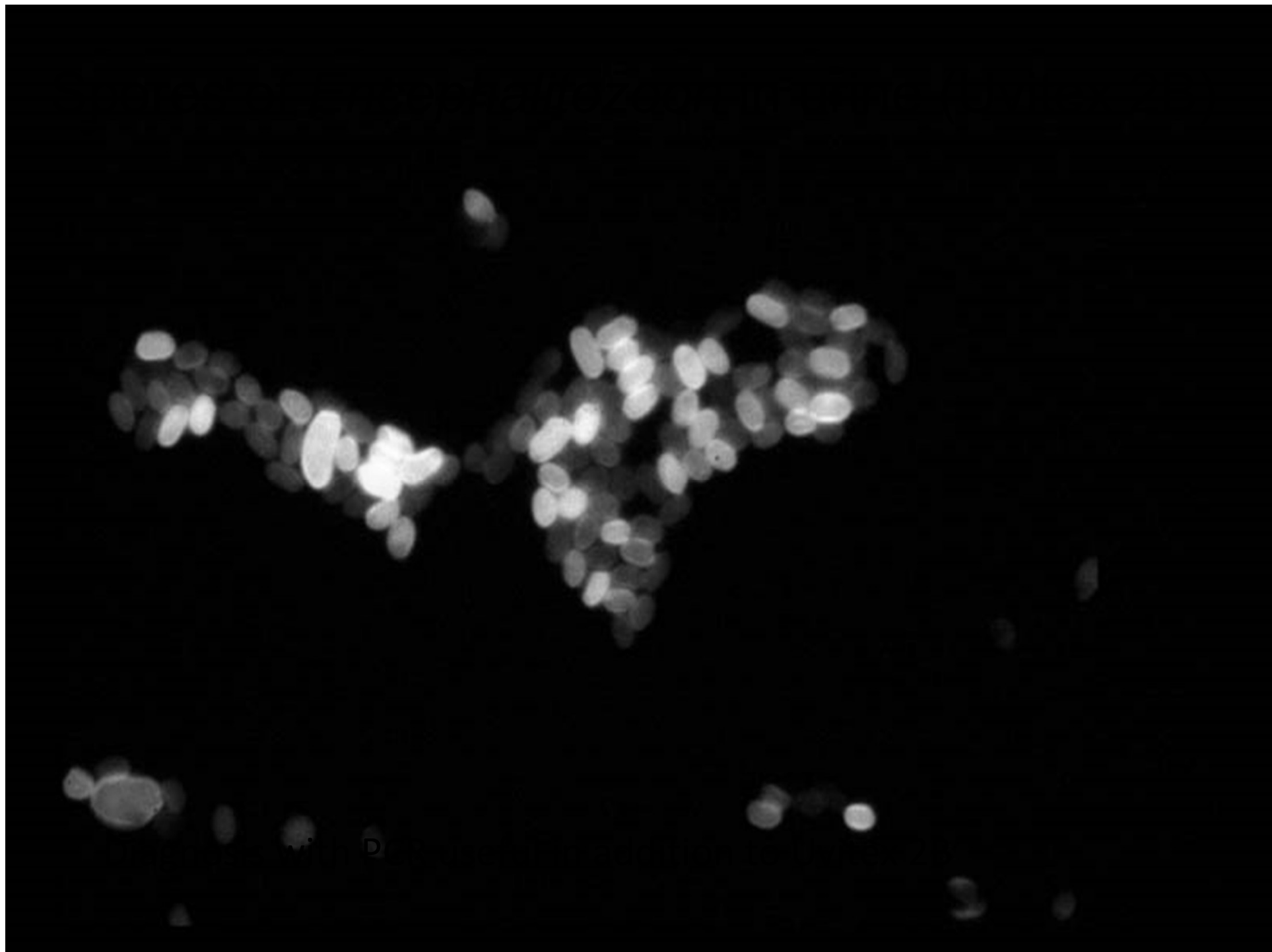
HOUSE RABBIT SOCIETY



“Phoebe”



Torticollis



Pathology due to *Encephalitozoon* infections in AIDS: involvement of multiple organs

Diarrhea and disseminated infection:
cholangitis, hepatitis, nephritis, rhinosinusitis,
keratoconjunctivitis, bronchopneumonia,
urethritis, encephalitis

Treatment of *Encephalitozoon* species

- Albendazole 400 mg twice a day for 4 weeks
 - Rapid disappearance of spores from body fluids
 - Prolonged treatment necessary to prevent relapses

Microsporidiosis in immunosuppression
other than AIDS: increased no. of positives !!

- Solid organ transplantation (kidney, heart- lung and liver)
- Bone marrow transplant recipients.

E. bienusi: prolonged diarrhea

Encephalitozoon spp.: multiple organ involvement

Microsporidiosis most common in persons with AIDS:

up to 10-20% positives in cases

with chronic diarrhea!

Infection also in immunocompetent individuals?

Microsporidia in immunocompetent persons

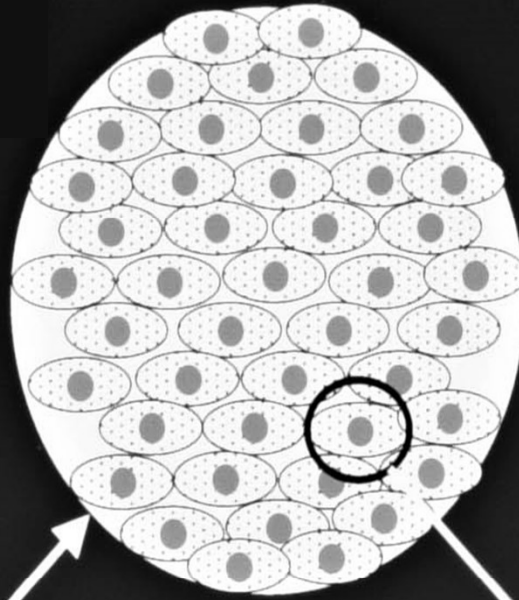
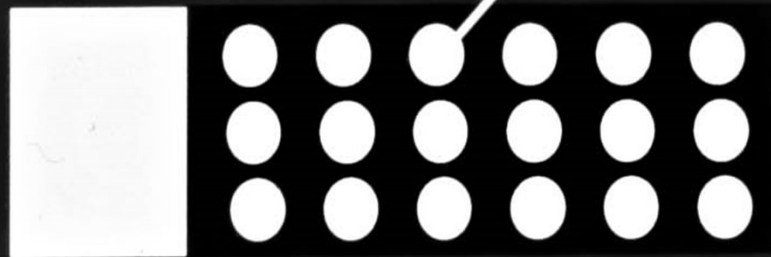
- often non-severe, self limiting diarrhea (travellers)
- associated with eye infection
- frequent in rural areas, developing countries
- microsporidia reported: i.e, *E. bieneusi*, *E. intestinalis*

But in *immunocompetent* cases other diagnostic methods could be useful:

- ⇒ Because of *short duration of shedding* detection of spores less useful
- ⇒ Serodiagnosis (antibodies are long persisting) potential useful!

