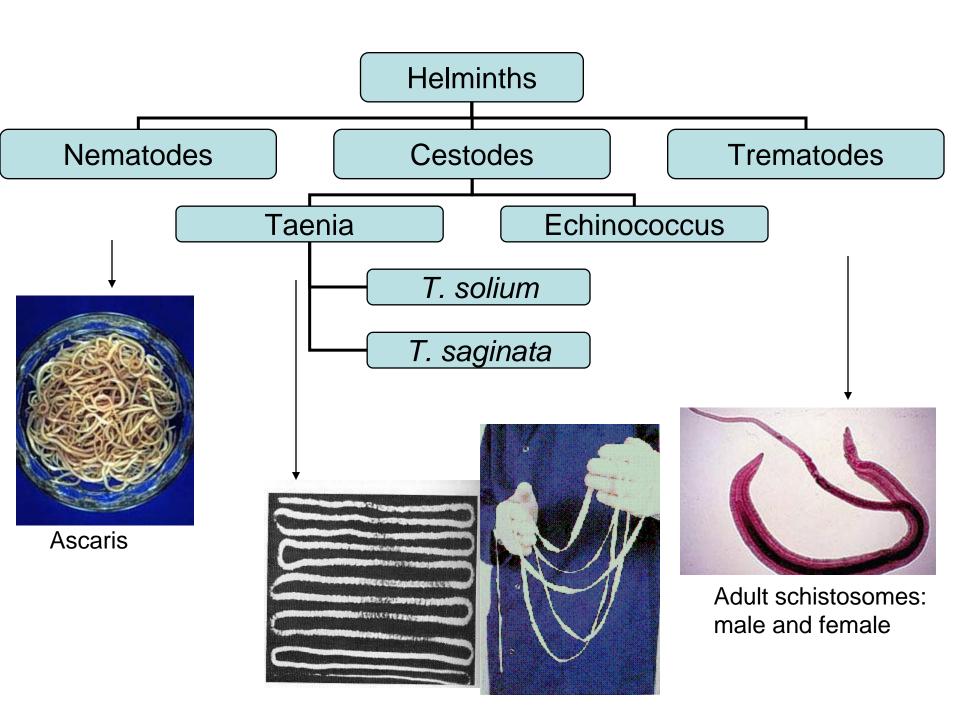
Ascaris, Pinworms, Trichinella



Nematodes in general...(review)

- Non-segmented round worms.
- Most are free living.
 - Only a small fraction are parasitic and affect humans.
- The most common are the Soil-Transmitted Helminths (STHs).
 - Ascaris lumbricoides
 - Trichuris trichiura (whipworm)
 - Necator americanus, Ancylostoma duodenale (hookworms)

Nematodes in general...

- In developing countries children frequently harbor all three STHs.
 - Referred to as "the unholy trinity"
- These infections result in malnutrition, physical growth retardation, and deficits in cognitive and intellectual development.

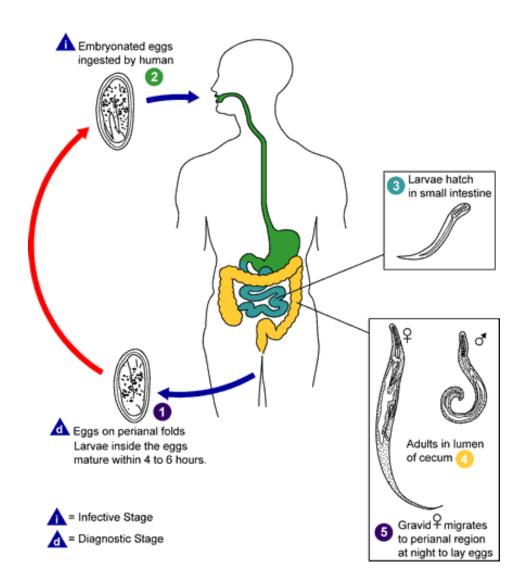
World Health Assembly Initiative (2001)

- Treat at least 75% of school-age children at risk for STH and Schistosome infections by 2010.
- If carried out, this would become the largest health program ever attempted.

Enterobius vermicularis (Pinworms)

'Tis better than riches To scratch when it itches.'

Anonymous



Enterobius vermicularis





Male: 2-5 mm

Female: 8-13 mm

Enterobius vermicularis (alae)





Definition

- Enterobiasis is a common infection of the intestinal tract caused by Enterobius vermicularis.
- Most infections are benign with anal pruritus as the only symptom.
- In more heavily infected patients (usually children) there may be loss of appetite, irritability, and insomnia.
- This infection is also referred to as oxyuriasis, pinworm infection, and threadworm or seatworm infection.

Geographic Distribution

- Enterobiasis is worldwide.
 - More prevalent in temperate countries where bathing is less common.
 - Only infect humans
 - Most prevalent nematode infection of humans living in temperate climates.
- The Guiness Book of Records claims that enterobiasis is the second most common infection (second only to the common cold).
- More than 291 million people are infected.
- Children are more commonly infected than adults, especially those living in crowed conditions.

Geographic Distribution

- Prevalence in children in certain communities has been found to be as high as:
 - -61% India
 - -50% England
 - -39% Thailand
 - -37% Sweden
 - -29% Denmark

Historical perspective...

