

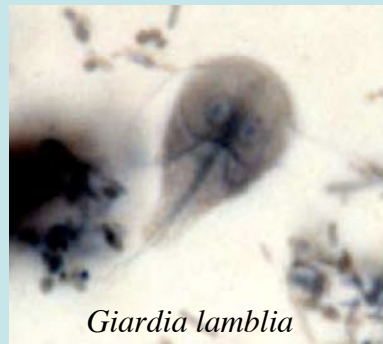
# Protozoa

1. All are single-celled organisms
2. All are eukaryotes
3. Locomotion:



*Balantidium coli*

Ciliae



*Giardia lamblia*

Flagellae



*Entamoeba histolytica*

Pseudopods

4. Most protozoa are free-living

# Protozoan Parasites

1. *Toxoplasma gondii*

2. The Malarias

*Plasmodium falciparum*

*Plasmodium vivax*

*Plasmodium ovale*

*Plasmodium malariae*

3. Diarrheal disease-causing protozoa:

*Giardia lamblia*

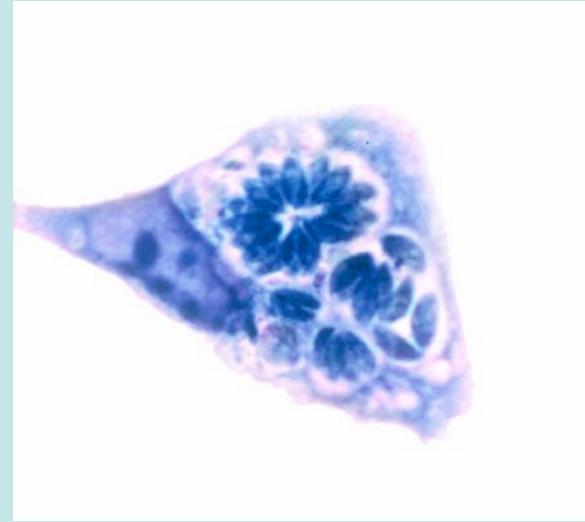
*Entameba histolytica*

*Cryptosporidium parvum*

*Cyclospora cayetanensis*

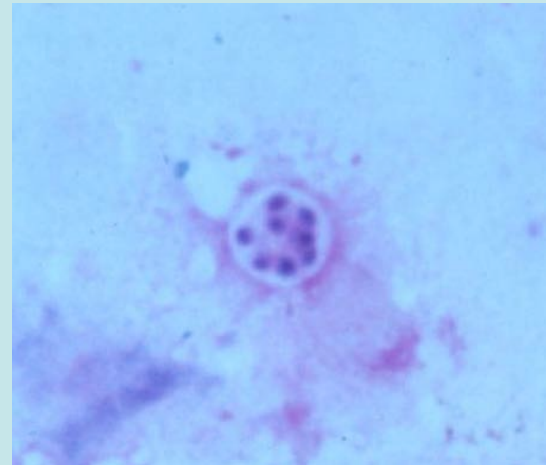
Protozoa:

*Toxoplasma gondii*



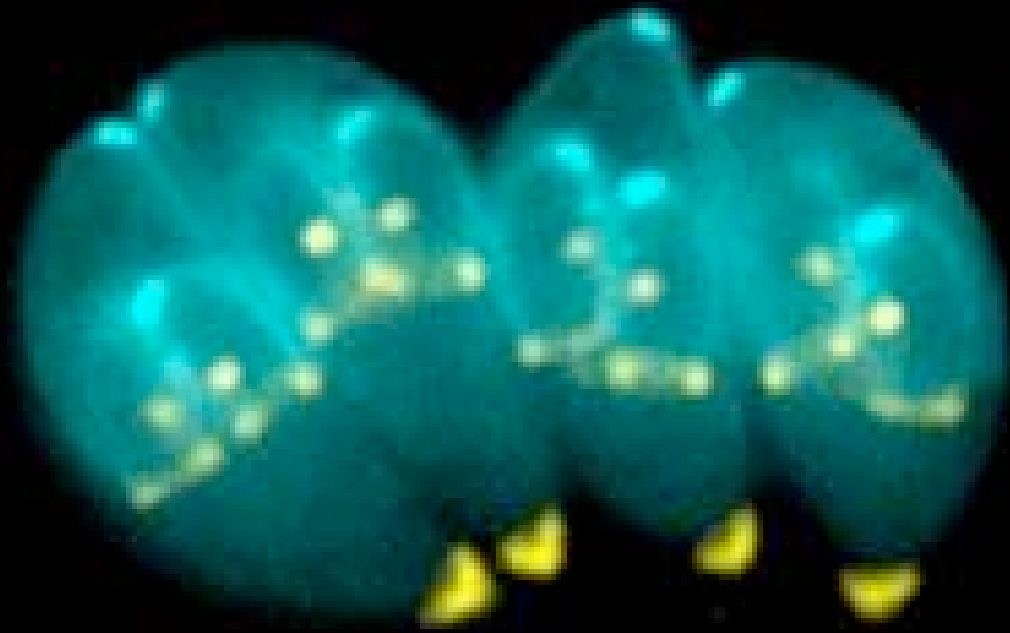
and

*Pneumocystis jirovecii*\*

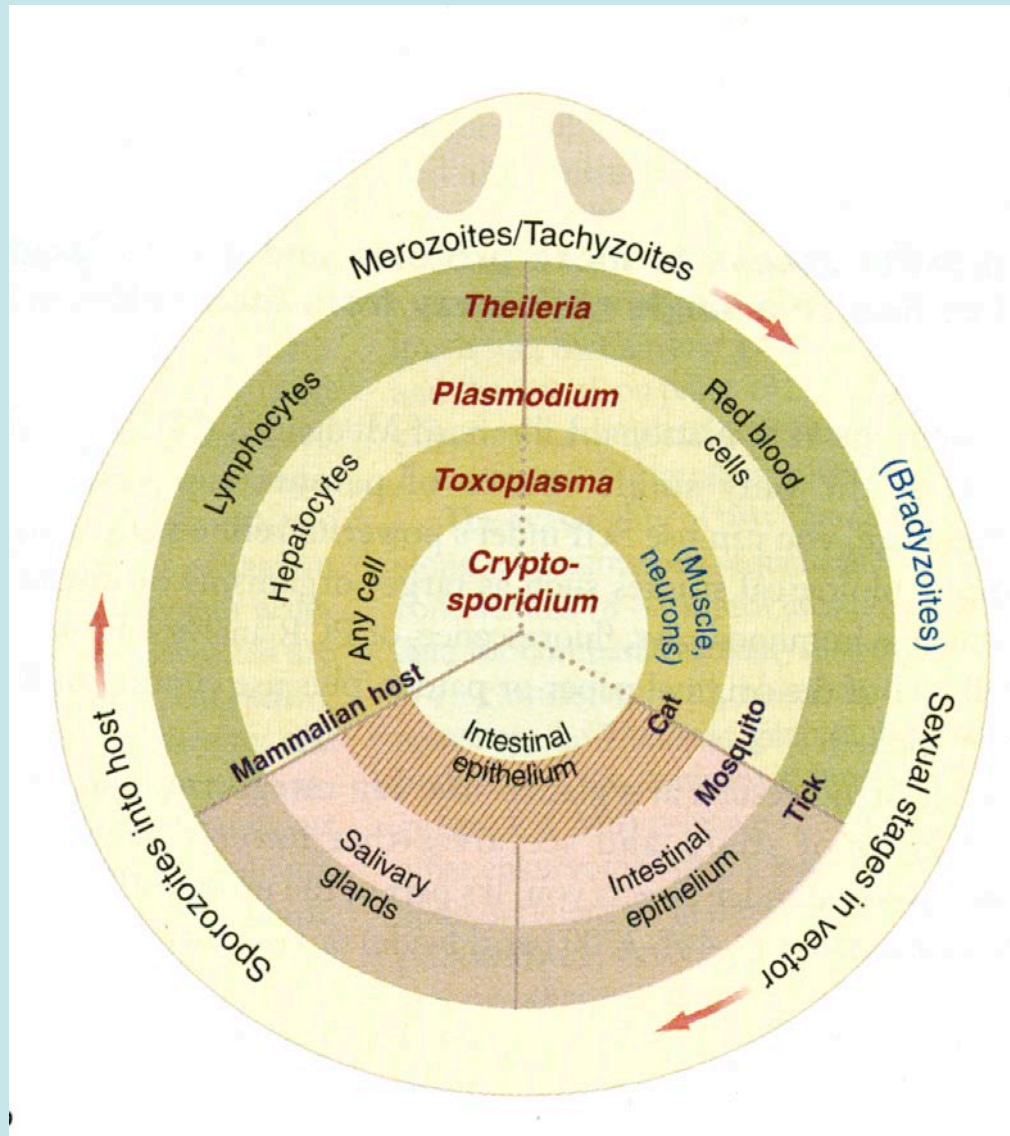


\*actually an unusual fungus

*Toxoplasma gondii*

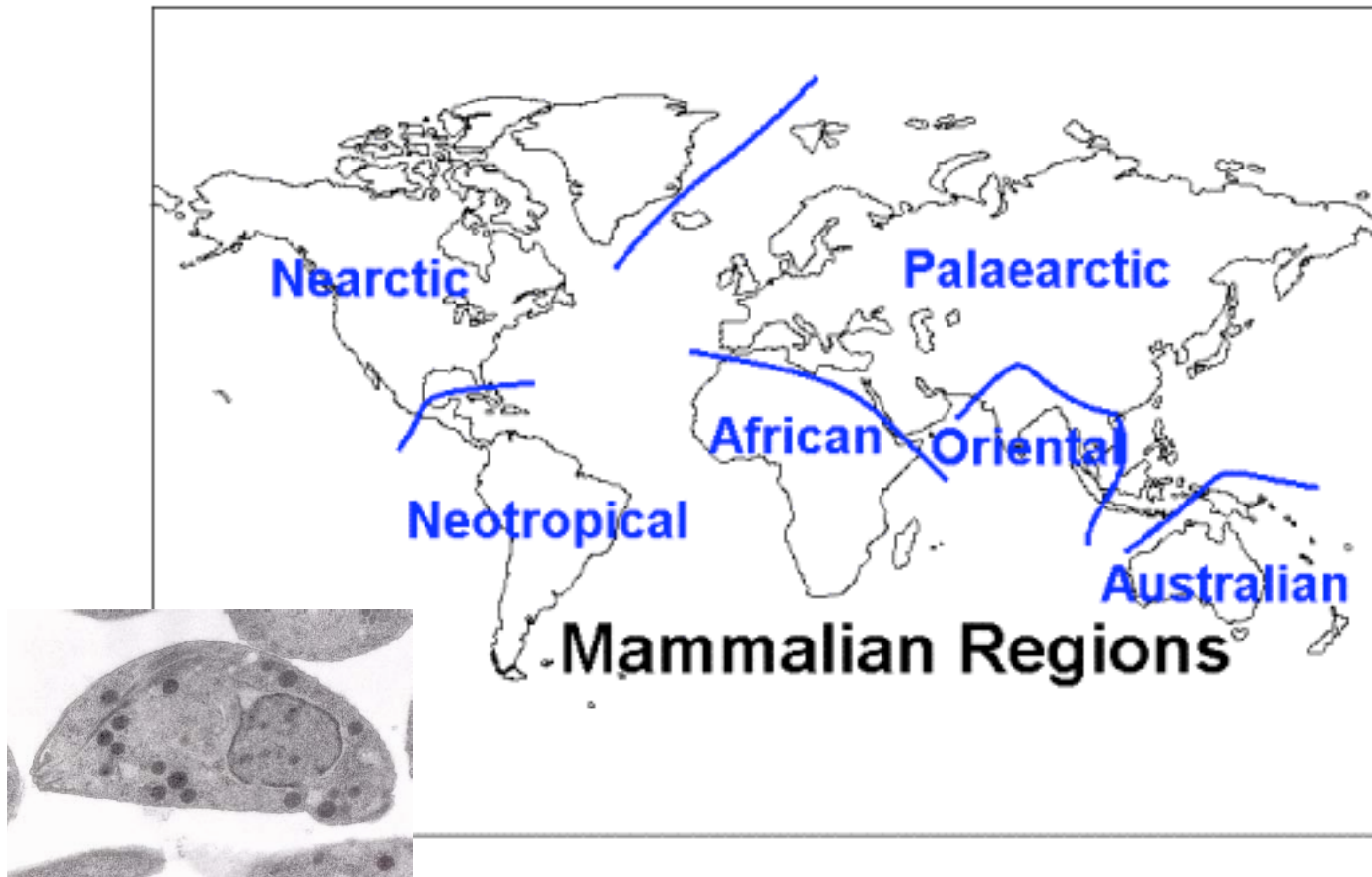


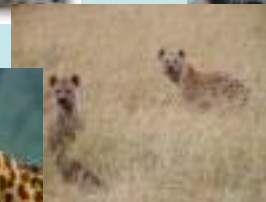
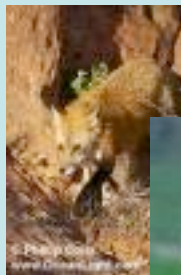
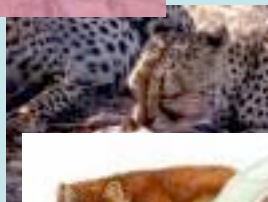
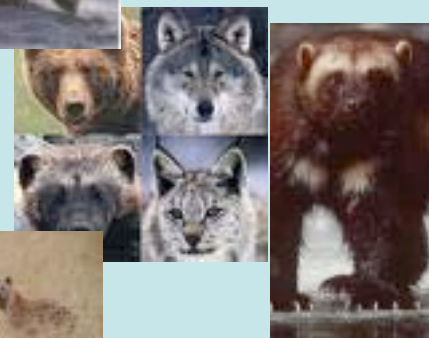
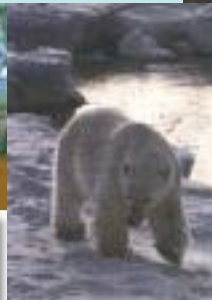
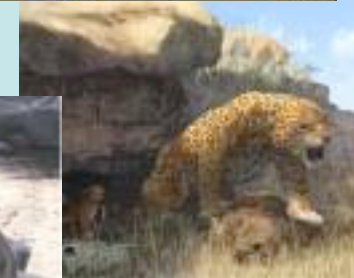
# The Apicomplexa



*Toxoplasma gondii*  
The Plasmodia (malaria)  
*Cryptosporidium parvum*

*Toxoplasma gondii* infects all mammals  
and all tissues in each of them.