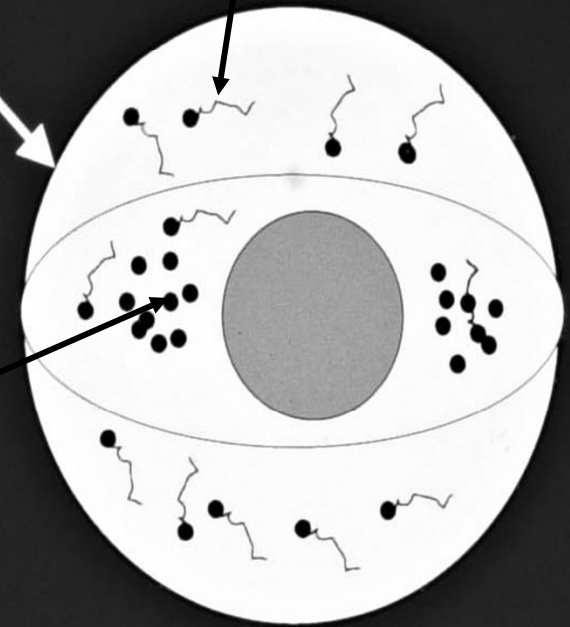
New specific IFAT test

In each well a culture of infected cells

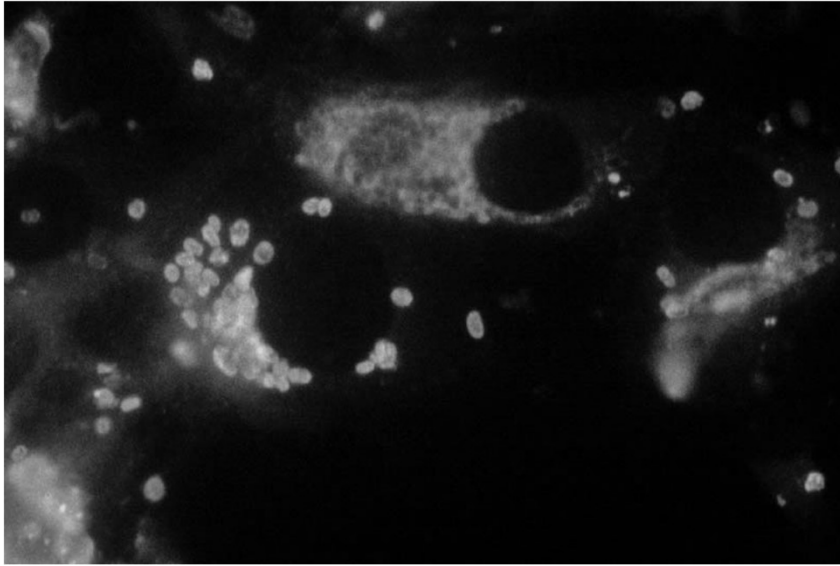


Polar tube

Spores



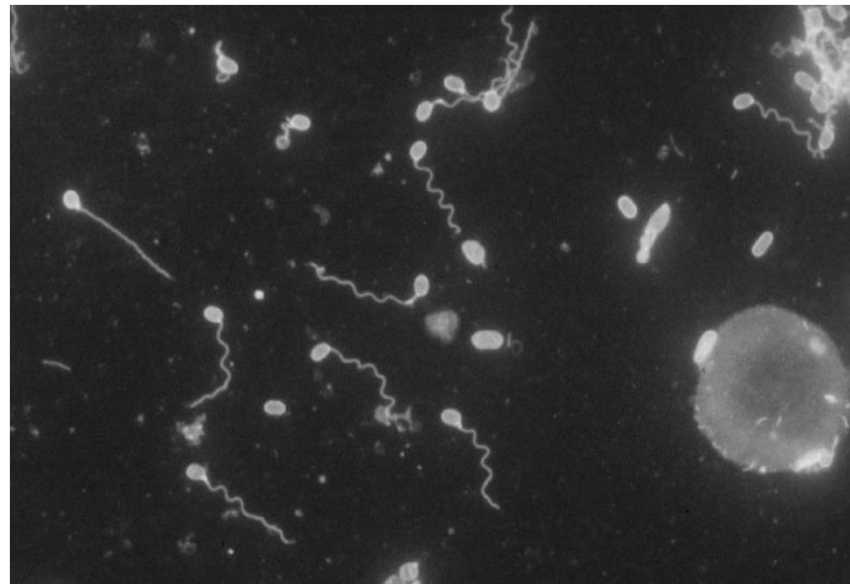
Different antigens recognized with different sera!



sporewall only



polar tube only



sporewall and
polartube

Three groups studied (total : 1053 persons)

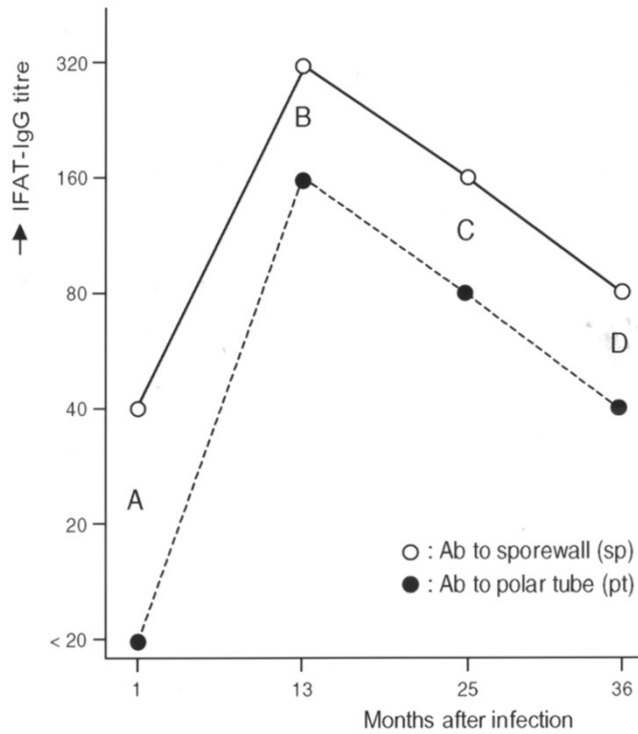
France (Paris): 490 pregnant women

Netherlands : 210 pregnant women

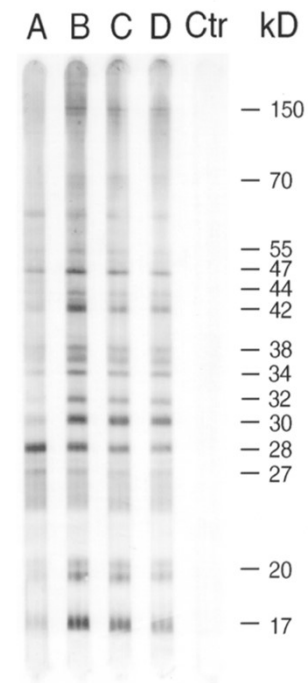
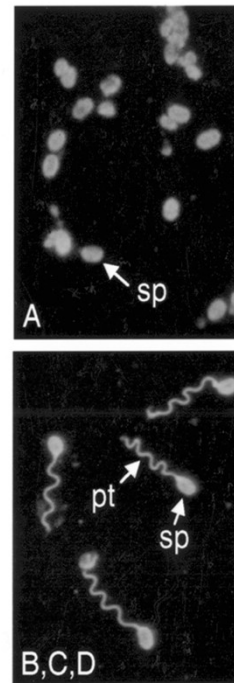
Netherlands: 350 (HIV- negative) homosexual men

Prevalence of specific antibodies up to 25%!!

Serological responses in immunocompetent person (1-36 months after infection)



↑ A ↑ B ↑ C ↑ D



Microsporidia from humans
in other hosts and environment

How do people come in contact with microsporidia?

Humans:	<i>E. bienewisi</i> , <i>E. intestinalis</i> , <i>E. hellem</i> , <i>E. cuniculi</i> , <i>Vittaforma corneae</i> , <i>Nosema ocularum</i> , <i>Brachiola</i> spp., <i>Trachipleisthophora</i> spp., <i>Pleistophora</i> spp and <i>Microsporidium</i> spp.
↑	
Animals: +++	<i>Enterocytozoon bienewisi</i> i.e.: cats, chickens, dogs, goats, pigs, cattle, rats <i>Encephalitozoon intestinalis</i> i.e.: donkeys, dogs, pigs, cows, goats, gorillas <i>Encephalitozoon cuniculi</i> : i.e.: rabbits, rodents, foxes, goats, horses, birds <i>Encephalitozoon hellem</i> i.e.: birds
Water: +	<i>E. bienewisi</i> , <i>E. intestinalis</i> , <i>Nosema</i> , <i>Pleistophora</i> spp, <i>Vittaforma cornea</i>
Food: +/-	<i>Pleistophora</i> spp.
Insects: +/-	<i>Brachiola algera</i> , <i>Nosema cornea</i>

Microsporidia are (indeed) close by.....

studies among Dutch pigeons



Study of 331 pigeon feces collected in several townships of Amsterdam

Examined for psittacosis: 26 positive (7.9 %)

Frequent Occurrence of Human-Associated Microsporidia in Fecal Droppings of Urban Pigeons in Amsterdam, The Netherlands[∇]

Aldert Bart,^{1*} Ellen M. Wentink-Bonnema,¹ Edou R. Heddema,^{1,3} Jan Buijs,² and Tom van Gool^{1,4}

Sequence confirmed *Microsporidia* positive PCR: 41/331 (12%)
pigeon feces positive for microsporidia

36/331 (11%) contain human pathogens:

- 18 (5.4%) *Enterocytozoon bieneusi*
- 11 (3.3%) *Encephalitozoon hellem*
- 6 (1.8%) *Encephalitozoon cuniculi*
- 1 (0.3%) *Encephalitozoon intestinalis*

5/331 other Microsporidia

Examined for psittacosis (331): 26 positive (7.9%)* !

Contact of humans with microsporidia easy:

Sweeping surfaces which are contaminated with excreta (guano) from pigeons.....*



- Roof building in Baltimore:
- stay for 10 - 550 pigeons/ per day
- effect of sweeping 30 min for humans:

Air, personal sampler: ingestion 3500 viable spores *E. bienewisi* in 30 min.!!!