- Dates back to Roman-occupied Egypt (30 BC- AD 395).
- Oldest known pinworm ova have bee found in human coprolites dating back to 7800 BC from Danger Cave, Utah.
- Referenced in the writings of Hippocrates dating back to 430 BC.
- Ancient pinworm finds have occurred in a variety of archeological sites, the majority of them in the USA, with 2 from Chile, and one each from Peru, Mexico, Germany, Denmark, and Argentina, as well as one from a Han Dynasty mummy in China.

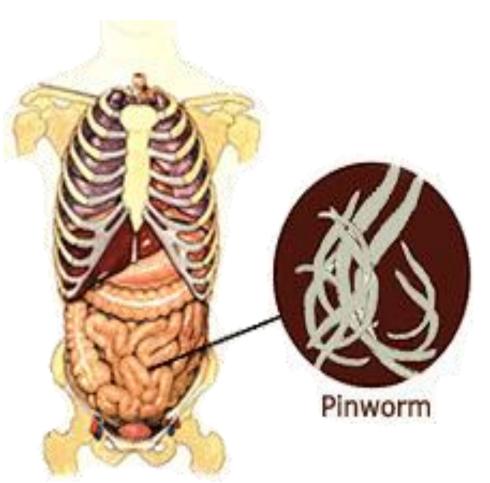


Historical perspective...

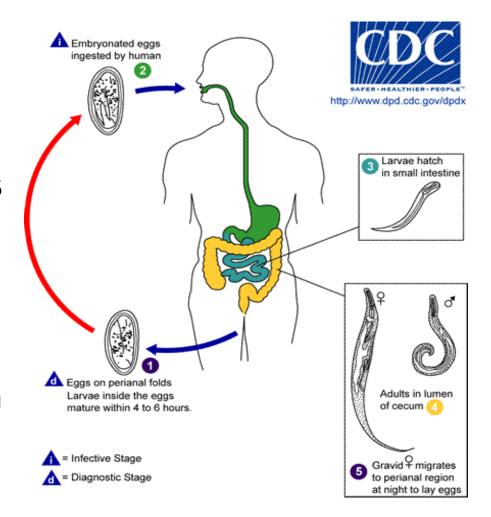
- Pinworm findings outside the New World have been scarce.
- Hypothesized to have arrived by land.
- One of the few helminths that could have arrived through this route.



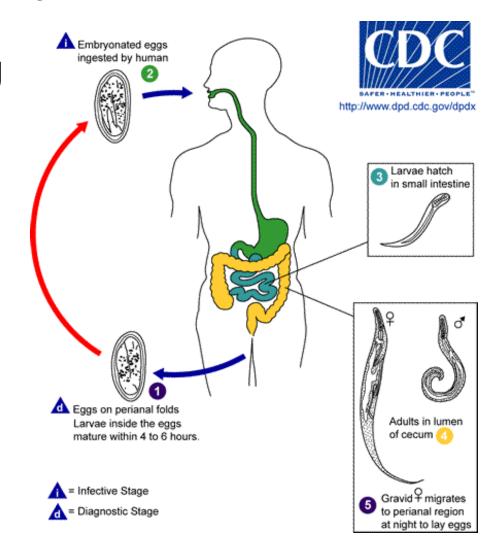
- Adults live in the lumen of the transverse and descending colon.
- Adults feed on E. coli and other bacteria found in formed stool.
- Embryonated eggs are swallowed and hatch into Second-stage larvae in the small intestine (L3 and L4 develop there too).
- Adults take up residence in the large intestine.

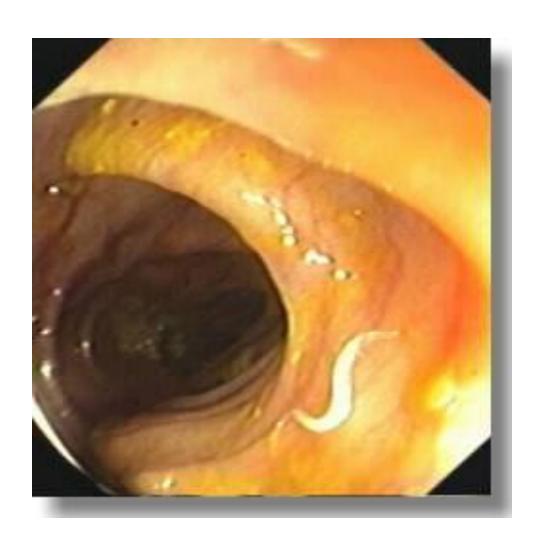


- Entire process lasts 4-6 weeks.
- Alternatively (i.e., if not swallowed) eggs can hatch at the site of deposition and crawl back up through the anus.
- Retrograde infection
 - Vaginal infections.



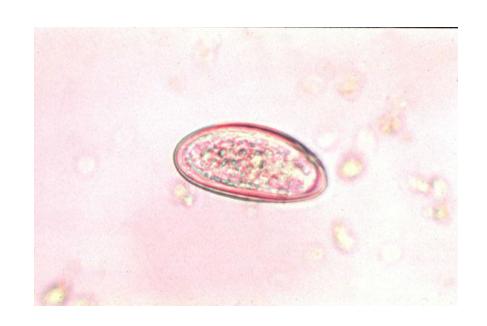
- 6 weeks after mating the female can produce between 5000-17,000 eggs.
- The female migrates to and through the anus and dies after oviposition.
- Eggs become infective after 6 h.





