Welcome to ***Parasitic Diseases***
Fall 2009

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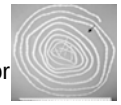
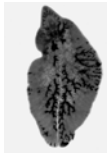
Helminths (Worms)

Nematodes - non-segmented round worms

Cestodes - segmented flat worms



Trematodes - non-segmented flat worms



Parasite

Any organism that takes metabolic advantage of another organism

- Viruses
- Rickettsiae
- bacteria
- Fungi
- Protozoa*
- Helminths*
  - Nematodes - round worms
  - Cestodes - segmented flat worms
  - Trematodes - non-segmented flat worms
- Arthropods* - six and eight-legged critters

* Covered in ***Parasitic Diseases***

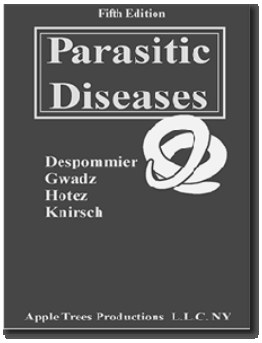
Nematodes - round worms

1. All are eukaryotes - *Caenorhabitis elegans* is the best known example and is free-living in soil.

2. Most nematodes are non-parasitic.

3. Almost 4 billion people harbor at least one species of parasitic nematode. Many have more than one.

Highly Recommended textbook*
Available at bookstore.



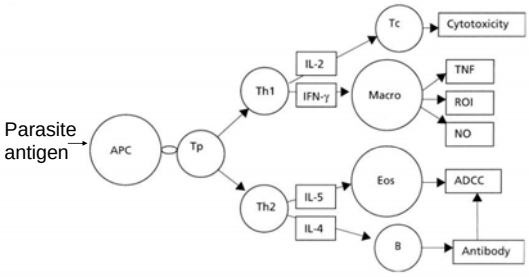
* Lots of really gross pictures!!!

Geohelminths

- *Enterobius vermicularis* (Pinworm)
- *Trichuris trichiura* (Whipworm)
- *Ascaris lumbricoides* (Giant intestinal worm)
- *Toxocara canis and T. cati* *(Visceral larva migrans)*
- Hookworms
  - *Ancylostoma duodenale*
  - *Necator americanus*
- *Strongyloides stercoralis*

Use of human feces as fertilizer is commonplace

Immunity and Parasitism



Worm infections elicit Th2 protective immune responses.
Protozoan infections elicit Th1 protective immune responses.

Wash all produce before eating

Cytokines and Immunity to Parasites

Th1 cytokines	Th2 cytokines	Pro-inflammatory cytokines	Counter-inflammatory cytokines	Cytokines that can lead to pathology (e.g. increased vascular permeability, tissue damage, circulatory collapse, multi-organ failure etc.)
IFN-γ*	IL-4*	IL-12	IL-4	IL-1
IL-2	IL-5*	IL-15	IL-10	IL-6
IL-3	IL-3	IL-18	TGF-β	IL-8
TNF-α	IL-13	IFN-γ		IL-12
TNF-β	IL-6			TNF-α
GM-CSF	IL-10			MIF
	TGF-β			

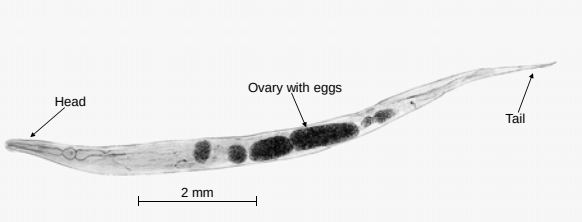
*most important in immune expulsion of protozoa and worms

Why 1/2 of the world's humans harbor parasites

Helminths: Nematoda

Enterobius vermicularis
(Pinworm)