Microsporidia and humans

- ➔ Frequent contact microsporidia with humans
- ➔ With proper immune system, in healthy persons, infection most often early aborted
- ➔ Can be cause of pathology not yet properly recognised (i.e. diarrhoea, encephalitis)

Pigeons excreta in the car:



On the sponge after washing : a nice microsporidia cocktail with Enterocytozoon sp, Encephalitozoon sp, Vittaforma sp. and others.....



Cyclospora: the “overlooked” parasite

VOC
BATAVIA 1577

History

- 1979 Ashford. Papua New Guinea.
Undescribed coccidian parasite. Oocysts with
4 sporozoites
- 1986 Soave. Patients in Haiti and Mexico with
diarrhea. Structures 8 -10 μm , defined
wall, granular material inside: coccidian
body/fungal spore.

W. Wood

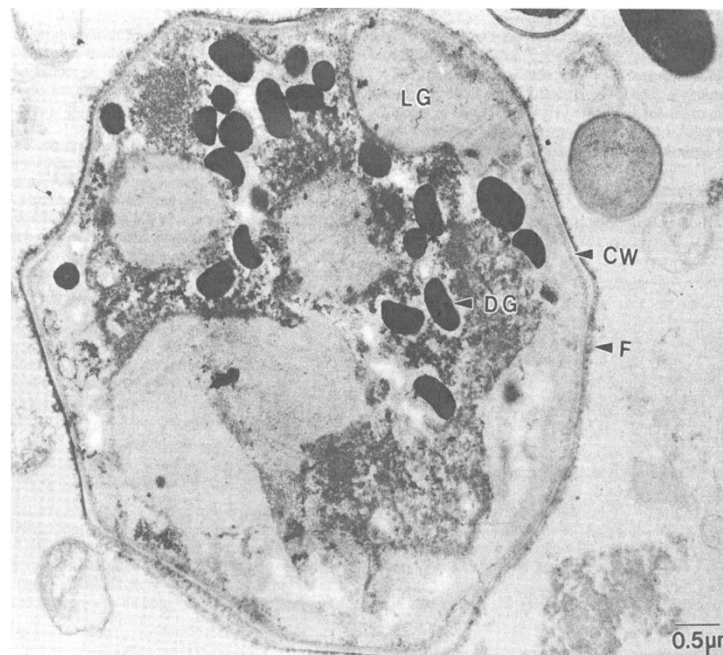
1990

Alga Associated with Diarrhea in Patients with Acquired Immunodeficiency Syndrome and in Travelers

EARL G. LONG,^{1*} ADELEH EBRAHIMZADEH,² ELIZABETH H. WHITE,¹ BILLIE SWISHER,¹
AND CAREY S. CALLAWAY¹

Experimental Pathology Branch, Division of Immunologic, Oncologic, and Hematologic Diseases, Center for Infectious Diseases, Centers for Disease Control, Atlanta, Georgia 30333,¹ and Parasitology Laboratory, New York City Department of Health Bureau of Laboratories, New York, New York 10016²

Received 15 November 1989/Accepted 8 February 1990

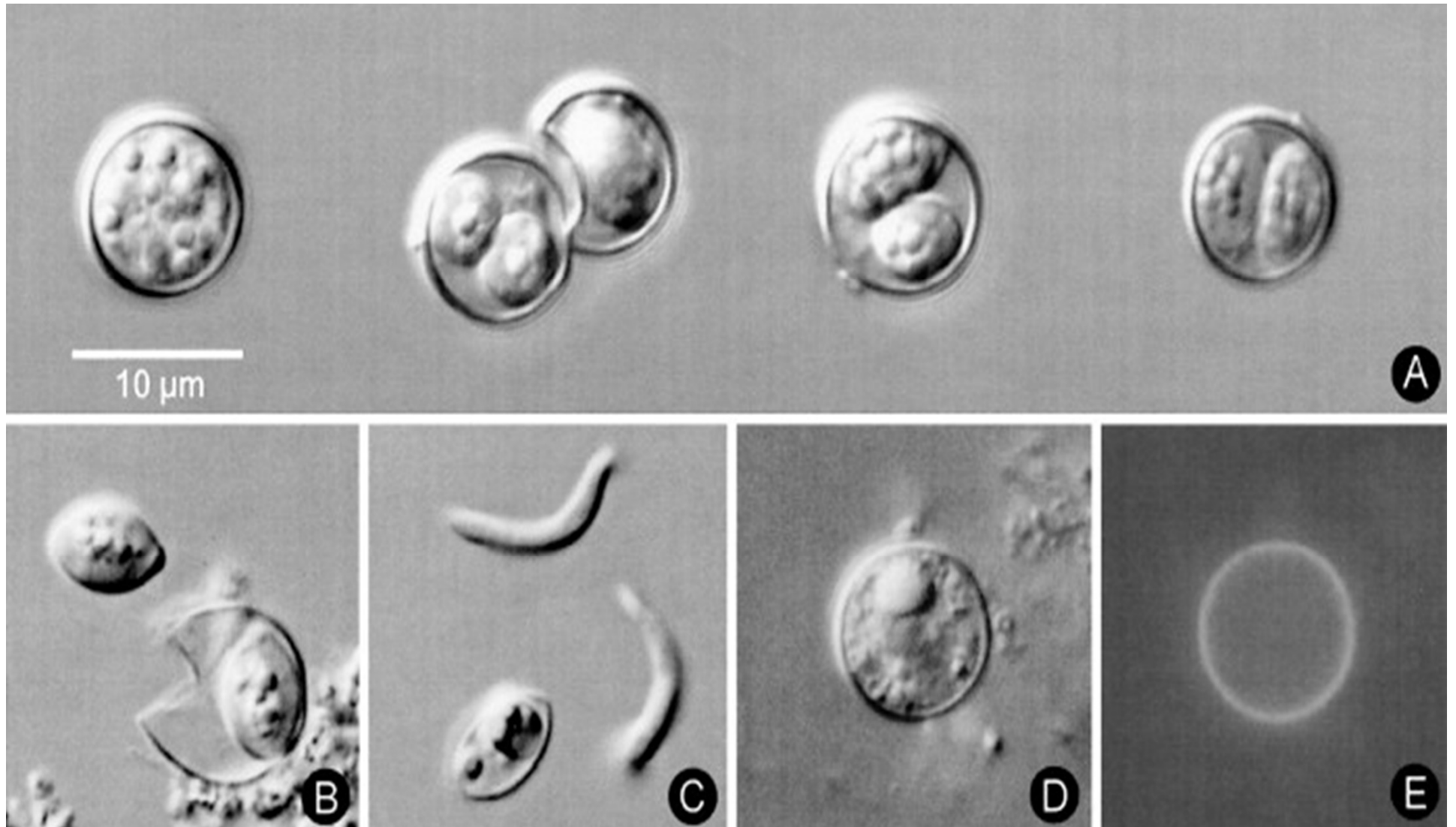


1992 Ortega. Peru.

Sporulation and excystation of oocysts in 2 sporocysts each with 2 sporozoites.

EM of sporozoites characteristic for coccidian protozoa ! No alga at all.....

Developmental stages of oocysts of Cyclospora

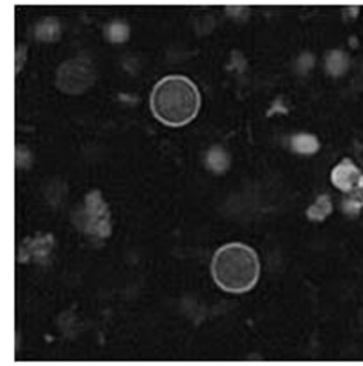
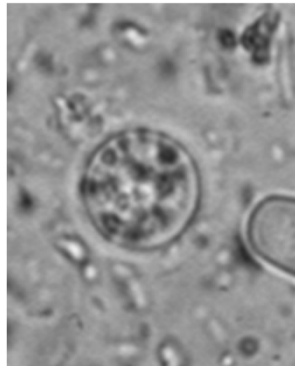


Coccidian parasite belongs to genus *Cyclospora*

- Oocyst with 2 sporocysts, each with two sporozoites
- Human infection due to other *Cyclospora* species not described
- *Cyclospora* spp. well known in insects, reptiles and rodents, especially moles. Animal cyclosporons have larger oocysts.
- Life cycle of human *Cyclospora* unknown: intermediate host can be involved