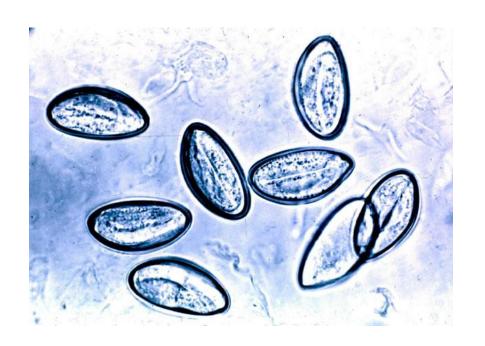
Enterobius eggs

- 50-60 μm by 20-30 μm
- Colorless, asymetrical, and flattened on one side.
- Egg shell has 2 layers and is smooth and thick.
- The outer albuminous layer is sticky and this is the portion that causes intense anal itching.
- This ultimately results in egg spreading.



Enterobius eggs

- Eggs can survive up to two weeks.
- Resistant to commercial disinfectants.



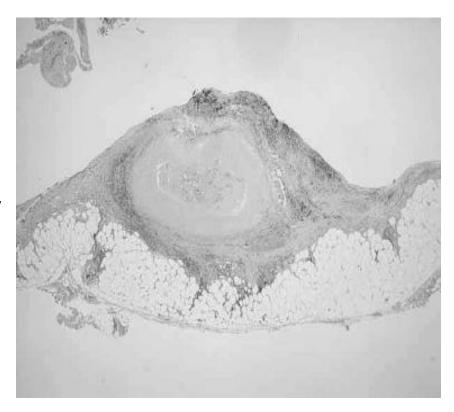
Pinworm tape

Symptoms of Infection

- Most individuals are symptom free.
- Itching of perianal area.
- Aberrant infection leads to vaginal itching/discharge.
- Abdominal pain may be documented if patients co-infected with *Dientamoeba* fragilis ('piggy-backed' infection).
- Susceptibility to infection decreases with age.

Pathology

- Enterobius infections seldom causes serious lesions.
- Rarely worms cause petichial hemorrhage of cecum, appendix, and lower ilium from penetration.
- Deeper invasion causes a granulomatous reaction.
- Appendicitis?????



Granulomatous reaction to E. vermicularis ovum. Thomson, J.C. J. Obstet. Gynaecol. Res. 30:90-95. 2004.

Diagnosis/Treatment





- Egg identification or adult worms.
- Ova rarely in feces and are best collected from perianal skin by using the sticky side of cellulose tape applied to skin.
- TREATMENT: Mebendazole (100 mg single dose) is drug of choice. Piperazine hexahydreate (50-75 mg/kg daily for 7 days and pyrantel pamoate (10 mg/kg single dose) are less effective

Prevention and Control

- None.
- No predilections on the basis of sex, race, or socioeconomic class.

The cockroach as a host for Trichinella and *Enterobius vermicularis*: implications for public health.

- Known carriers of bacteria and fungi that produce disease in humans.
- Link between pathogenic helminths and cockroaches has not been explored.
- Study showed that there are naturally occurring infection of cockroaches with Trichinella and Enterobius.
- Reservoirs for nematodes.
- Chan O.T., Lee E.K, Hardman J.M., Navin J.J. *Hawaii Med. J.* 63:74-77. 2004.



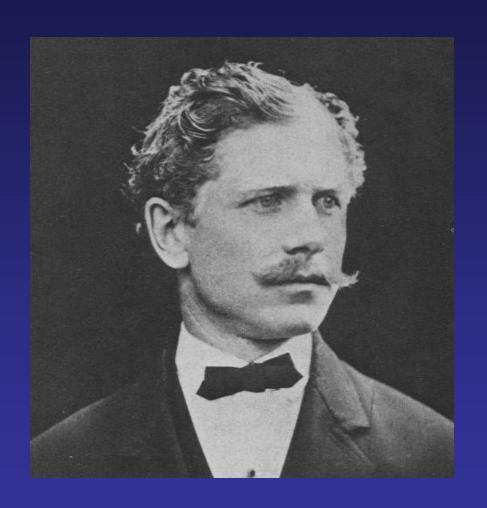
Trichinellosis

Trichinosis, n. The pig's reply to proponents of porcophagy.

Ambrose Bierce (1842-1914?), Devil's Dictionary

Despite their reputation, pigs are clean and wallow in mud to protect themselves from the sun's heat and from lice and other parasites.

Groiler Multimedia Encyclopedia (1996)

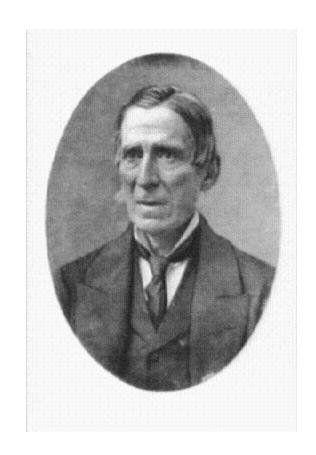


Trichinellosis

- Trichinellosis (or trichinosis) is caused by Trichinella spiralis (superfamily Trichuroidea).
 - T. murrelli, T. paupae, T. pseudospirallis,
 T. britovi, T. nelsoni, T. zimbabwensis.
- Other medically significant members of this superfamily include *Trichuris* truichiura (whipworm), *Capillaria* hepatica, *C. philippinensis*, and *C.* aerophila.

Discovery

- Discovered by Richard Owen & James Page (right).
- First to describe the larva of Trichinella in a human diaphragm in 1835.
- Life cycle of *T. spiralis* not
 described until
 1860.