Adult Female *Enterobius vermicularis*

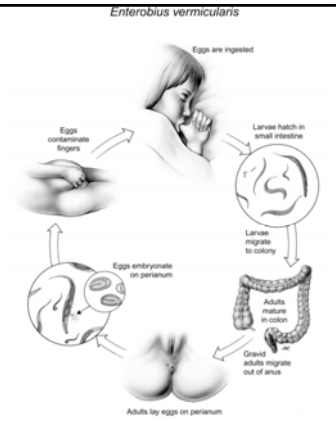


Eggs of *Enterobius vermicularis*

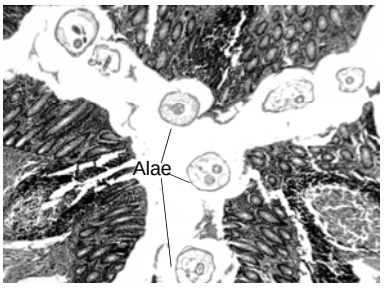
Larva

Unembryonated

Embryonated



Enterobius vermicularis in appendix



Adults on perianum deposit eggs

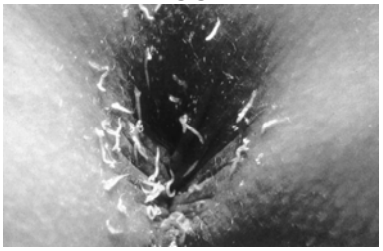


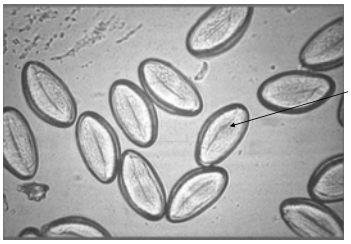
Photo: Martin Weber, MD, Children's Hospital; Hannover Medical School; Hannover, Germany

Clinical Disease:

None

Diagnosis:

Eggs found on microscopic examination of clear sticky tape.

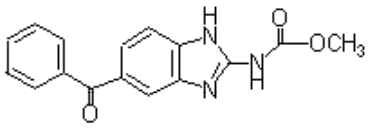


Helminths:
Nematoda

Trichuris trichiura
(Whipworm)

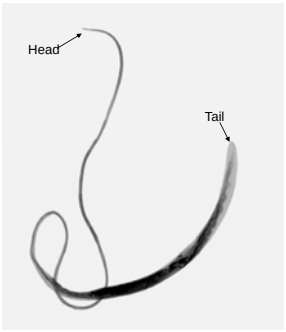
Drug of Choice:

Mebendazole



Mode of Action:
De-polymerizes invertebrate tubulins, only.

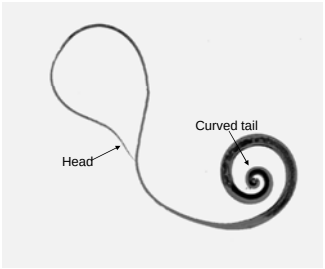
Female adult *Trichuris trichiura*

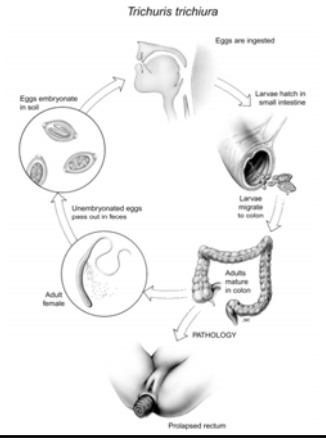


Prevention and Control:

Prevention is impossible among school-aged children, especially those attending day care facilities and lower grades. We “out-grow” our pinworm infections once we reach puberty.

Adult male *Trichuris trichiura*



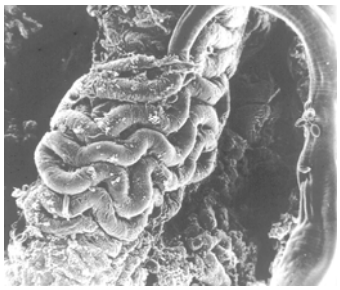


Crohn's Disease and iatrogenic Trichuris infection

1: Parasitol Res. 2007 Apr;100(5):921-7. Epub 2007 Jan 6. Links
The use of Trichuris suis and other helminth therapies to treat Crohn's disease.
Reddy A, **Fried B**.

Department of Biology, Lafayette College, Easton, PA 18042, USA. Adireddymd@gmail.com
Infections with gastrointestinal (GI) nematodes are prevalent worldwide, despite the fact that anti-helminthic medications are regarded as safe, efficient, and widely available globally. In this review, we highlight the potential therapeutic benefits that may be realized through the clinical use of Trichuris suis and other helminths for Crohn's disease (CD). Long-lived helminthic parasites are remarkable in their ability to down-regulate host immunity, protecting themselves from elimination, and also minimize severe pathological host changes. This review summarizes what is known about the underlying mechanisms that may account for the observed patterns in humans treated with helminths for CD. The Th2 arm of the immune system is emphasized as a component of primary importance in the association between the host immune system and GI nematode infections. Although GI nematode infections in humans cause significant morbidity and mortality, the existence and nature of protective mechanisms these helminths may confer remain largely unclear.