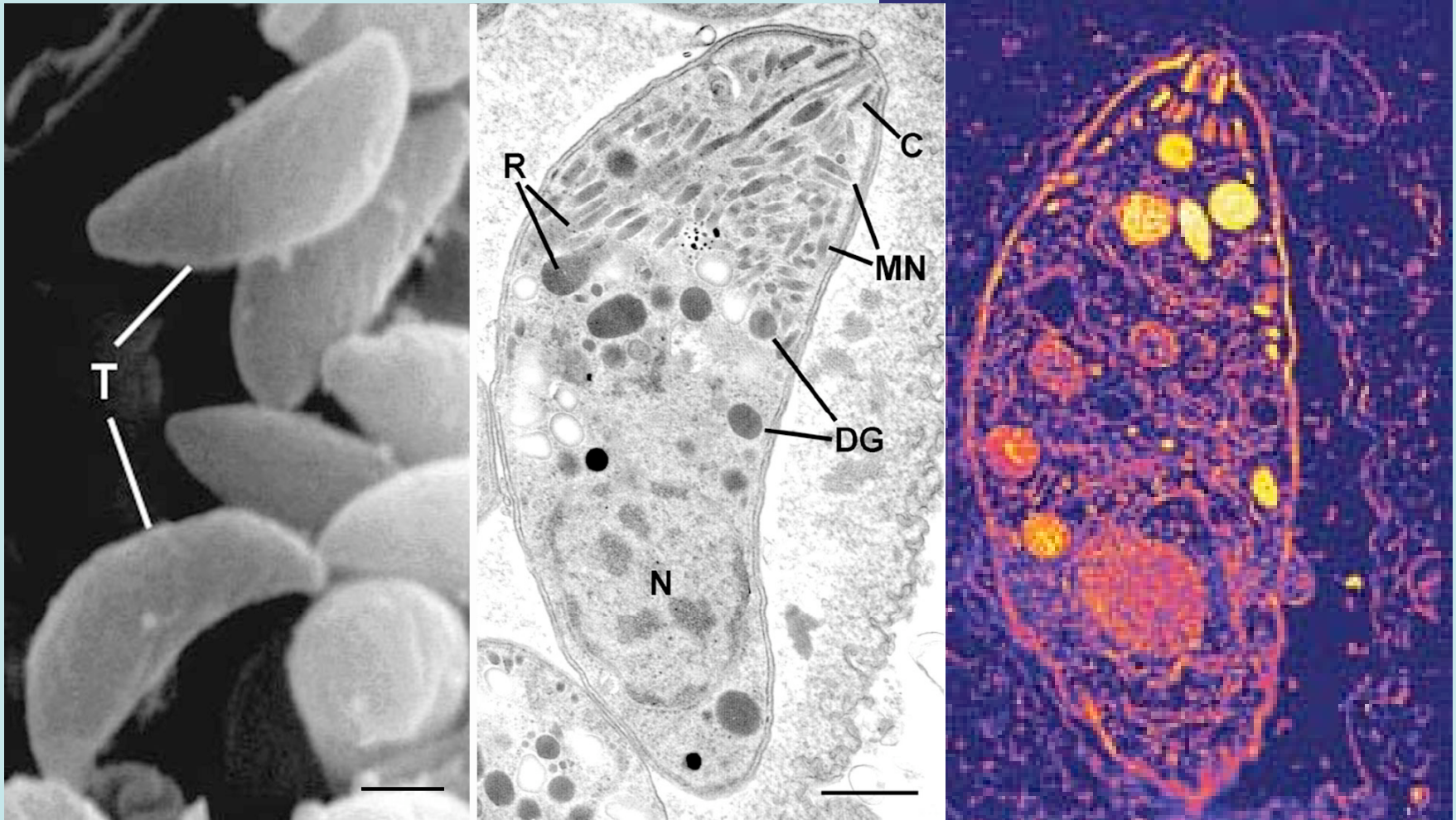




The Sea Otter is at great risk from dying from acquired toxoplasmosis

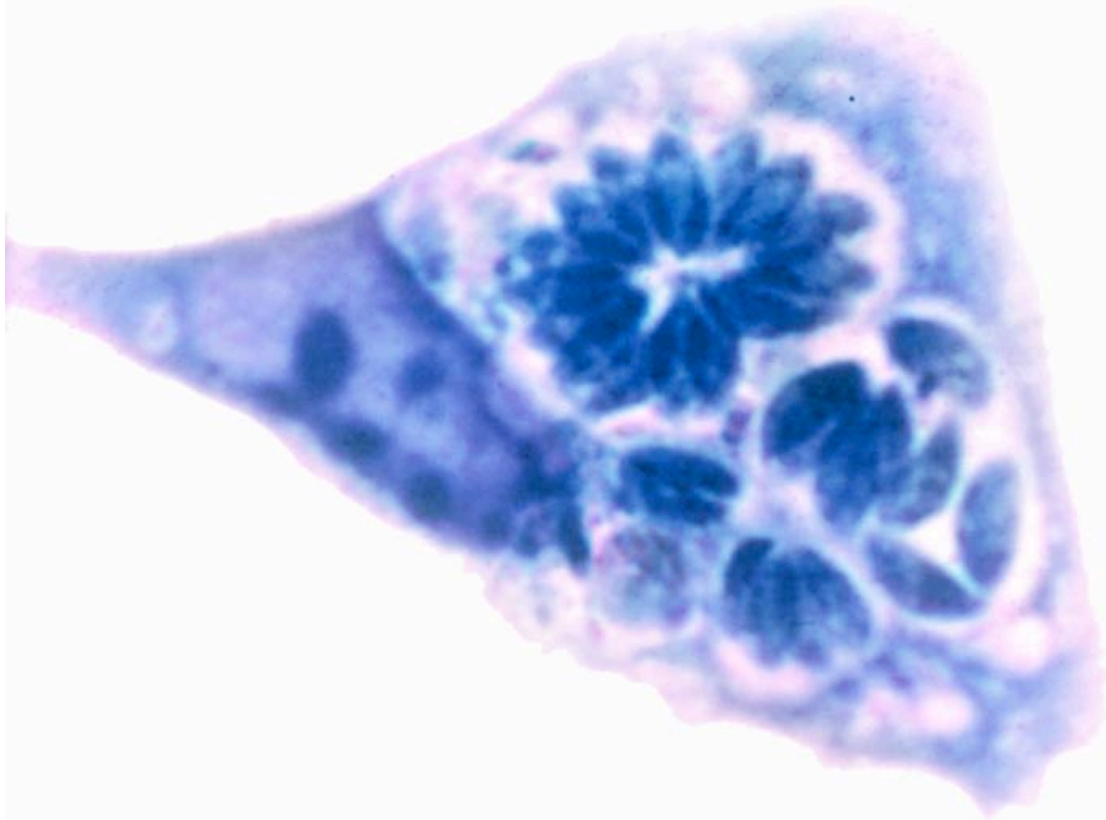


# Tachyzoite stage of *Toxoplasma gondii*



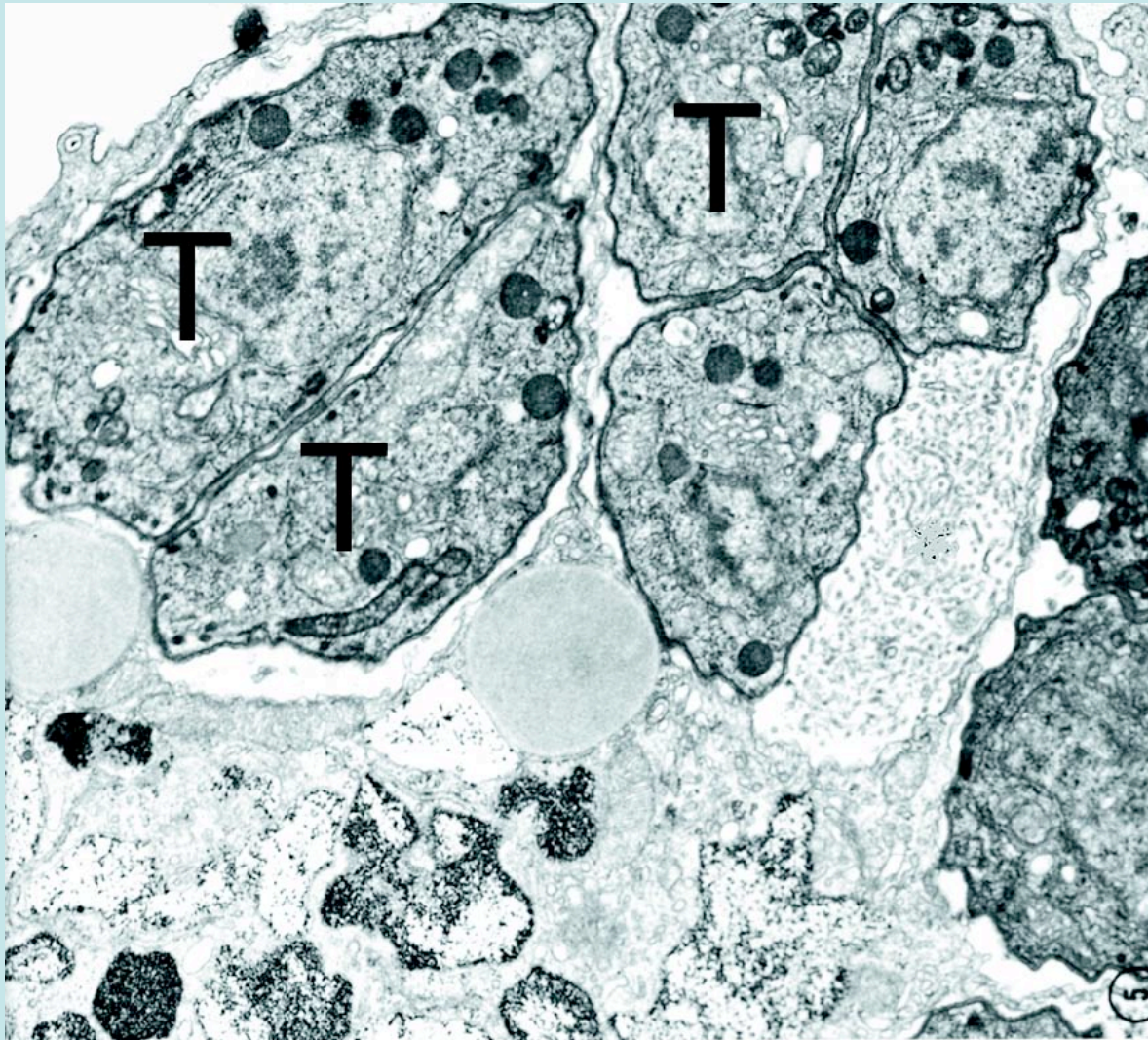
R - rhoptries; C- conoid; MN - micronemes; DG - dense granules; N - nucleus