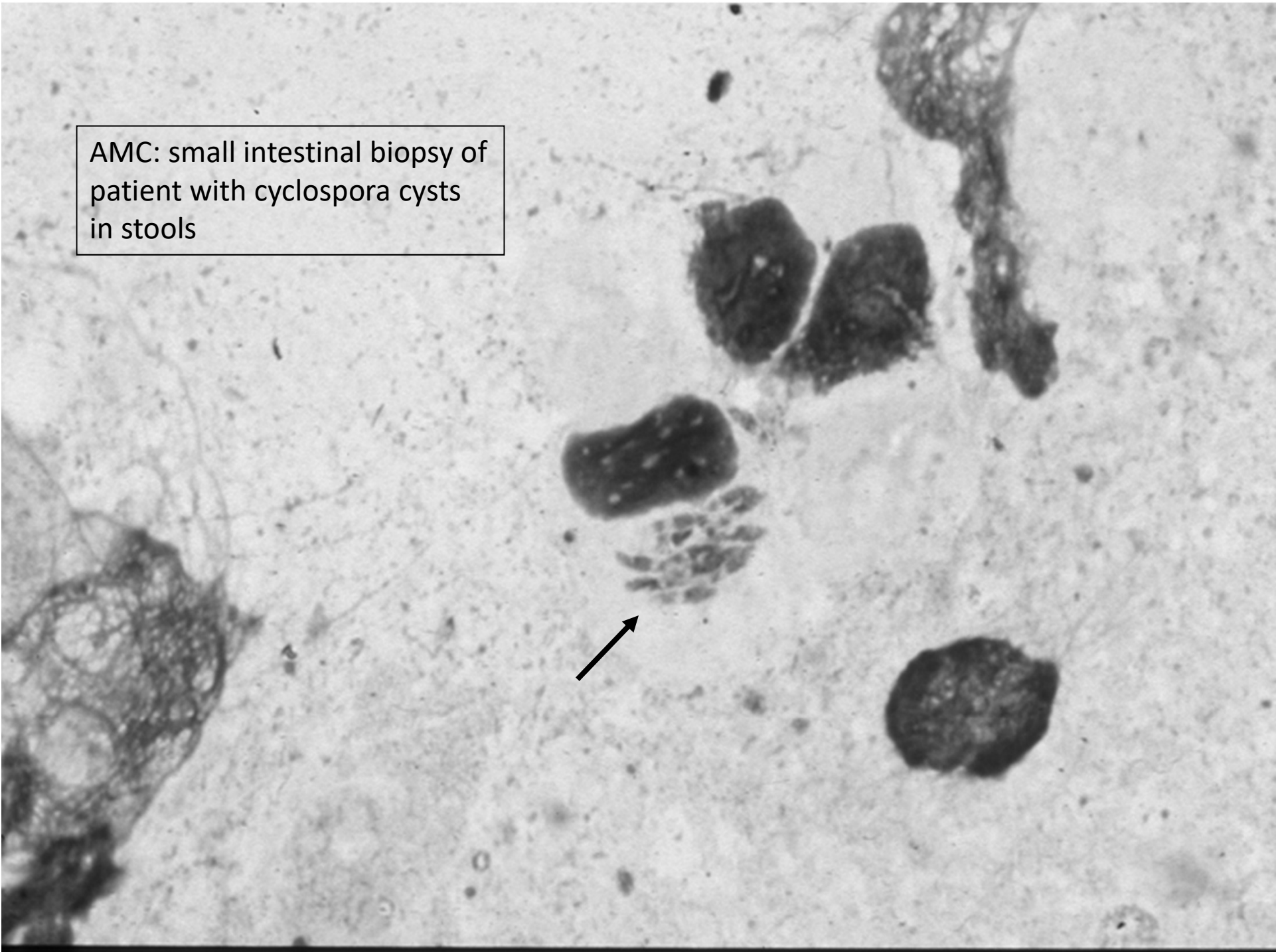
Diagnosis: relative easy with microscopy!

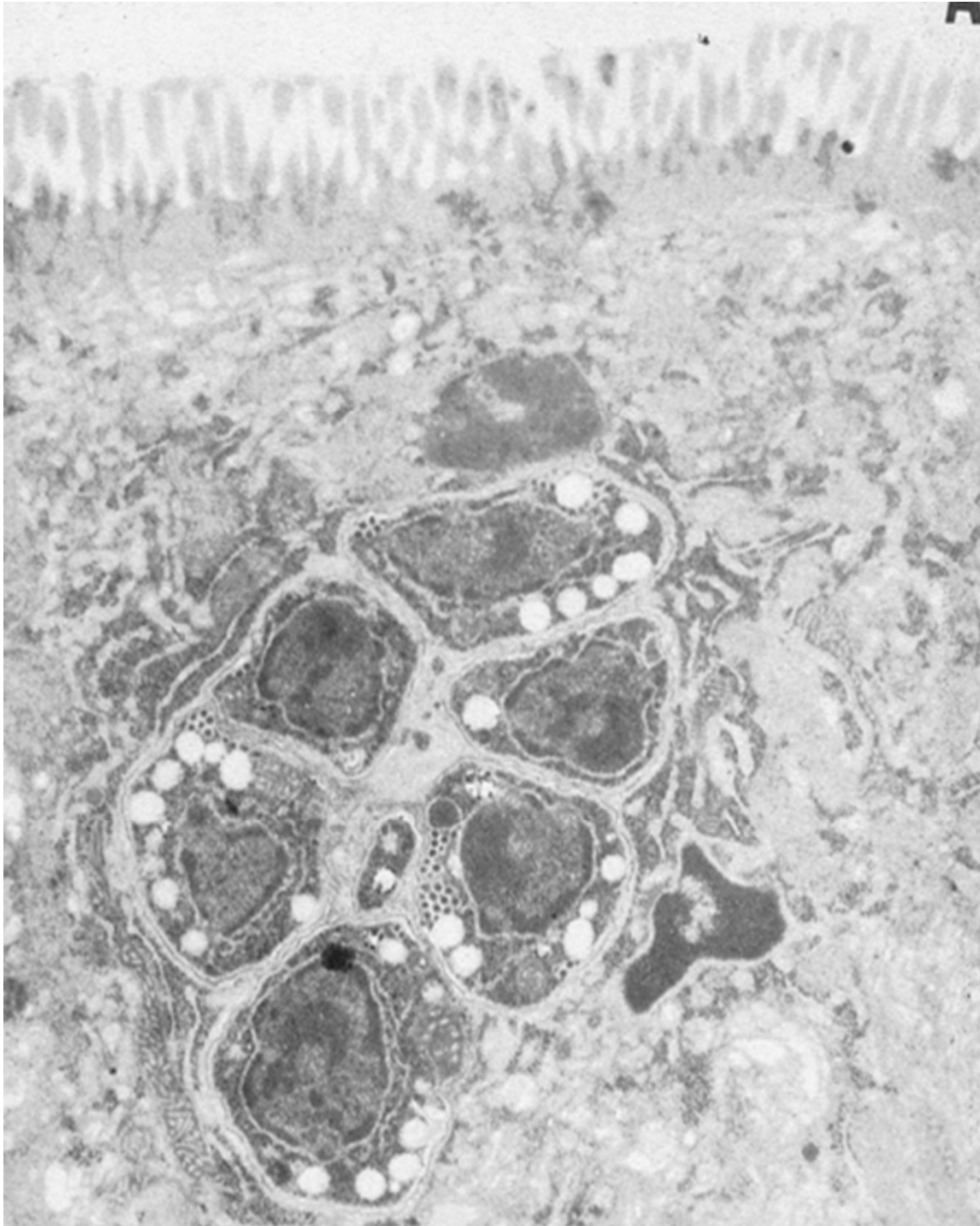
- 8-10 um with several globlets inside.
- when properly trained technicians “cannot miss it”!!



Parasites in stool but what is the site of infection in the intestine?

AMC: small intestinal biopsy of patient with cyclospora cysts in stools





Electron microscopy of
Cyclospora in small intestine

Symptomatology associated with Cyclospora infection



- patients often feel very ill!
- predominant symptom: watery diarrhea often in relapsing, cyclical pattern
- important **associated** symptoms:
 - heartburn-like symptoms, abdominal cramps
 - fatigue
 - anorexia, weight loss (up to 10 kg!) and vomiting
- infection may last for weeks (but is self-limiting)

Treatment of Cyclospora infection ?

AMC, Amsterdam: two patients treated with co-trimoxazole strong relief of complaints, but not sufficient evidence for proof of efficacy.

THE LANCET

Placebo-controlled trial of co-trimoxazole for cyclospora infections among travellers and foreign residents in Nepal

Charles W Hoge, David R Shlim, Madhu Ghimire, J Gregory Rabold, Prativa Pandey, Anne Walch, Ramachandran Rajah, Paul Gaudio, Peter Echeverria

Lancet: March 1995

In case of severe complaints:

Co-trimoxazole (trimethoprim - sulfamethoxazole
(160/800 mg) 2x dd for 7-10 days

Fast effect after start of treatment!