Adult *Trichuris muris* in situ (SEM)



Prolapsed rectum with many adult *Trichuris trichiura*

Pathogenesis:

Trichuris adults secrete a pore-forming protein that may play a role in diarrhea. Adult worms ***do not*** feed directly on blood or other host tissues. Mechanism of anemia still unknown.

Clinical Disease:

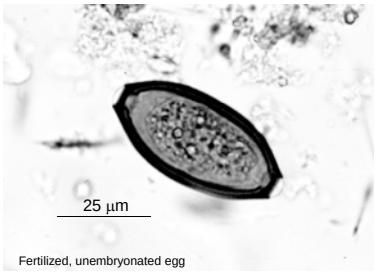
1. Diarrhea

2. Anemia

3. Malnutrition (protein calorie deficiency?)

Diagnosis:

Microscopic examination of feces for eggs



Fertilized, unembryonated egg

Helminths:

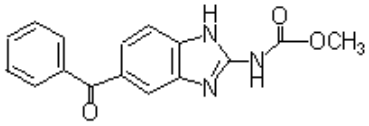
Nematoda

Ascaris lumbricoides

(Giant intestinal worm)

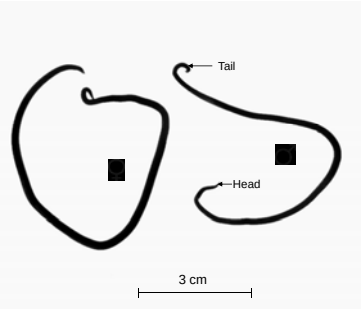
Drug of choice:

Mebendazole



Mode of Action:
De-polymerizes invertebrate microtubules, only

Adult *Ascaris lumbricoides*



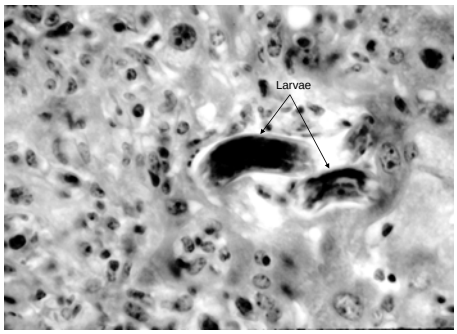
Prevention and Control:

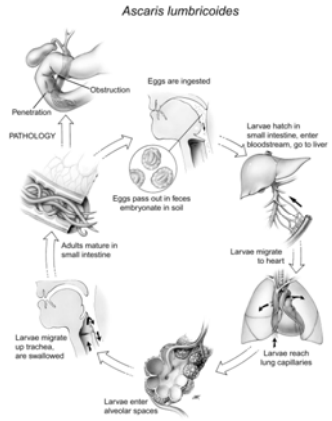
Sanitary disposal of feces

Jar of Ascaris adults

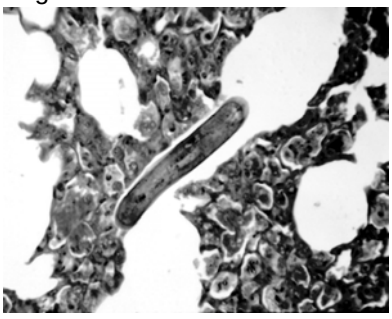
Collected from one rural village in Bangladesh in a single day.

Larvae of *Ascaris lumbricoides* in liver

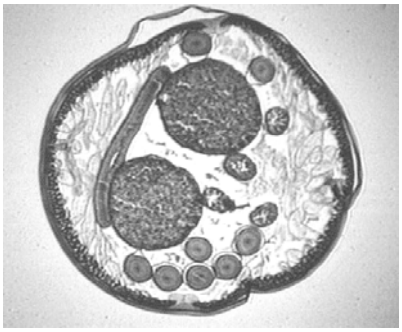




Larva of *Ascaris lumbricoides* in lung



Cross section of adult *Ascaris lumbricoides*



Pathogenesis:

1. "Verminous" pneumonia, lung tissue damage due to migratory larvae.