## Macrophage Infected With *Toxoplasma gondii*\*



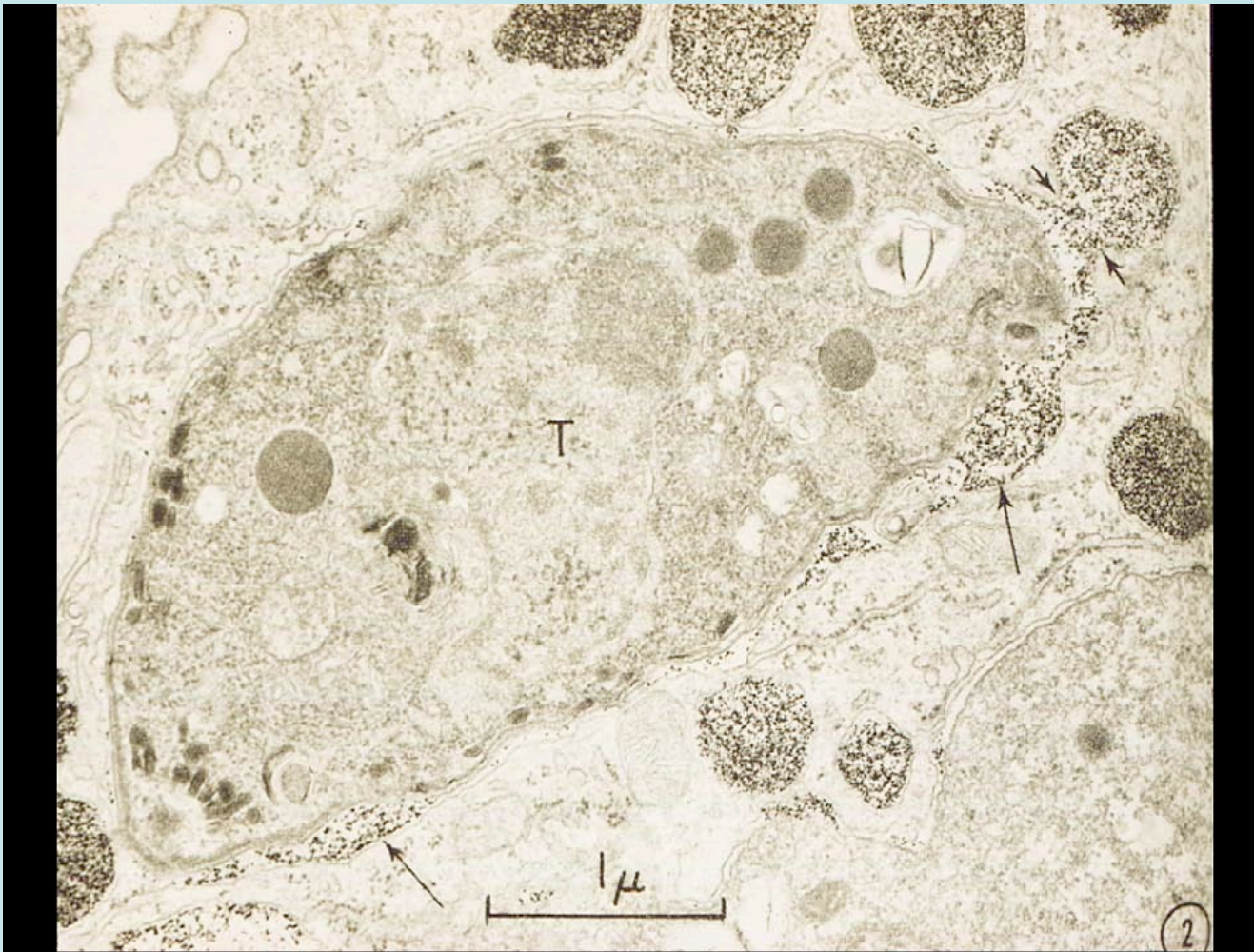
\* The hunter becomes the hunted

## *Toxoplasma gondii* in culture



Trophozoites (T) prevent fusion of lysosomal membranes to the parasitophorous vacuole, thereby escaping digestion

# *Toxoplasma gondii* in culture



Heat-killed organisms cannot prevent fusion of lysosomal membranes with the parasitophorous vacuole

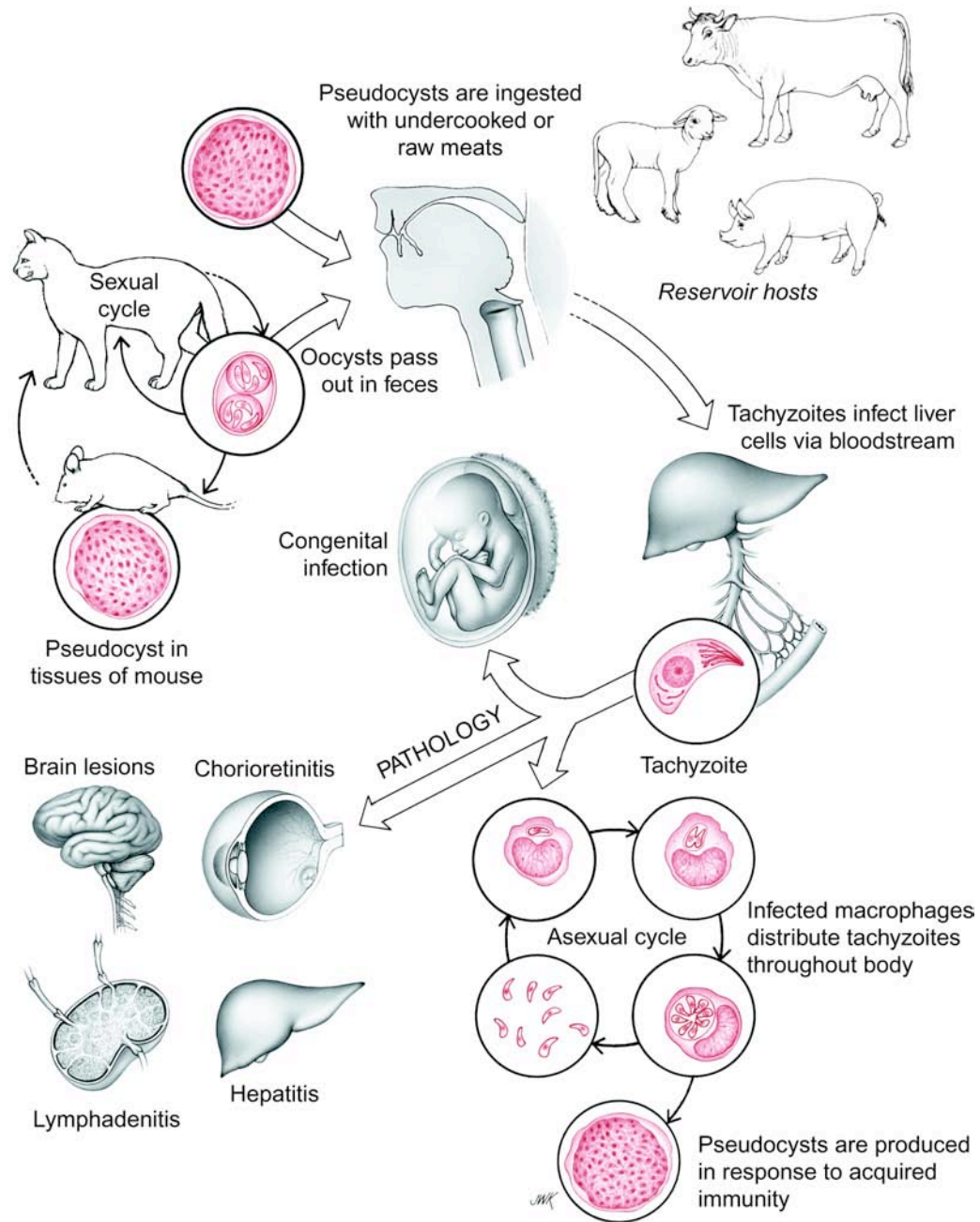
Felines are the definitive hosts for *Toxoplasma gondii*



Rack of lamb is usually served rare



# *Toxoplasma gondii*



## Oocysts of *Toxoplasma gondii*



# Clinical Disease:

Congenital

Adult-acquired

AIDS-related

# *Congenital Toxoplasmosis*



# Congenital Toxoplasmosis:

Still Birth

Chorioretinitis

Mental Retardation

# Adult-Acquired Toxoplasmosis

# Adult-Acquired Toxoplasmosis

Signs and symptoms:

Lymphadenopathy

Fever

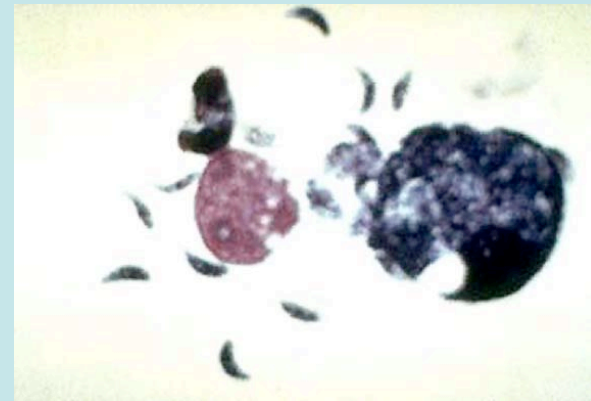
Headache

Chronic Malaise

# AIDS-related Disease

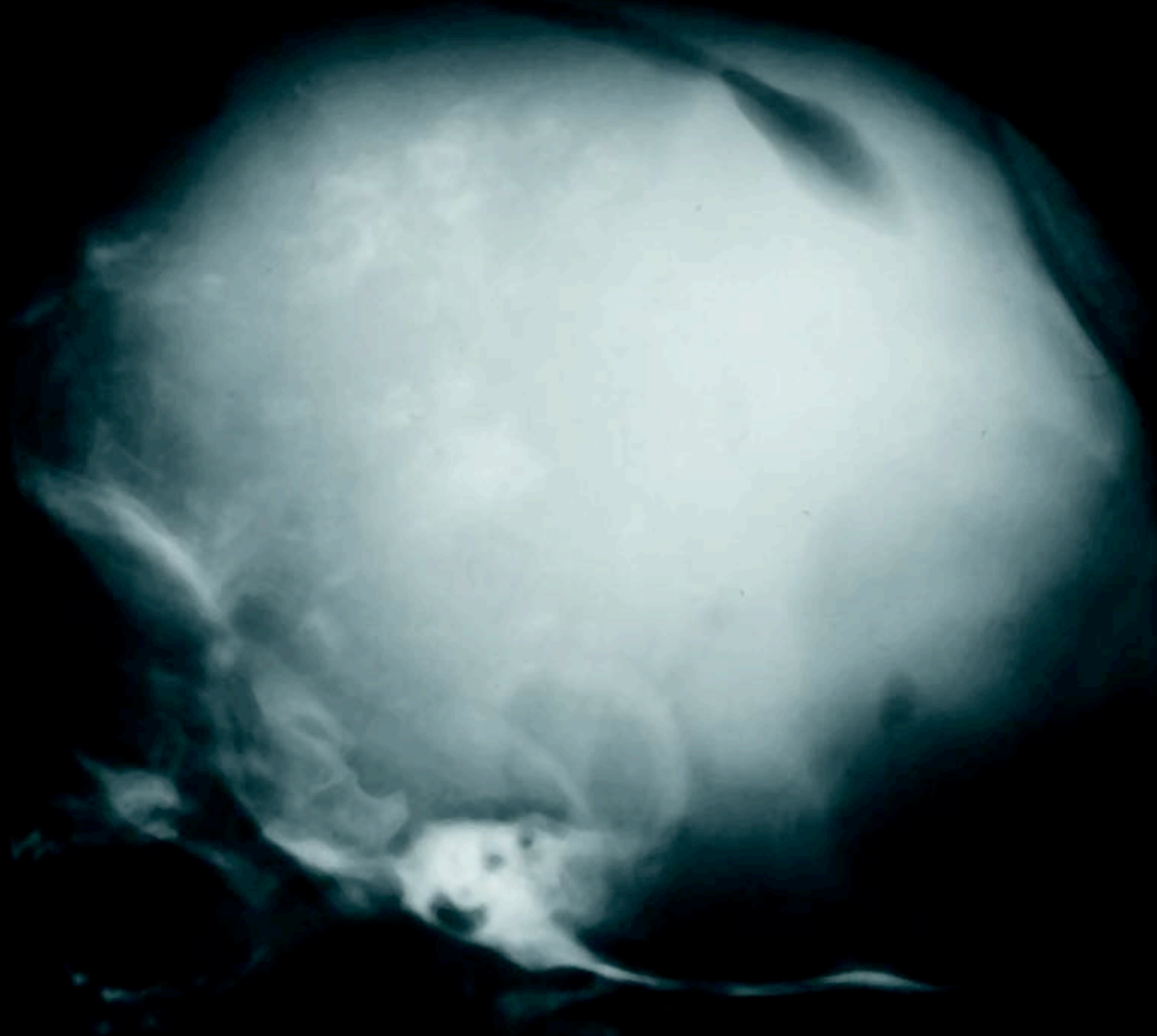
## AIDS-related Disease:

1. CD4 < 200 and reactivation of latent infection
2. Encephalitis
  1. Diffuse inflammation and swelling
  2. Localized ring enhancing lesions on CT scan
  3. Herniation
  4. Death if untreated