But....

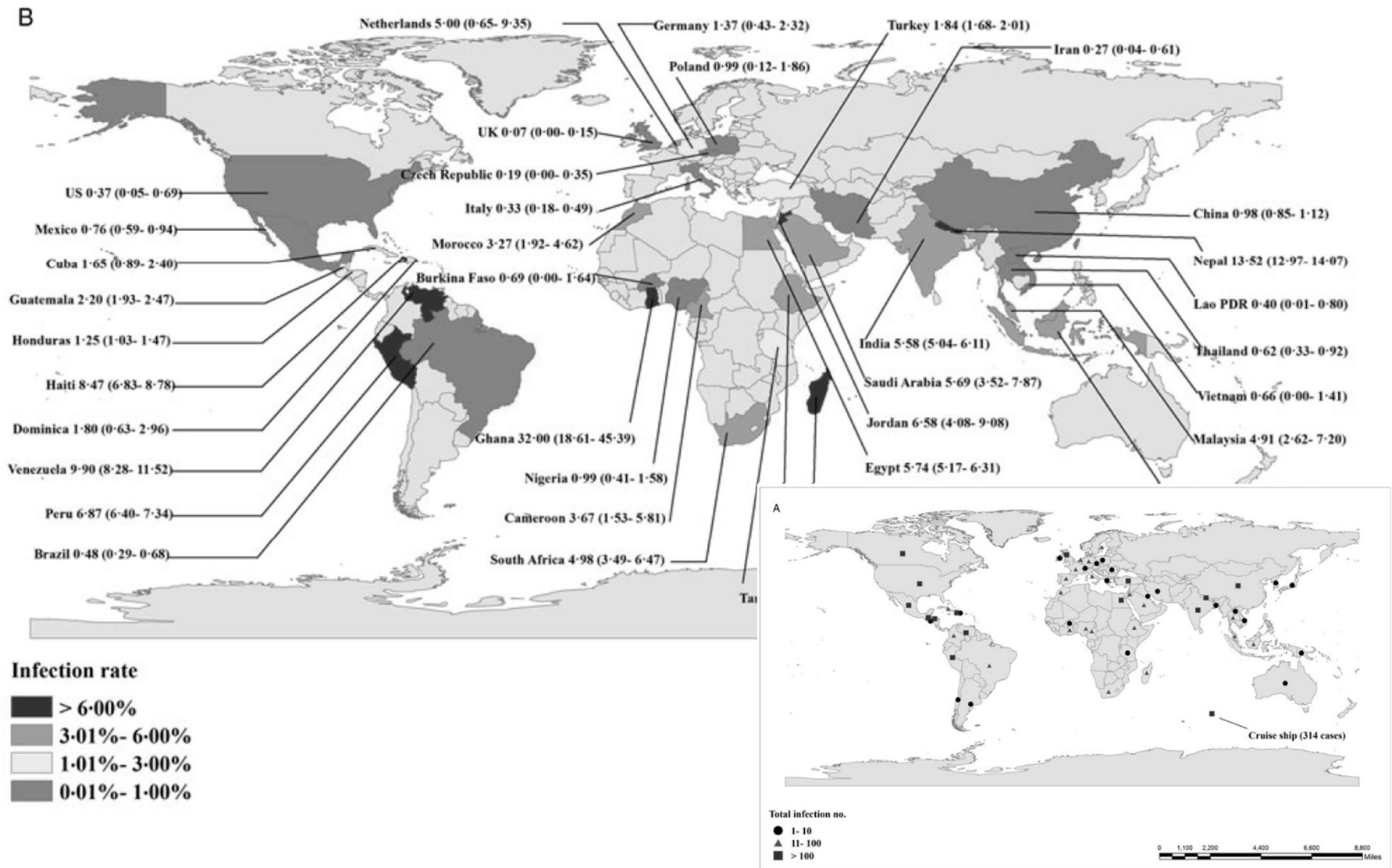
Cyclospora infection is self-limiting:

symptoms mild or absent: no treatment !

Epidemiology

- High prevalence in tropical countries
- Low prevalence in western countries
- Occasionally observed in travellers from tropics

Prevalence Cyclospora infection worldwide



Transmission: contaminated food (i.e. produce), water..

Prevalence:

many countries

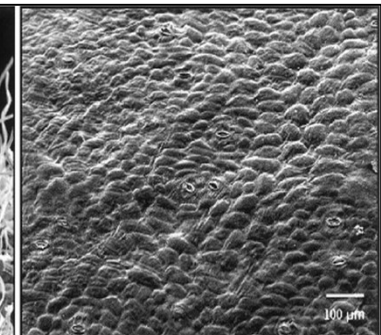
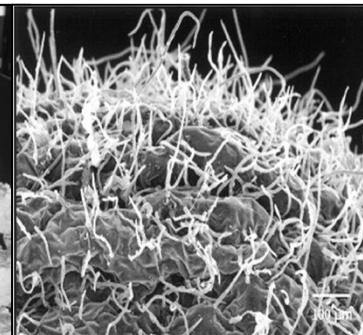
- Latin America
 - Guatemala
 - Peru
 - Mexico
- India
- SE Asia
- Also USA....



USA 2018: multiple outbreaks > 2000 cases (no int. travel)

A foodborne outbreak of *Cyclospora cayentanensis* at a wedding

Fleming C.A. et al. Arch Intern Med
Vol 158, May 25, 1998



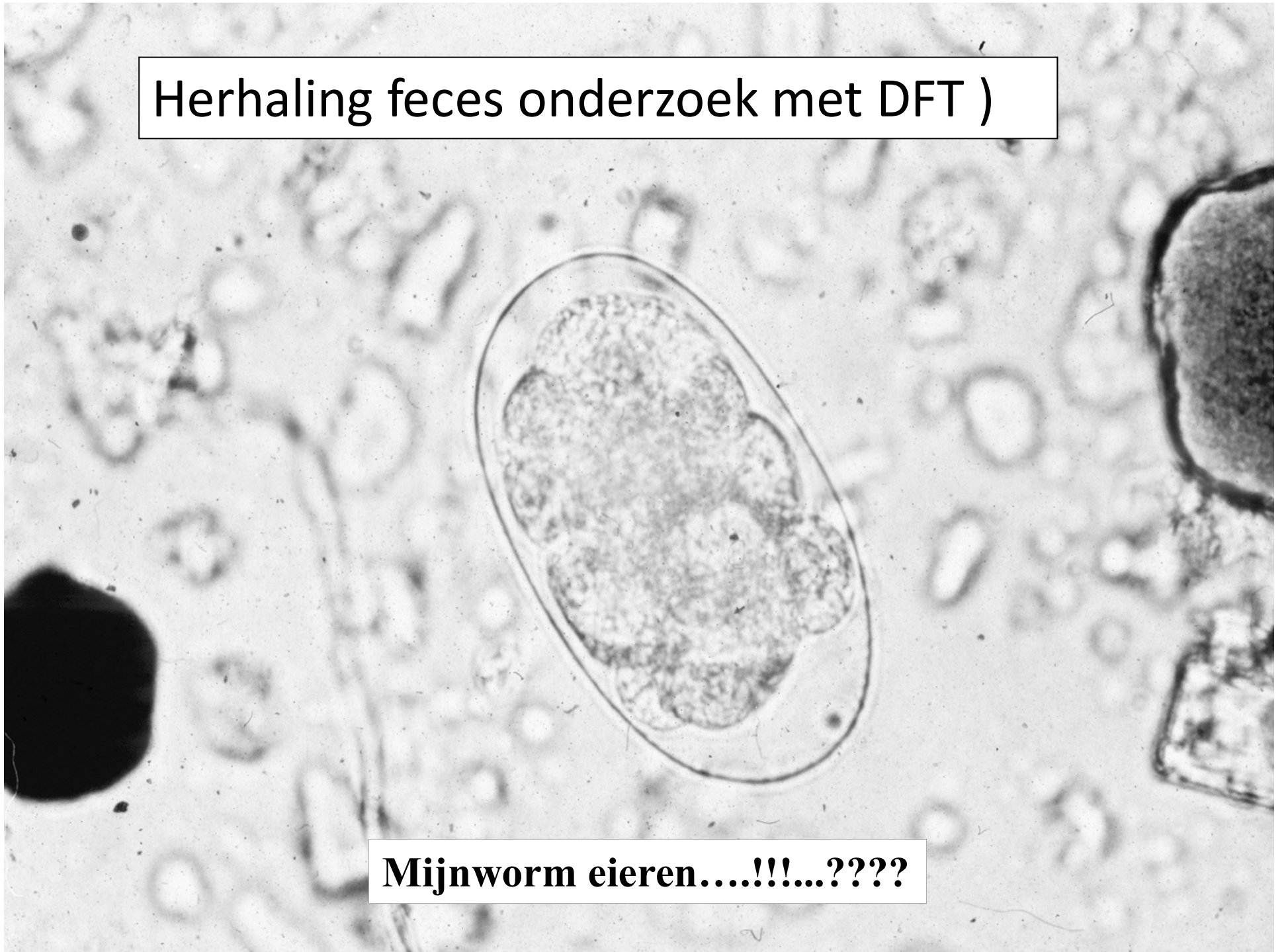
Contaminated raspberries from Guatemala

Heftige jeuk én productie van wormeieren in de darm bij reizigers.....