Historical Perspective

- Trichinella has been identified in the intercostal muscles of mummified Egyptians (1200 B.C.).
- Major cause of political and economic disputes between the pork industries and governments of U.S. and the European nations, who considered U.S. pork unsafe in the late 1800s.



A nineteenth century Danish cartoon showing the arrest of trichina worm by police. *New York: Plenum Press,* 1983.

Historical Perspective

- Early outbreaks in Germany (1860-1880) had mortality rates of up to 30%.
- Outbreaks in the Arctic in the late nineteenth and early twentieth centuries hindered exploration.
- In 1897, the occupants of an ill-fated hydrogen balloon expedition in the Arctic died, not from exposure, but from acute trichinellosis acquired from eating uncooked bear meat.
- Incidence in the U.S. has declined significantly (100 cases/year).

Trichinellosis Definition

- Diseases caused by Trichinella spp.
- T. spiralis and T. murrelli cause the majority of the human cases.
- The domestic pig is the main reservoir for T. spiralis.
- Trichinella spp. Infect a broad-spectrum of mammalian hosts.
- One of the world's most widely-distributed group of nematode infections.
- Other species can infect humans (e.g., T. pseudospiralis, T. paupae, T. nativa, and T. britovi.
- UNIQUE in that this group of nematodes live a part of their lives as intracellular parasites.

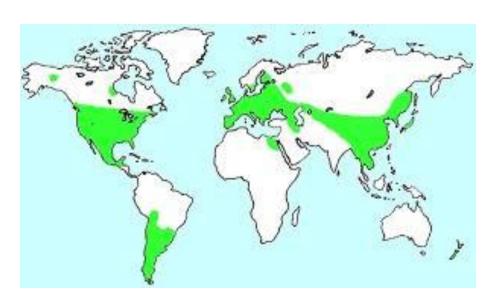
Reservoirs for Trichinella spp.



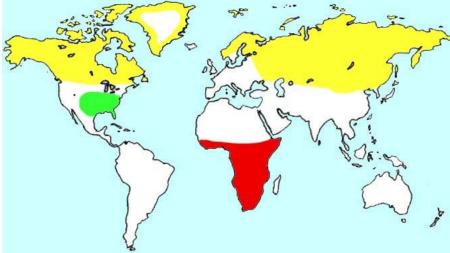




Geographic Distribution



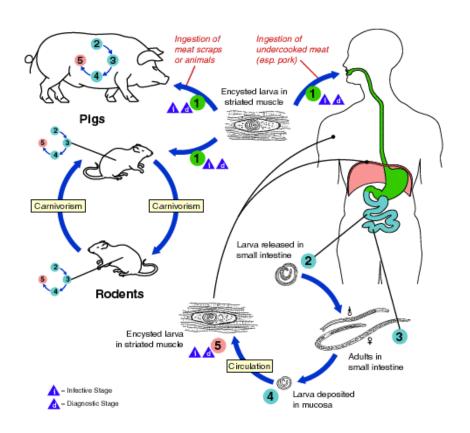
Green=*T. spiralis* (most common member of the genus).



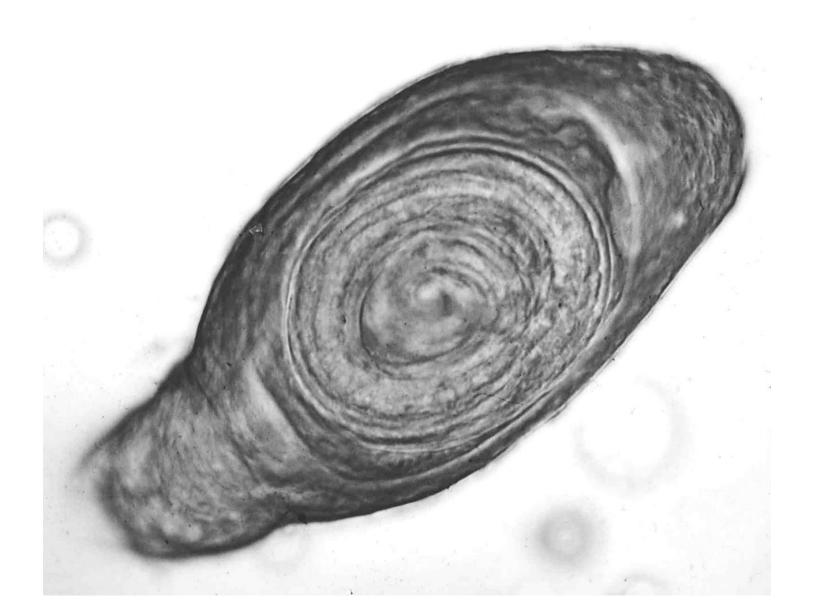
Yellow=*T. nativa* (carnivores) Red=*T. nelsoni* (Hyaenidae/Felidae) Green=*T. murrelli* (carnivores)