# Pathology

# Calcified Lesions Due To Congenital Toxoplasmosis



# *Congenital Toxoplasmosis*

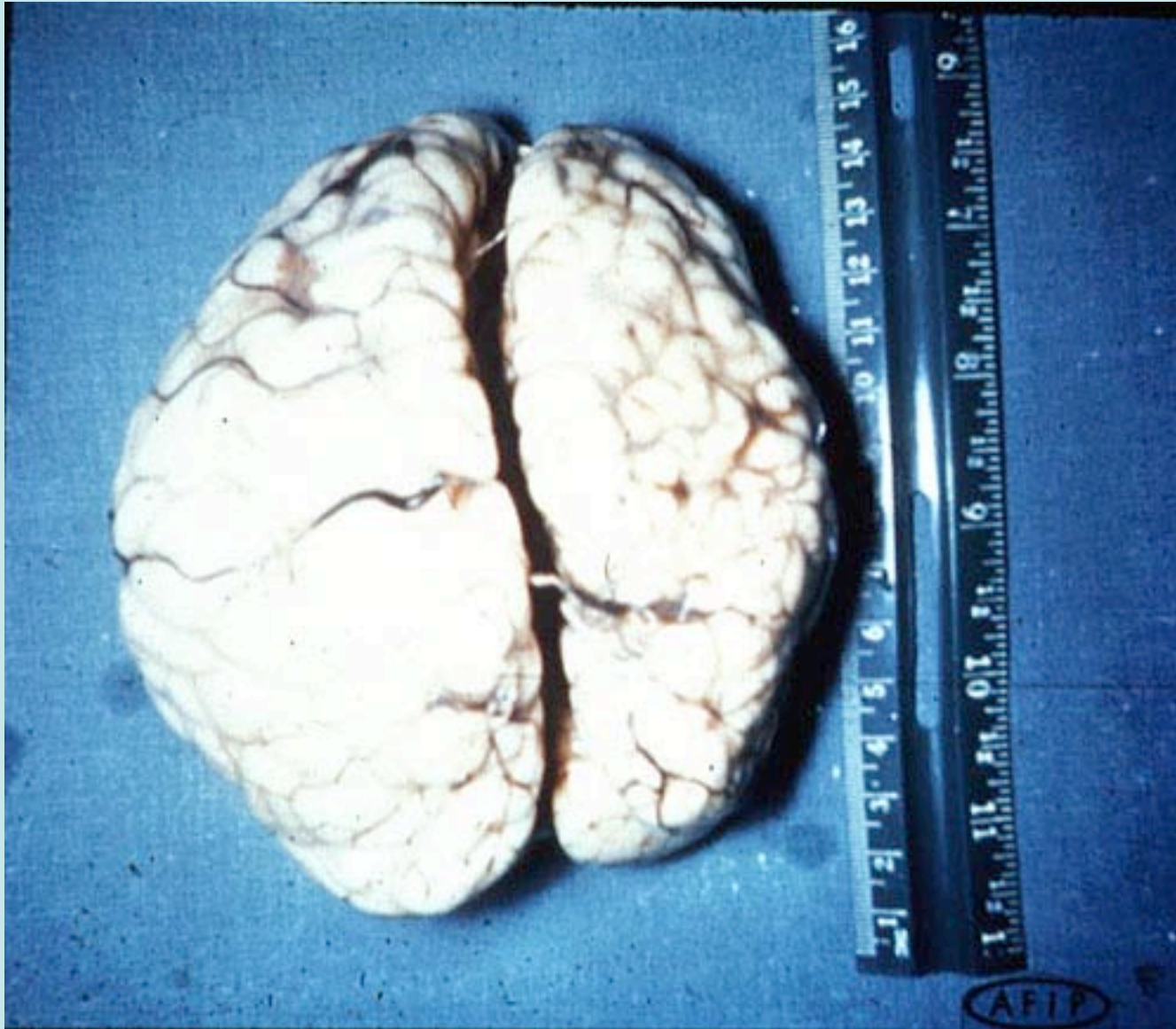
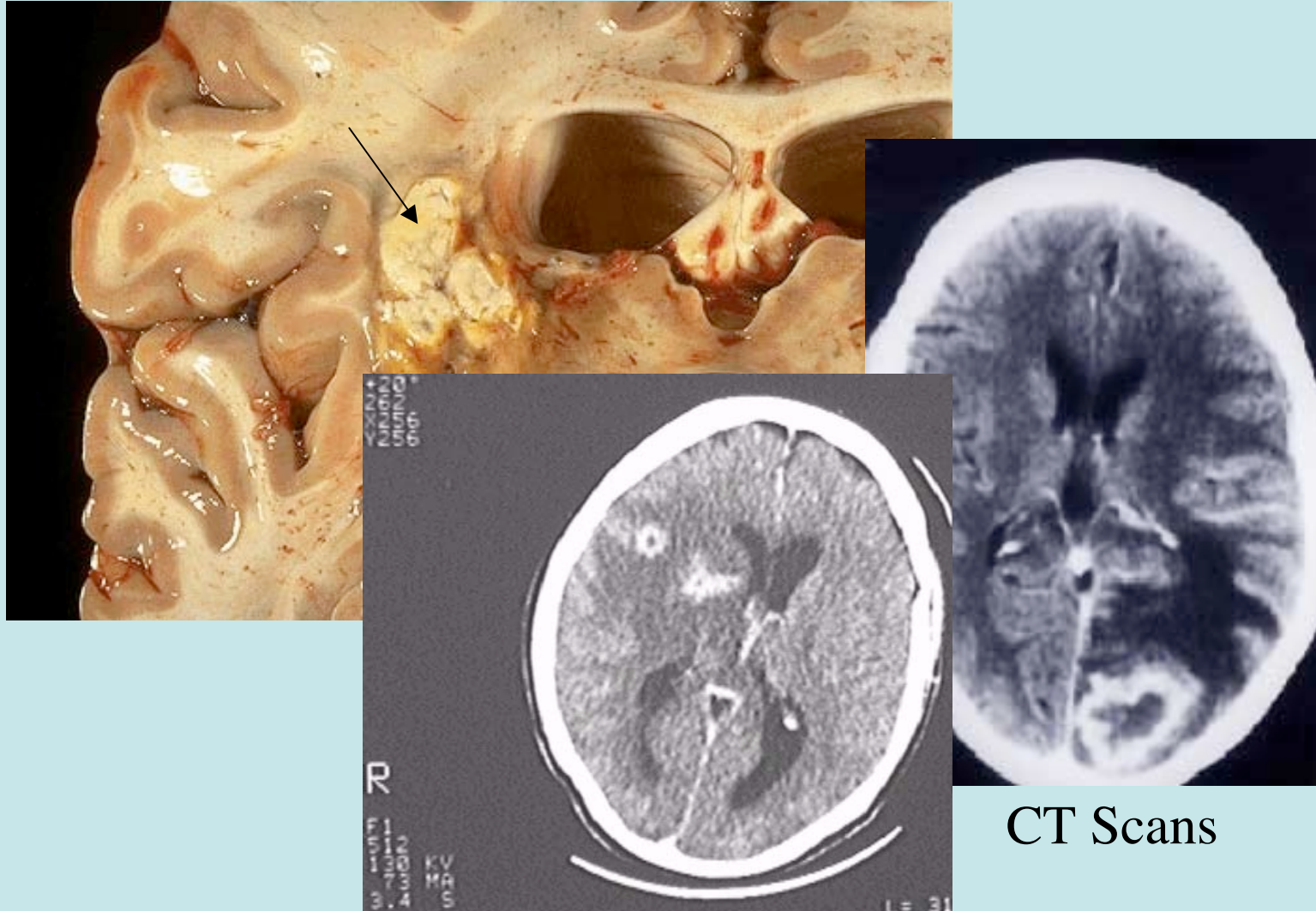
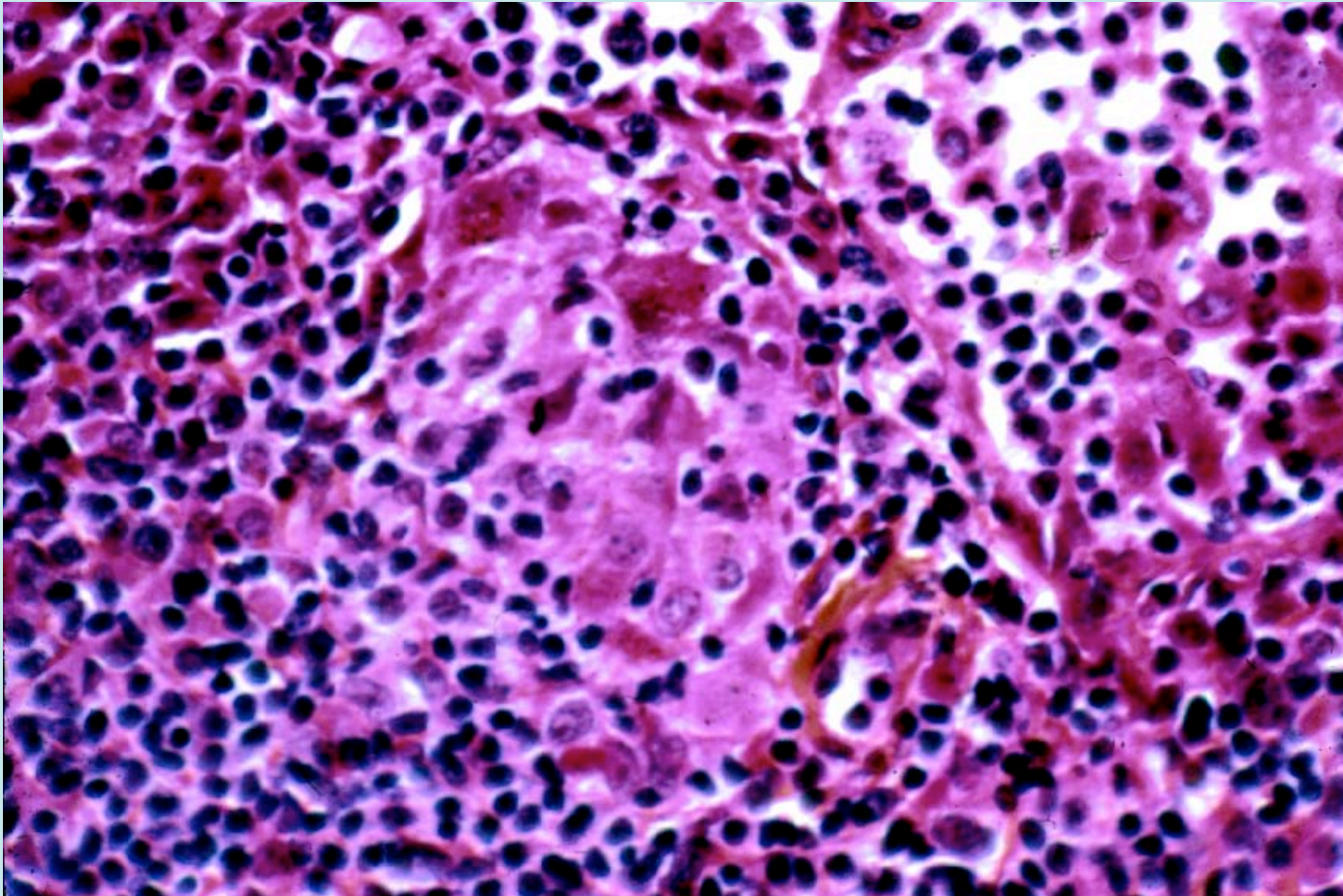


Photo courtesy: Gary Baumbach, M.D., Department of Pathology, University of Iowa College of Medicine

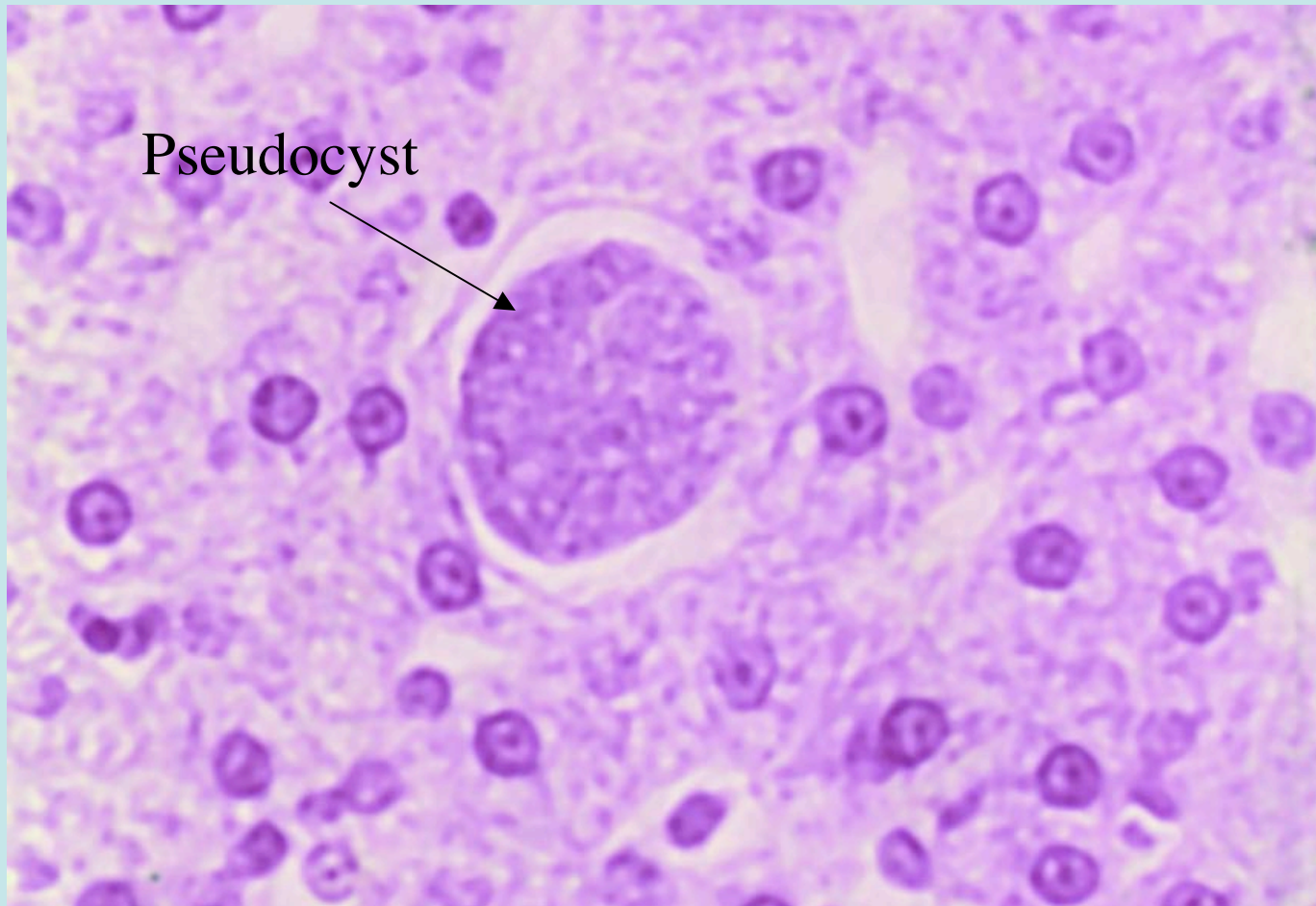
Toxoplasma abscess in the brain would appear as a ring-enhancing lesion with CT scan.