Michèle van Vugt,
Aldert Bart,
Tom van Gool

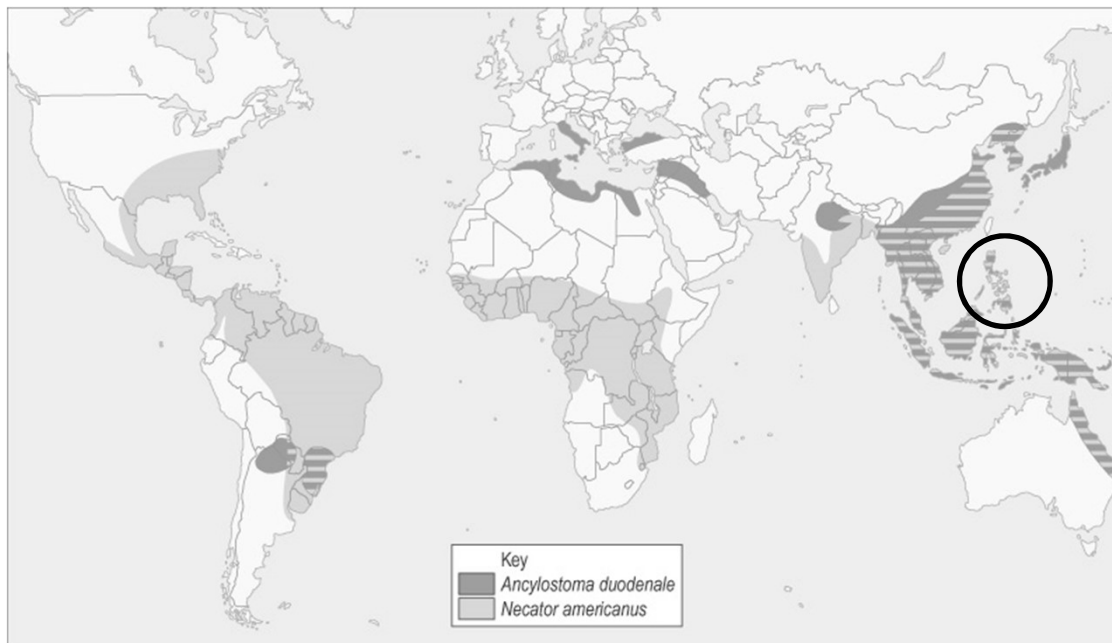
Herhaling feces onderzoek met DFT)

Mijnworm eieren....!!!...????



Mijnwormen bij de mens

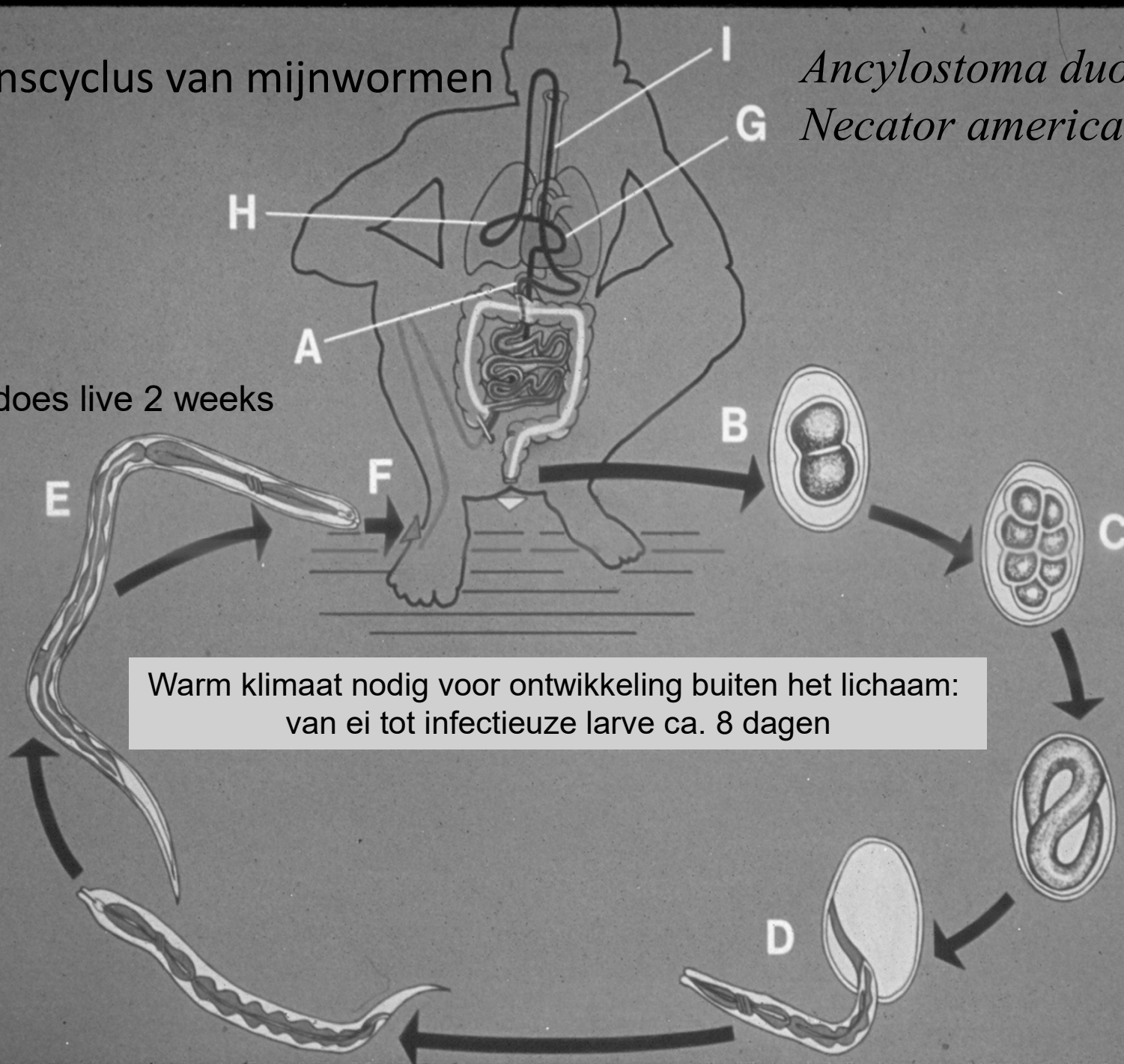
- Infectie met mijnwormen komt frequent voor: naar schatting bij 1 miljard mensen waarvan de helft in de Azië/ Pacific
- Bij de mens de meest voorkomende soorten *Ancylostoma duodenale* en *Necator americanus*



Levenscyclus van mijnwormen

Ancylostoma duodenale
Necator americanus

Stage does live 2 weeks



Warm klimaat nodig voor ontwikkeling buiten het lichaam:
van ei tot infectieuze larve ca. 8 dagen



Filariforme larvae van mijnwormen penetreren de huid.....

hierbij vorming van papels die na enkele dagen verdwijnen

Mijnwormen zitten vast aan wand van de dunne darm
Wormen kunnen 8-16 jaar overleven!