2. Bowel obstruction - too many adult worms.

3. Parasite secretes trypsin inhibitor, prevents host from digesting proteins; cause of malnutrition.

4. Aberrant migration of adult worms to:
   a. Ampula of Vater
   b. Common duct
   c. Liver
   d. Pharynx
   e. Peritoneum

Clinical Disease:

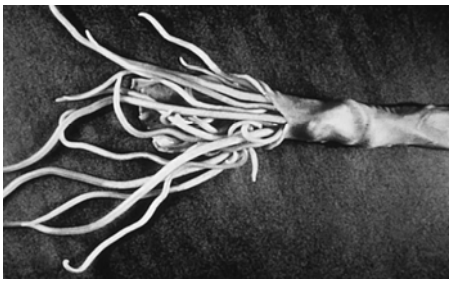
1. Light infections are asymptomatic as long as the adult worms do not migrate.

2. Heavy infection leads to:
   a. protein calorie malnutrition - "failure to thrive" syndrome.
   b. bowel obstruction.
   c. aberrant migratory events.

Infant with heavy Ascaris infection

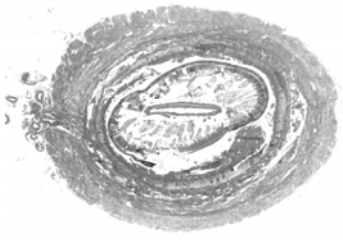
Child with heavy *Ascaris lumbricoides* infection

Bolus of *Ascaris lumbricoides* in small intestine

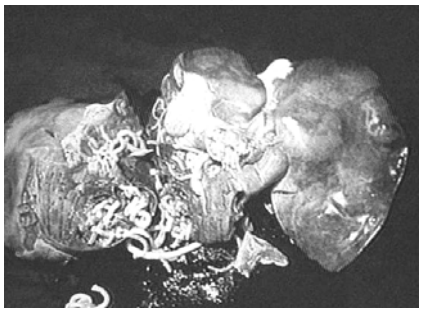


The result of successful treatment

Ascaris lumbricoides adult in appendix

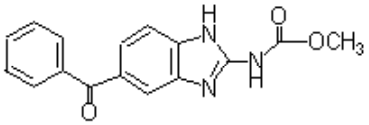


Ascaris adults in liver (fatal case)



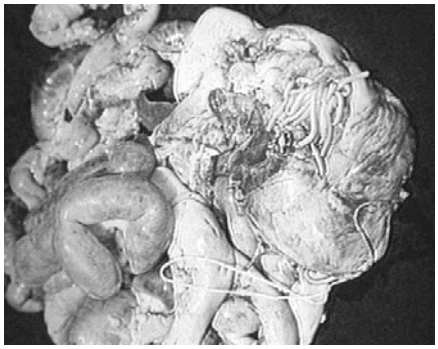
Drug of choice:

Mebendazole

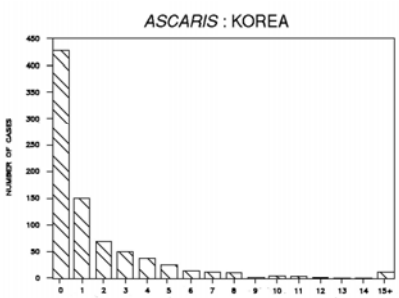


Mode of Action:
De-polymerizes invertebrate microtubules, only

Bolus of *Ascaris lumbricoides* (fatal case)



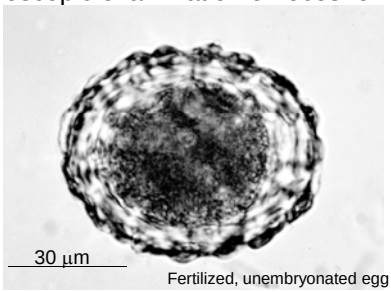
Medical Ecology



Number of worms per person

Diagnosis:

Microscopic examination of feces for eggs



Fertilized, unembryonated egg

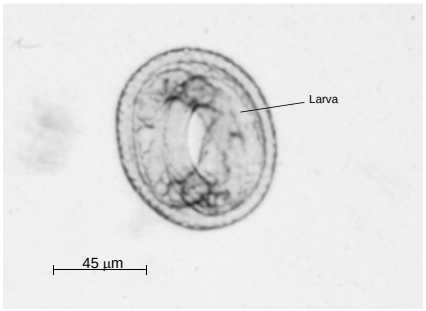
Prevention and Control:

Sanitary disposal of feces

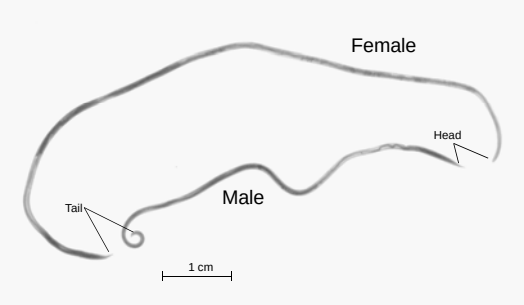
Helminths:
Nematoda

Toxocara canis
Toxocara cati
Visceral and ocular larva migrans

Embryonated egg of *Toxocara canis*

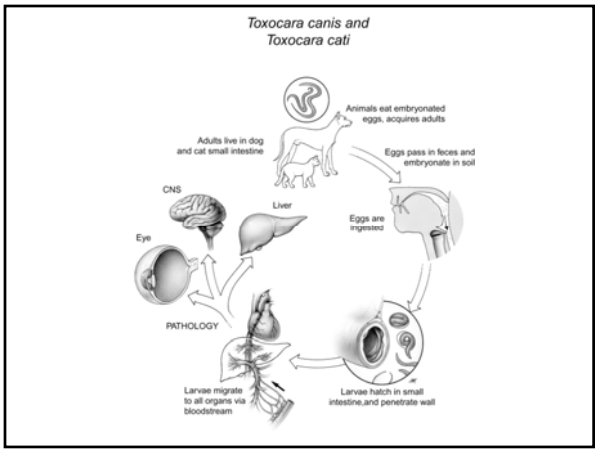


Adult *Toxocara canis*



Pathogenesis:

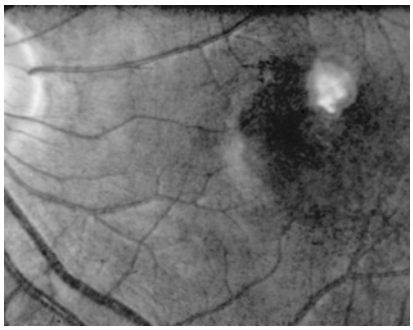
Tissue damage (systemic) due to migratory 3rd stage larva



Clinical Disease:

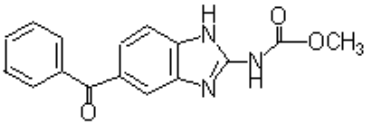
1. Fever
2. Loss of visual acuity
3. Blindness
4. Learning disabilities

Granuloma in retina due to *Toxocara canis*



Drugs of choice:

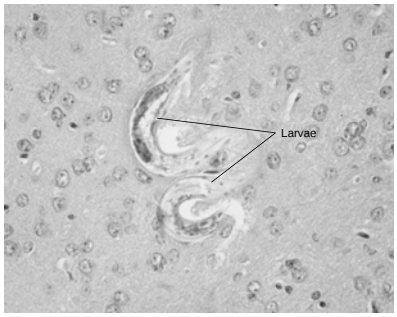
Mebendazole



Steroids

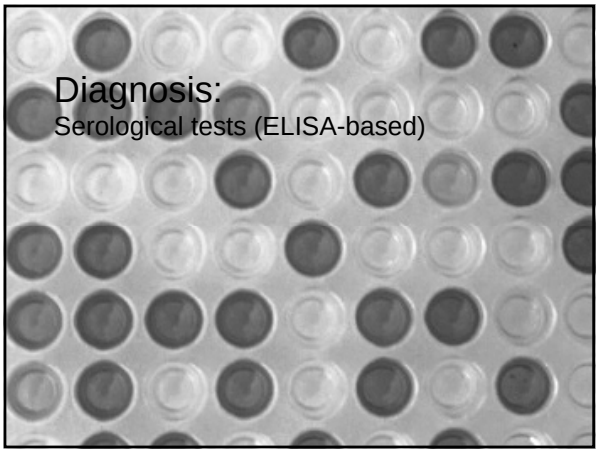
Prednisolone

Larvae of *Toxocara canis* in mouse brain



Prevention and Control:

- Sanitary disposal of dog and cat feces
- Cover sand boxes at night
- Regular treatment of pets



Diagnosis:

Serological tests (ELISA-based)