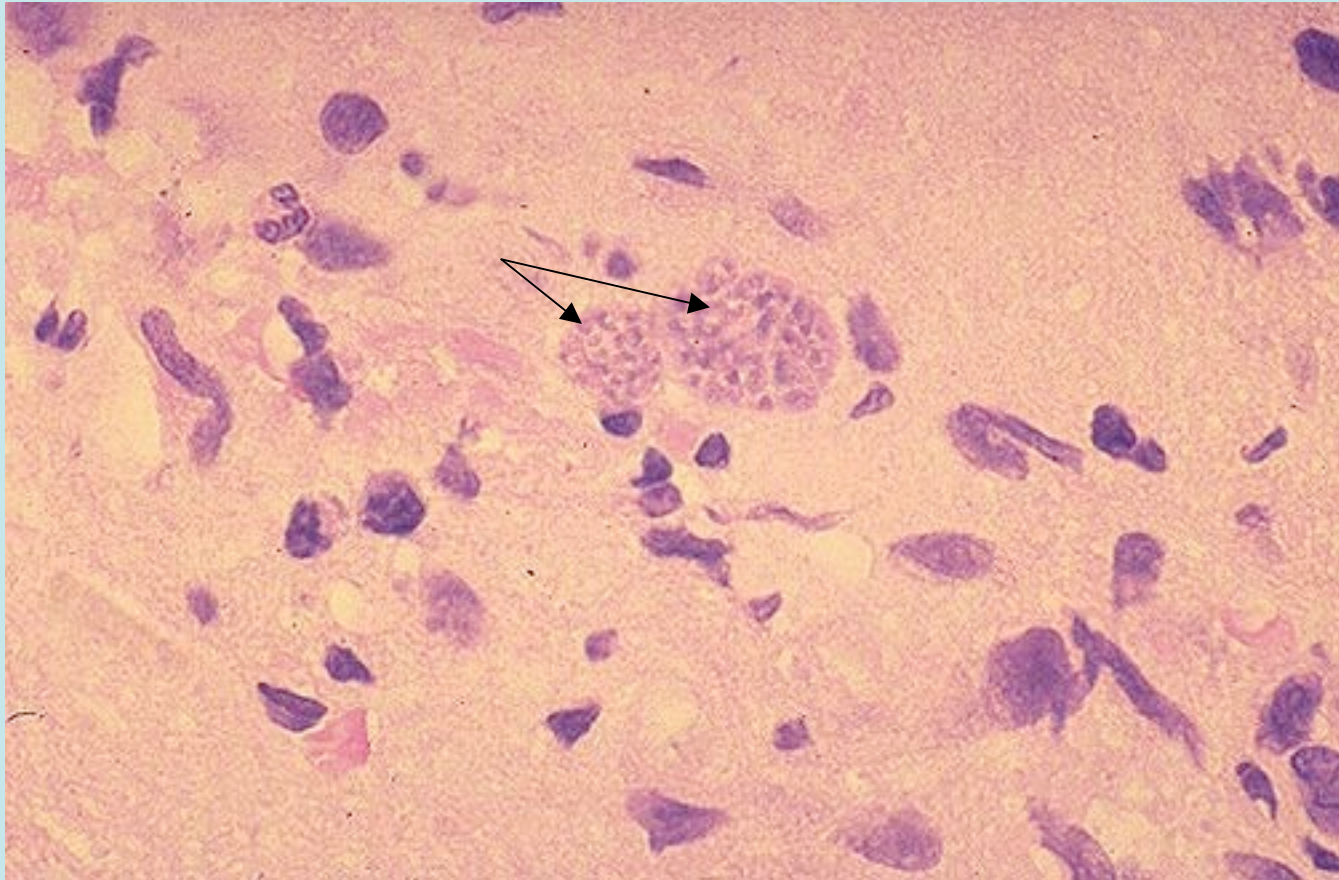
Histopathology of *Toxoplasma gondii*:  
organisms are hard to demonstrate  
by microscopic examination



## Pseudocyst of *Toxoplasma gondii* in Liver



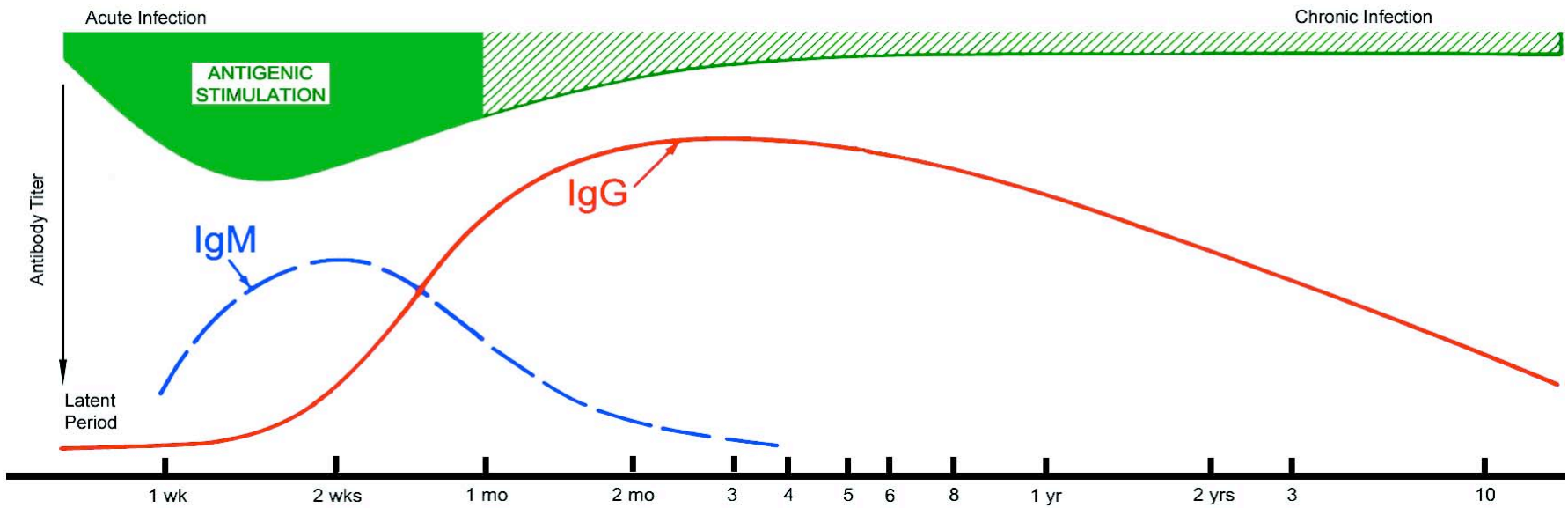
Pseudocysts of *Toxoplasma gondii* in a microglial nodule  
with a variety of inflammatory cell types  
in an HIV/AIDS patient



# Differential Diagnosis of Lymphadenopathy

	<i>Toxoplasmosis</i>	<i>Inf. Mono</i>	<i>Lymphoma</i>
<b>Lymphadenopathy Without Other Symptoms</b>	+++	+	+++
<b>Pharyngitis</b>	+	+++	+
<b>Monocytosis, Eosinophilia</b>	+++	+	+++
<b>Atypical Lymphocytes</b>	+	++++	+
<b>Anemia</b>	0	+	+++
<b>Positive Heterophil</b>	0	++++	0
<b>Altered Liver Function</b>	0	++++	++
<b>Hilar Lymphadenopathy</b>	+	+	+++
<b>Lymph Node Pathology</b>	<b>Reticulum Cells</b>	<b>Germinal Cells</b>	<b>Bizarre Cells</b>