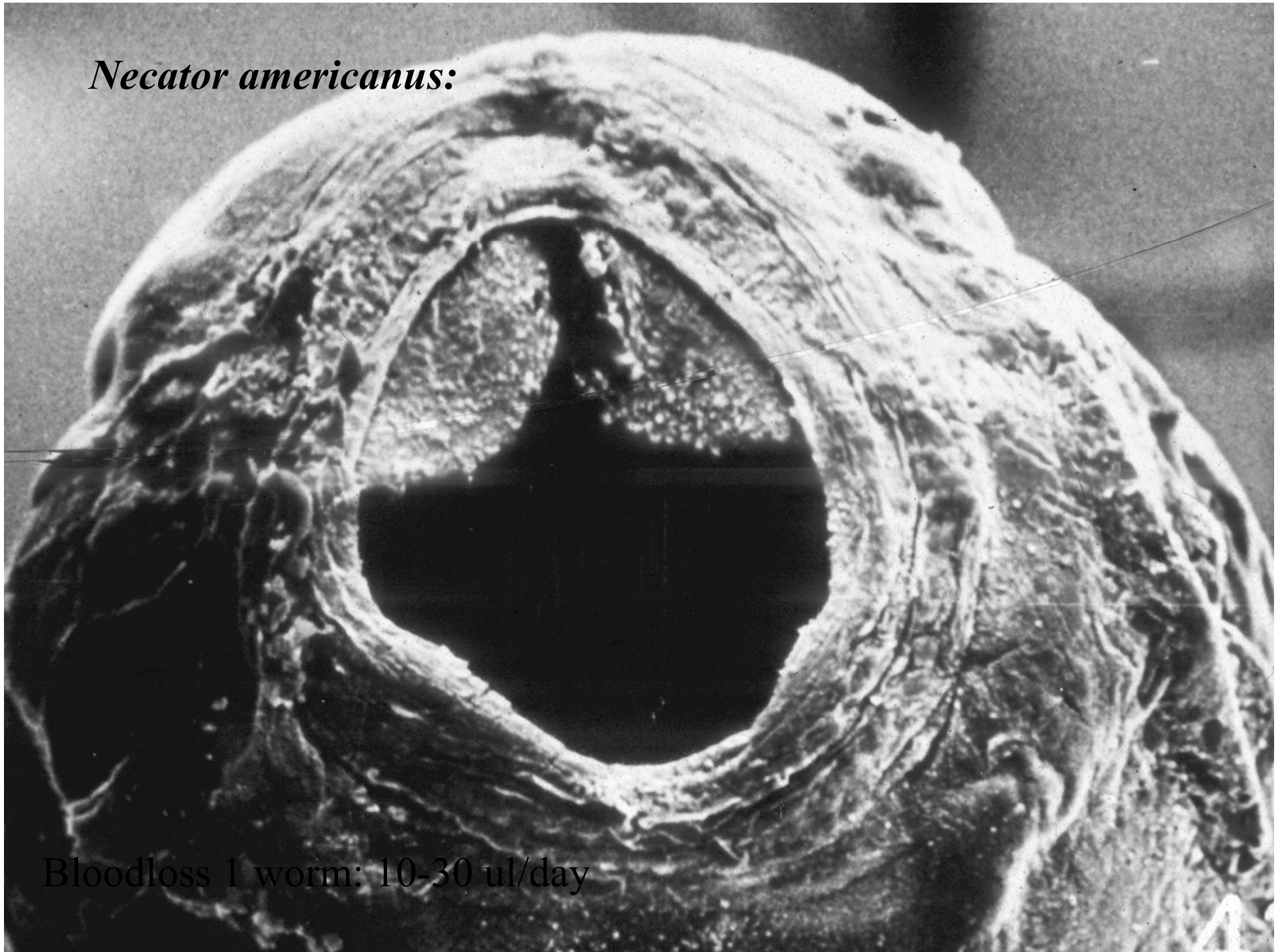


Kop van Ancylostoma duodenale (Old World Hookworm)



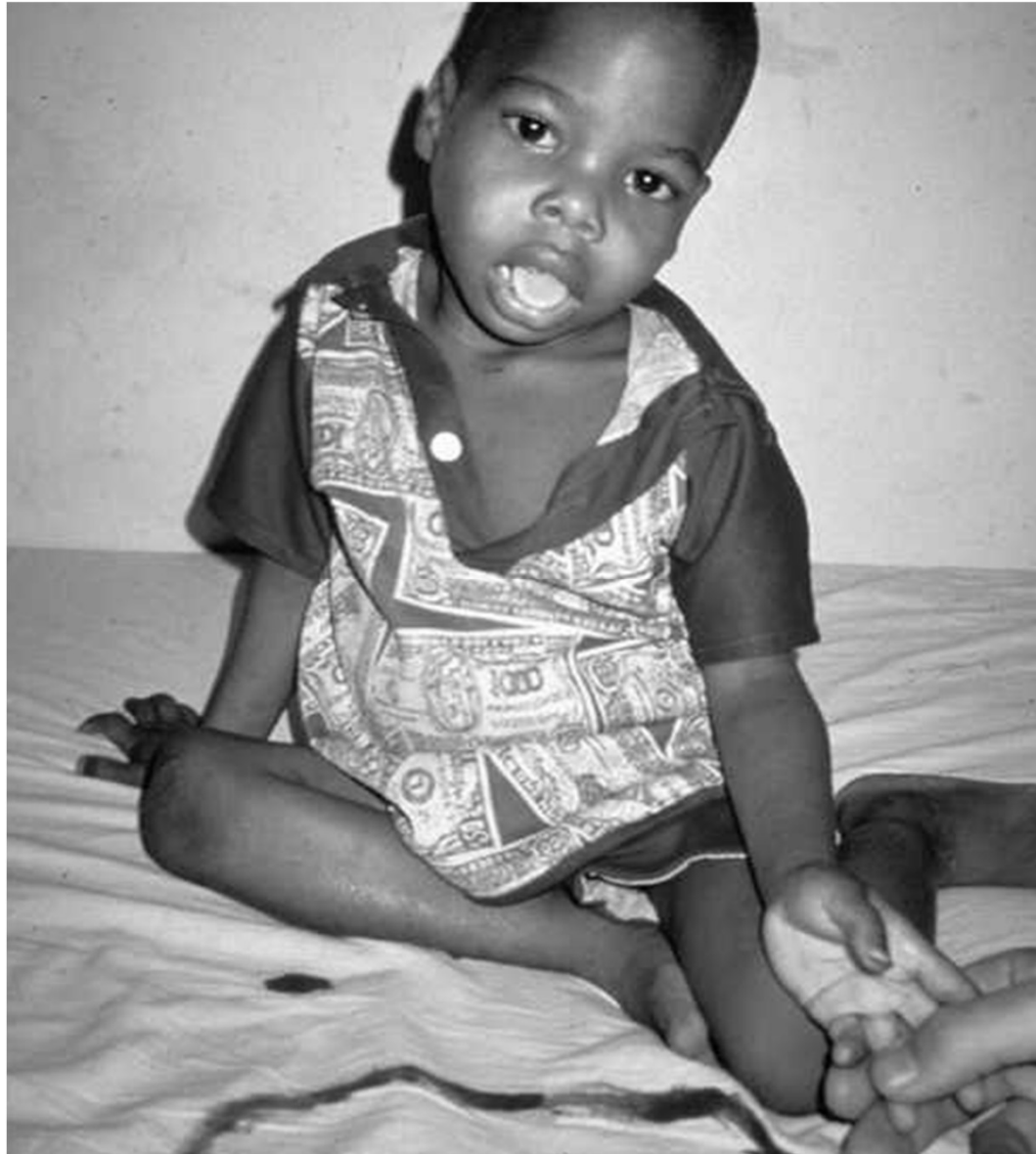
Bloed verlies 1 worm: 140 -400 ul/dag

Necator americanus:



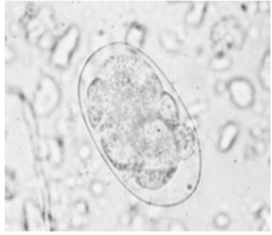
Bloodloss 1 worm: 10-30 ul/day

Belangrijkste symptoom mijnworminfecties: ernstige anaemie



clin. feat.





Welke mijnworm-soort bij de patiënten?

Afmetingen van eieren van wormen in feces van vrouw en man

Afmetingen eieren: *Ancylostoma duodenale* L 60 x B 40 um
(literatuur) *Necator americanus* L 64 -75 x B 40 um

M: Gem: L: 59,25 um en B: 38,95 um

V: Gem: L: 57,6 um en B: 36,0 um

Grootte van eieren passen *mogelijk* bij een infectie met *A. duodenale*. Maar: grootte van eieren is niet bewijzend voor de soort!!

Het lijkt een duidelijke zaak....

echter..... de huidbeelden bij man en vrouw zijn ernstiger dan normaliter bij infectie met humane mijnwormen (*A. duodenale* en *N. americanus*) !!

Is er een mijnworm infectie waarbij zowel een heftig huidbeeld als de productie van eieren in de darm voorkomt?

Huidafwijkingen bij de mens door worm infecties

Larva currens

Strongyloides stercoralis



Cercariën dermatitis

Zoönotische schistosomen

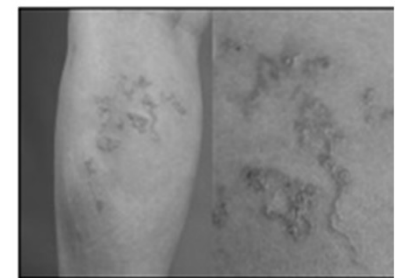


© 2013 Logical Images, Inc.