Life Cycle

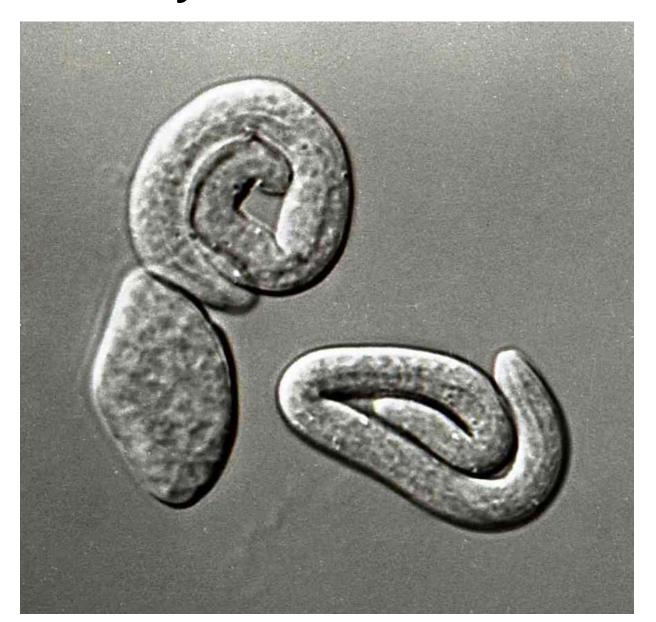
- 1. Ingestion of meat containing cysts (Nurse cell-larva complex).
- 2. Pepsin induces larvae to be released, invade the small bowel mucosa where they develop into adults.



Life Cycle-Nurse Cell

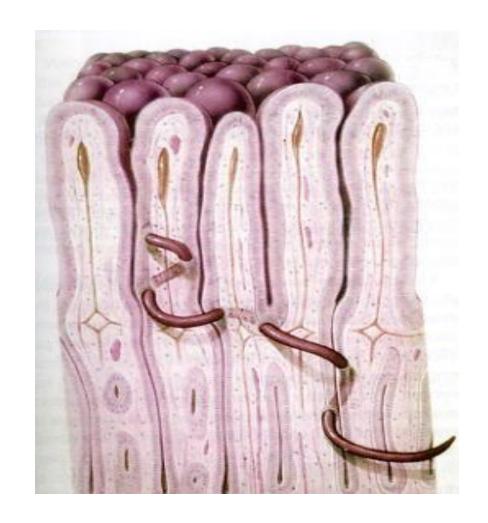


Life Cycle-Newborn Larvae

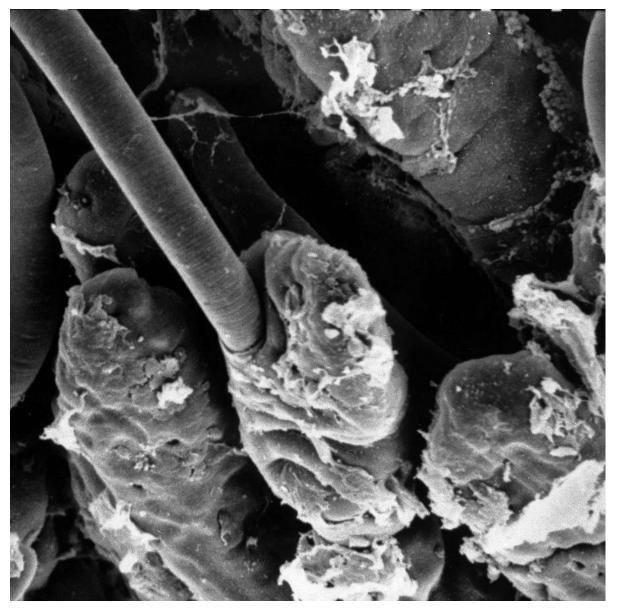


Life Cycle

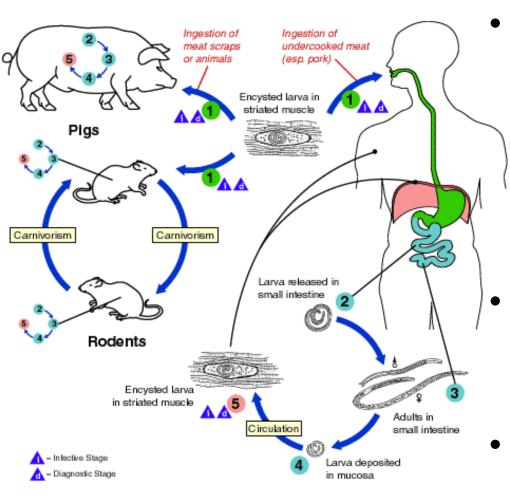
- The immature parasites penetrate the columnar epithelium at the base of the villus.
- They live within a row of these cells, and are considered intra-multi-cellular organisms.