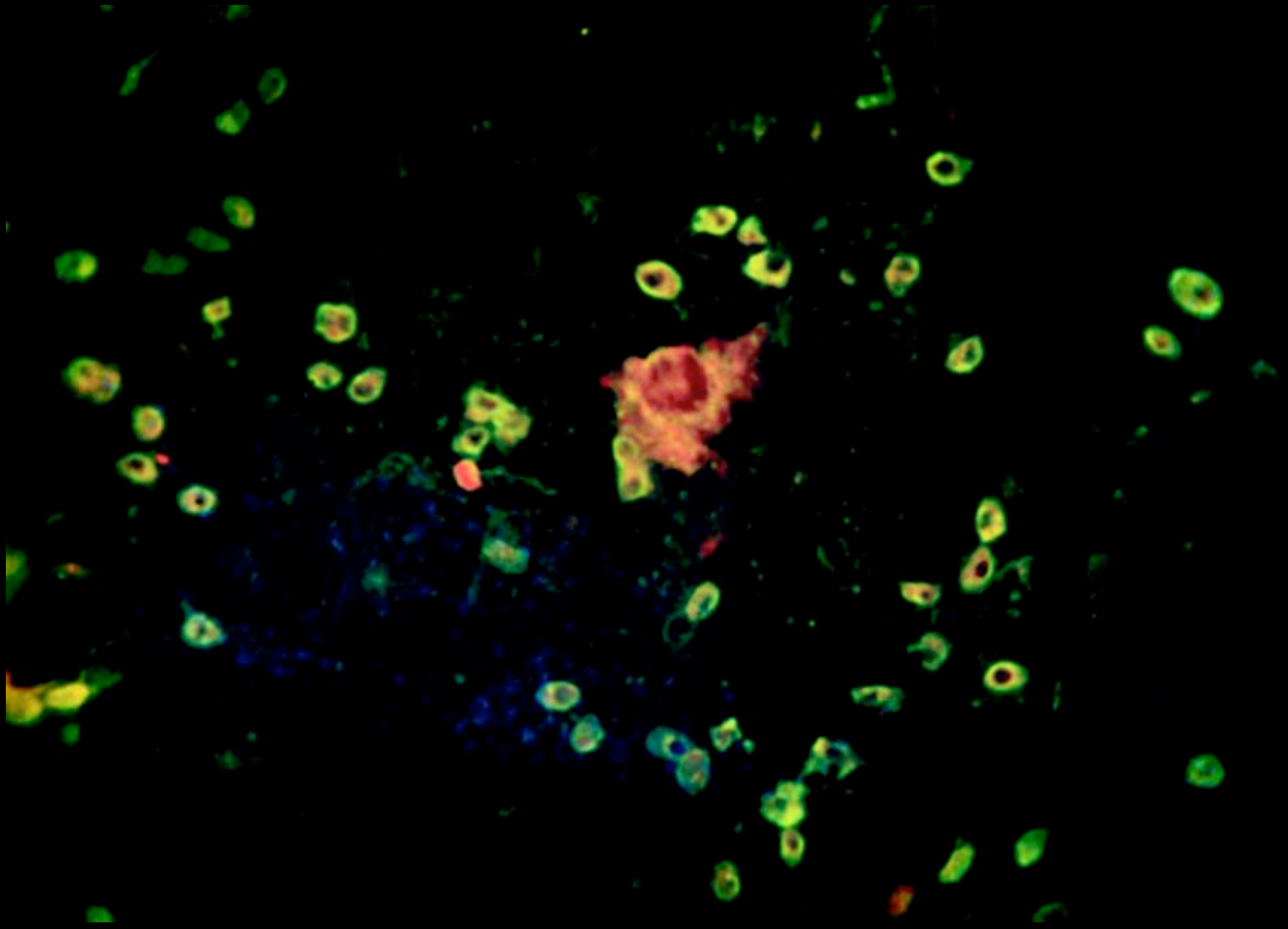
# Serological correlates in acute and chronic infection



## Serologic Detection of Toxoplasma During Pregnancy

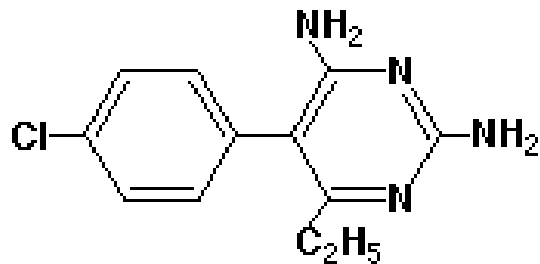
Test 1 (before 2 months of pregnancy)	Test 2 (in second trimester)	Test 3 (in third trimester)	Group
IgG +ve (any titer); IgM -ve	No test; no treatment	No test; No treatment	I Infection before pregnancy; no risk (Note 1)
IgG +ve;	Repeat IgG after 3 weeks;		II Possible infection soon after conception; slight risk (Note 2)
IgM +ve	treat if high or rising titer		
IgG -ve	Treat if IgG +ve;	Treat if IgG +ve;	III No previous infection;
IgM -ve	Don't treat if IgG -ve	Don't treat if IgG -ve	if seroconversion, high risk (Note 3)

# Indirect Fluorescent Antibody (IFA) Test



## Drugs Of Choice:

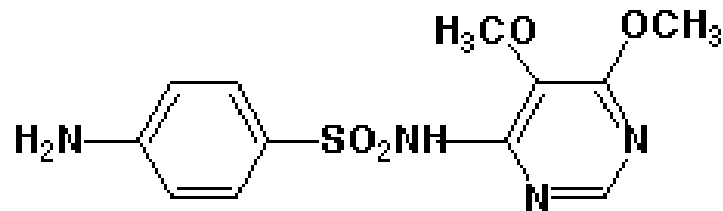
Pyrimethamine



**Pyrimethamine**

and

Sulfadoxine



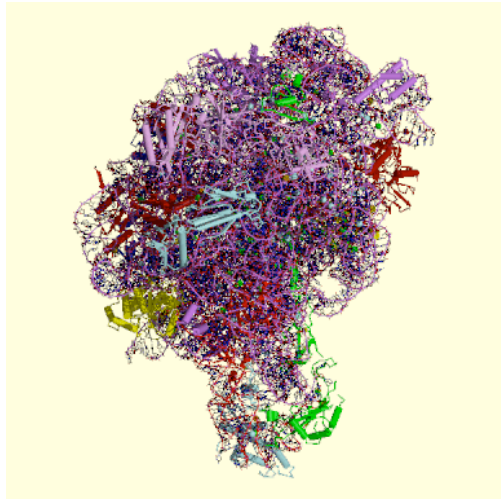
**Sulfadoxine**

Modes of action:

1. Pyrimethamine inhibits DNA synthesis by interfering with folate synthesis
2. Sulfadoxine prevents PABA synthesis by inhibiting the enzyme dihydropteroate synthetase

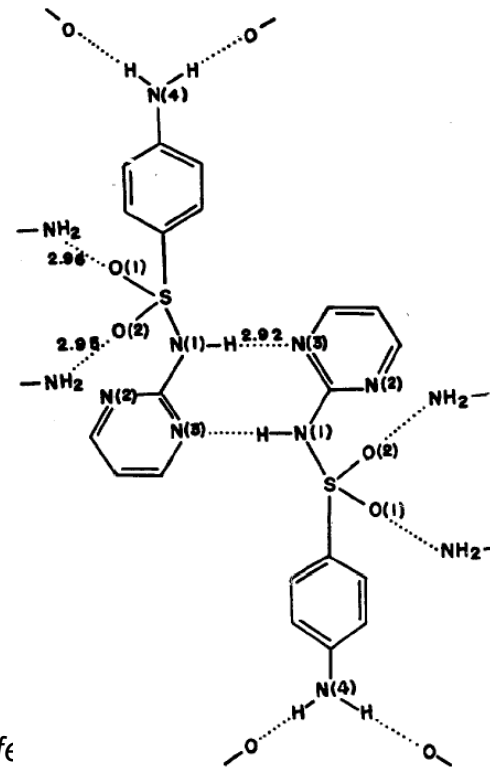
# Alternate Drugs:

## *Spiramycin and Sulfadiazine*



### *Modes of Action:*

- A. *Spiramycin inhibits RNA synthesis*
- B. *Sulfadiazine inhibits PABA synthesis by interfering with dihydropteroate synthetase*



## Prevention:

1. Prevent pregnant women from handling cat litter
2. Avoid eating raw or under-cooked meats



Trained cat



Automated litter collection box