Creeping eruption (larva migrans)

Zoönotische mijnwormen

A. braziliensis, *A. canium*, *A. ceylanicum*



creeping eruption

Source: Goldsmith LA, Katz SI, Gilchrist BA, Poller AS, Leffell DJ, Wolff K: Fitzpatrick's E

Zoönotische mijnworminfecties ?

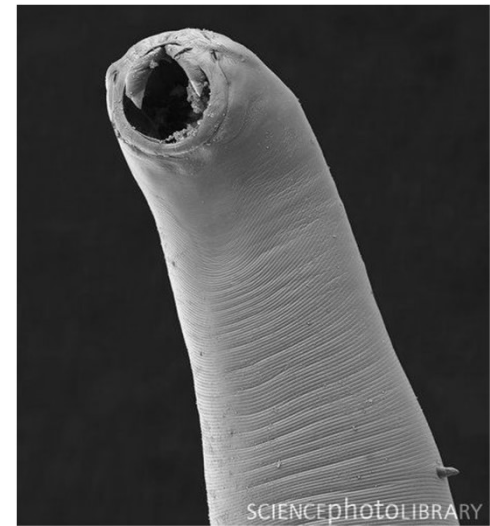
A. braziliensis en *A. canium* minder waarschijnlijk: bij infectie bij de mens: geen patente infectie (= eiproductie), en huidafwijkingen bij patiënten lijken niet op creeping eruption.

Resteert: Ancylostoma ceylanicum

- *mijnwormen van (vooral) honden en katten*
- *komt ook voor bij mens, mét patente infectie (eiproductie)*
- *bij mens vaak heftige (allergische) reactie op zich ontwikkelende wormen: buikpijn (bekend) en huidafwijkingen (minder bekend)*



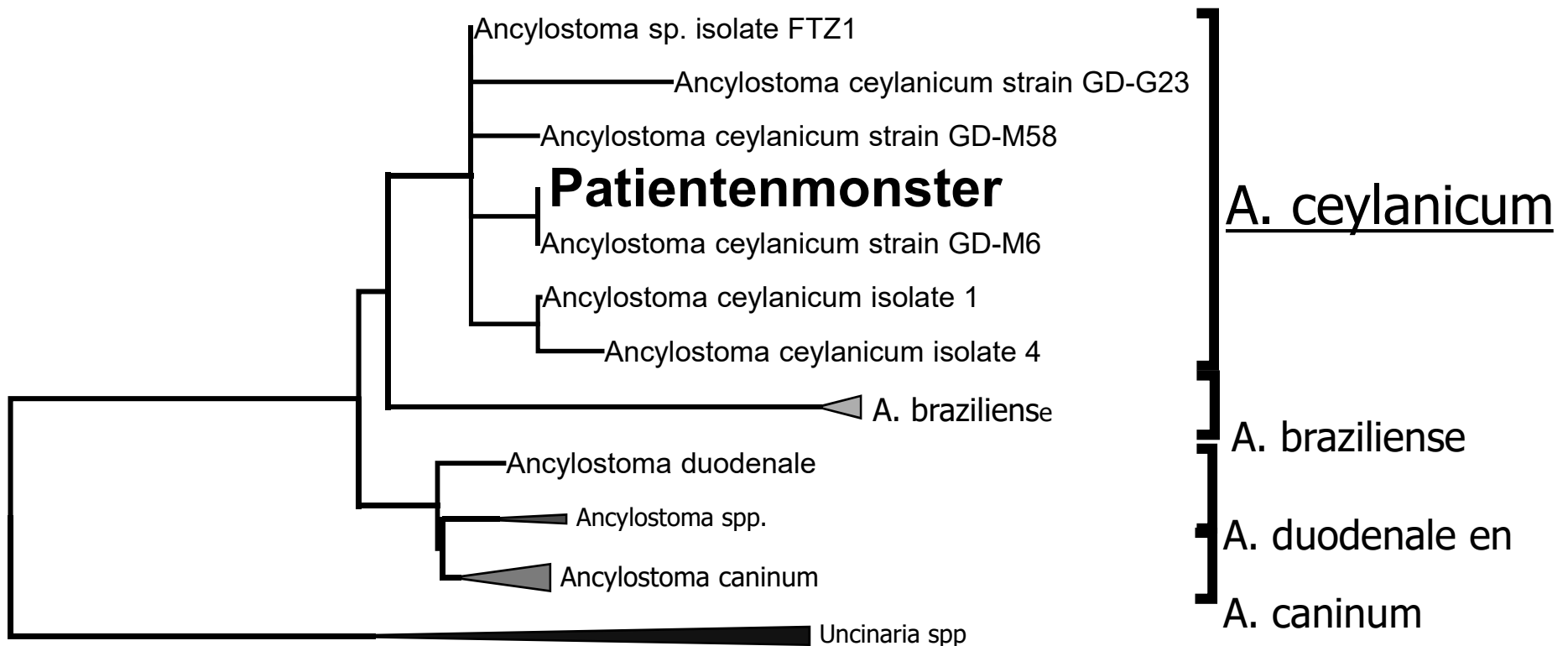
A. ceylanicum





Aanvullende moleculaire diagnostiek op microscopisch positieve feces

PCR Strongyloides spp (incl *S. fülleborni*): negatief
PCR mijnwormen: positief, obv sequentieanalyse
Ancylostoma ceylanicum !



Ancylostoma ceylanicum

- Voor het eerst beschreven in 1911
- Van 1930 tot ca 1950 discussie over status (dd *A. braziliensis*)
- Microscopisch (eieren) niet goed te onderscheiden van *A. duodenale* / *N. americanus*: decennia “neglected parasite”
- Infectie via de huid of oraal, longpassage, en ontwikkeling in darm

Bij mens vaak heftige allergische reacties op ontwikkeling parasiet o.a. met buikpijn

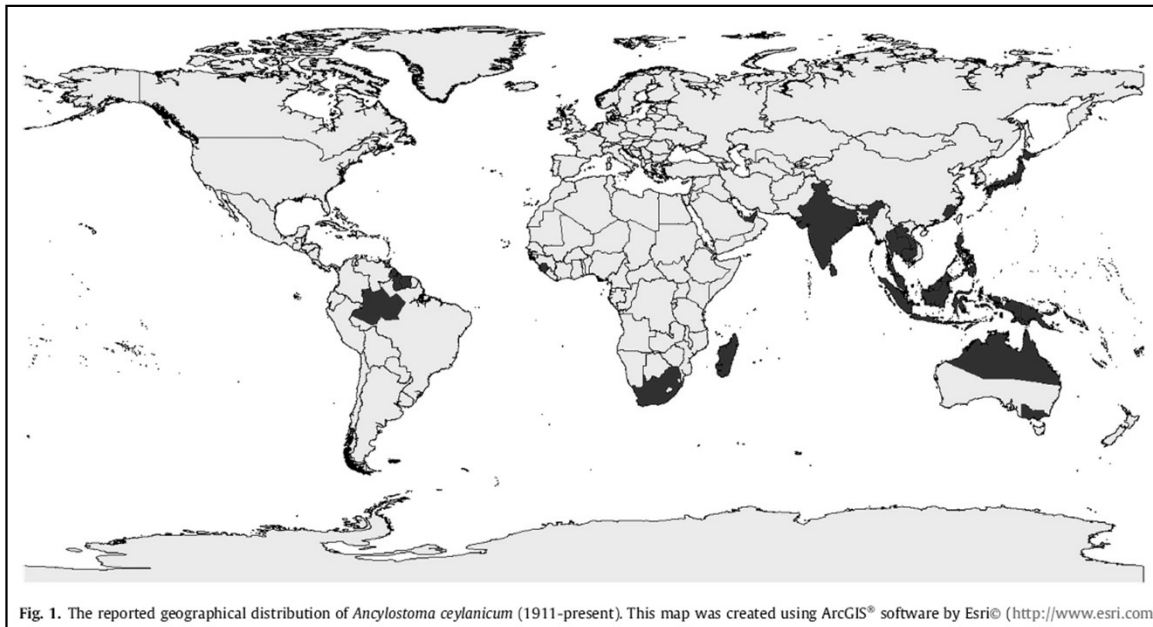
Dia 67

AB11

A. Bart; 20-05-2019

Ancylostoma ceylanicum

- *Met moleculaire identificatie: komt zeer frequent voor in ZO Azië*
- *Schatting: 19-73 miljoen patiënten geïnfecteerd met de parasiet in Thailand, Laos en Maleisië.*



Dia 68

AB11

A. Bart; 20-05-2019

Met dank voor de attentie ...en
Zoekt en gij zult vinden!!