Life Cycle-L1 Entering Cells

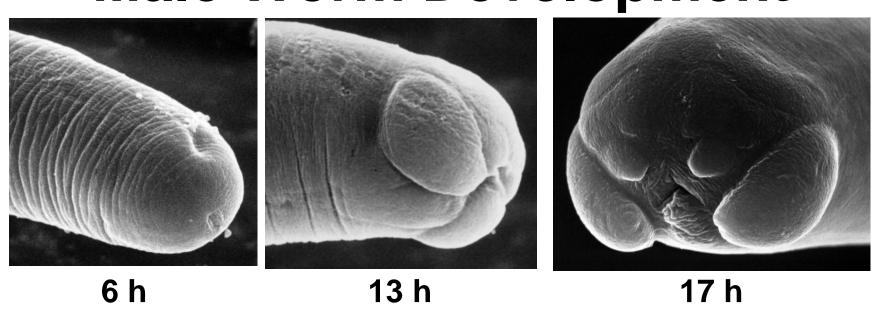


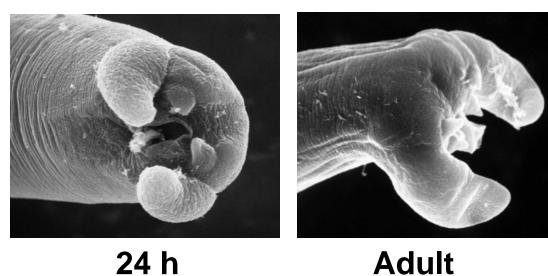
Life Cycle



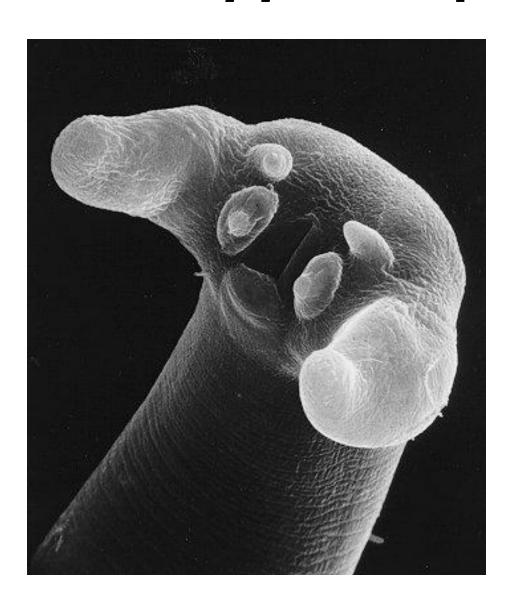
- Larvae molt four times in rapid succession over a 30-hour period, developing into adults (4 weeks).
- Patency occurs within five days after mating.
- Adult females produce newborn larvae.

Male Worm Development

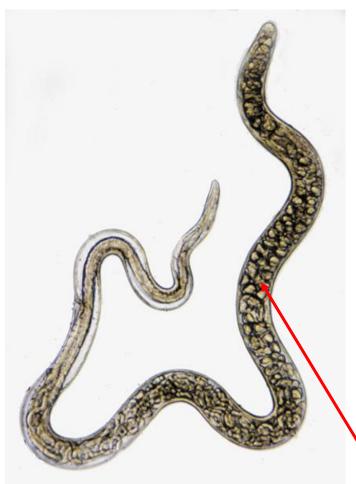




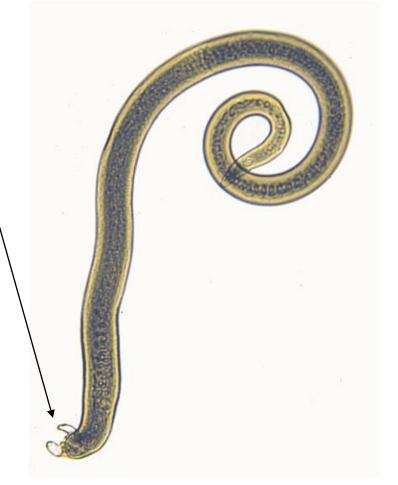
Trichinella spp. Claspers



Life Cycle



Female: 3 mm



Male: 1.5 mm

Full-formed larvae in uterus --Viviparous

Life Cycle-Female and Offspring

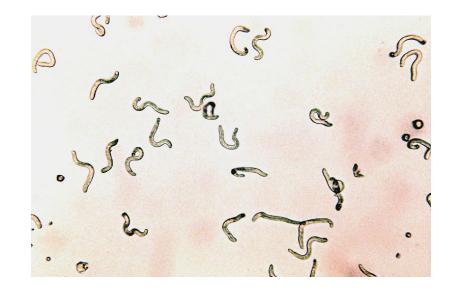


Each female can produce up to 500 larvae.

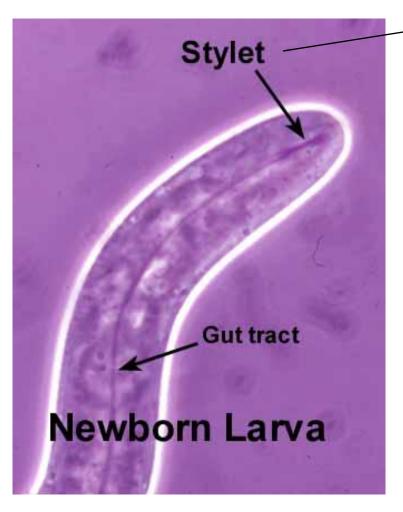


Life Cycle

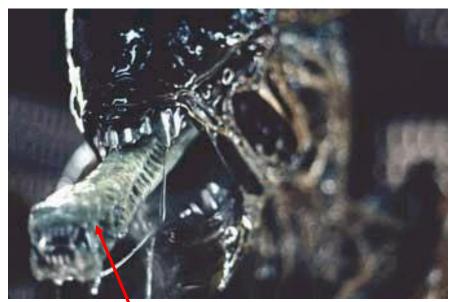
- Newborn larvae are 0.08 mm in length.
- The adult female will produce offspring as long as host immunity (acquired) does not develop.
- Newborn larvae are the only stage of the parasite that possesses a sword-like stylet, located in its oral cavity.



Stylet



Used for creating an entry hole In potential host cells.



Stylet?

Larvae

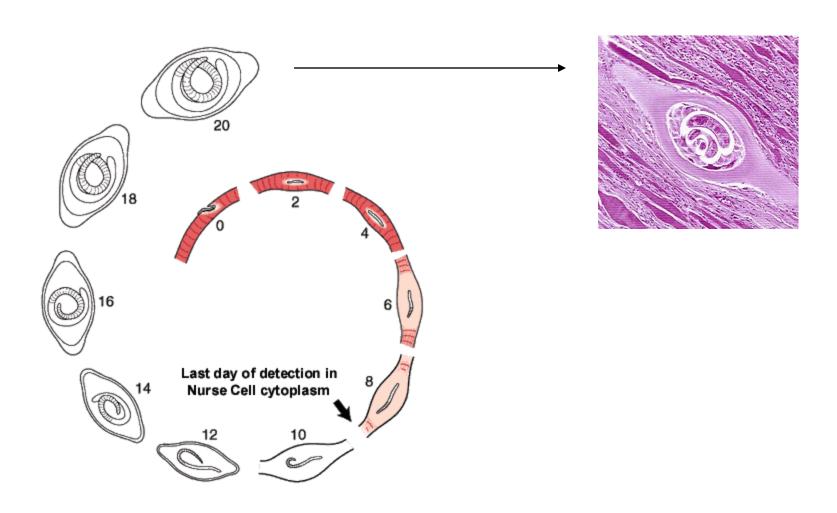
- Larvae then enter the lamina propria and penetrate into either the mesenteric lymphatics or into the bloodstream.
- Most enter the general circulation and become distributed throughout the body.
- Larvae leave circulation and enter cells.
- Larvae die after entering host cells unless they are muscle cells.
- NO TROPISM.



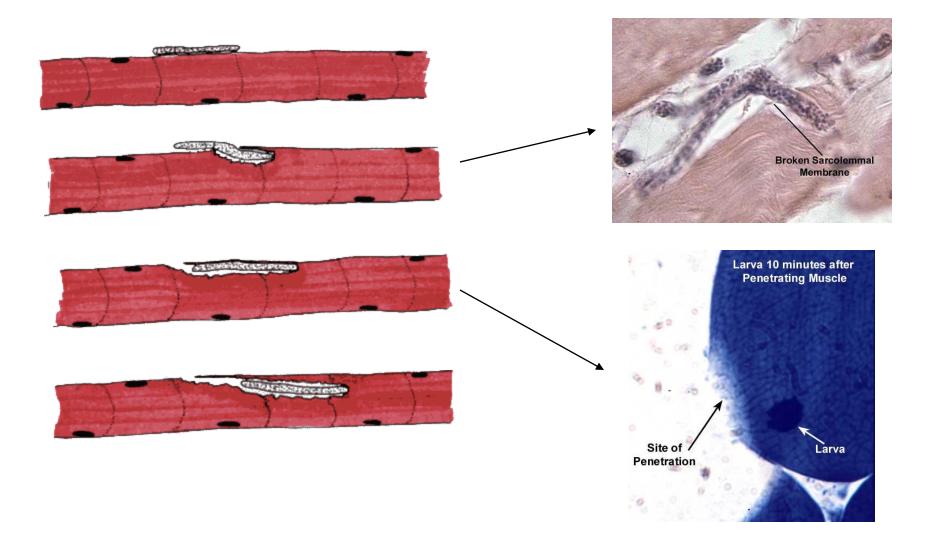
Nurse cell formation

- Larvae entering muscle cells not only remain inside them but they induce a remarkable series of changes to this cell type.
- Transforms muscle cell into a factory that supports the growth and development of the larva.
- This process is termed Nurse-cell formation.
- The net result is that the host cell switches from an aerobic to anaerobic metabolism.
- T. spiralis is infective by day 14 (continues to grow up to day 20).

Nurse cell formation

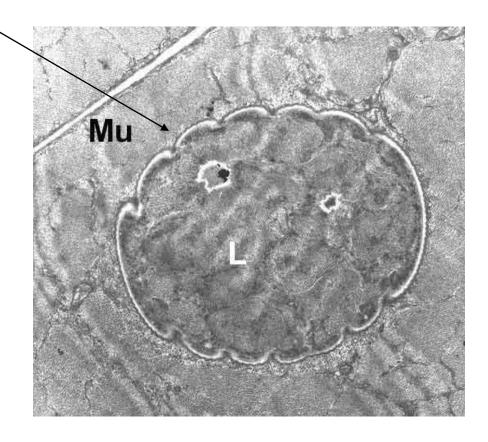


Muscle Cell Penetration

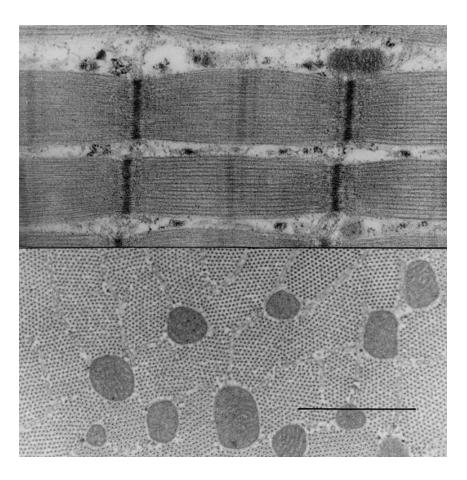


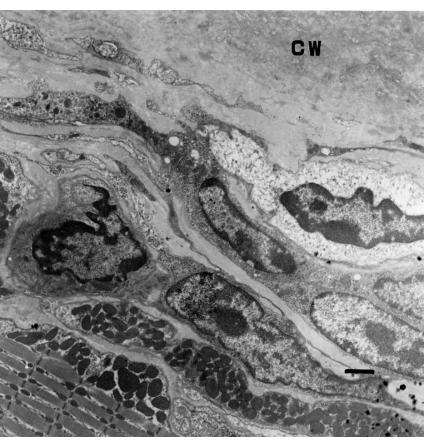
Muscle Cell Penetration





Muscle-Nurse Cell Development

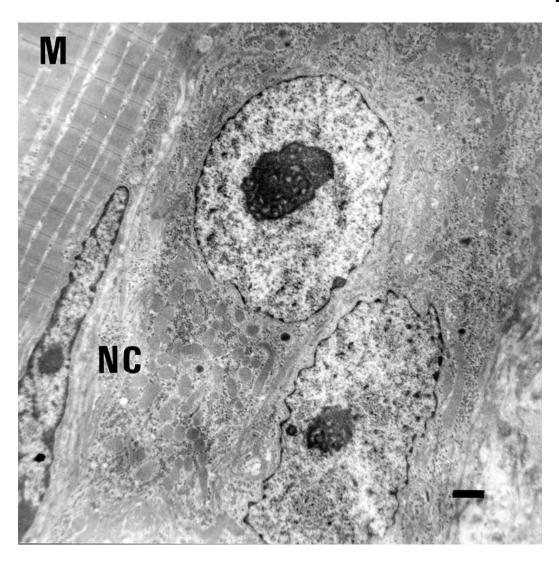


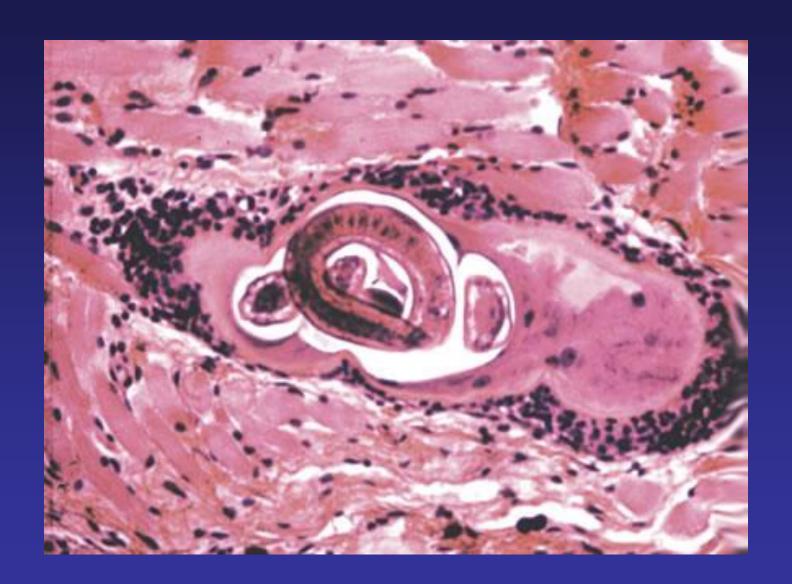


Normal Muscle

Infected Muscle

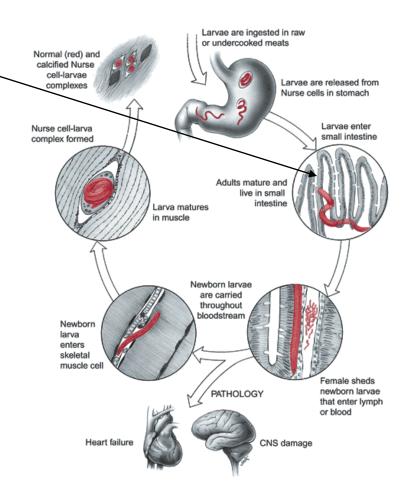
Muscle-Nurse Cell Development





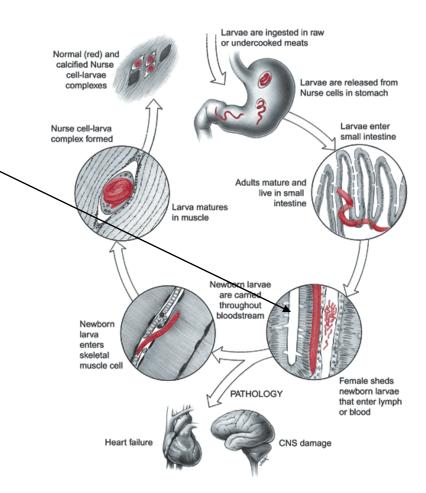
Pathogenesis

- In the enteral (intestinal) phase (L1-4), immature/mature adults developing worms can damage columnar epithelium.
- Local inflammation



Pathogenesis

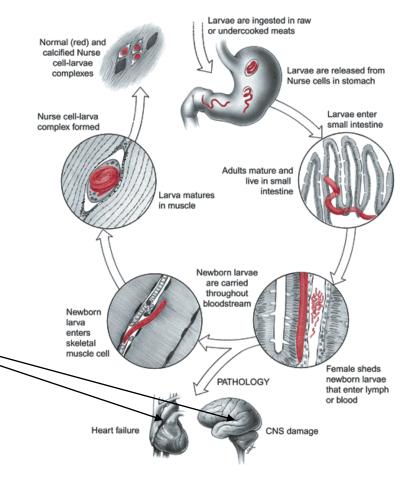
 When larva penetrate lymphatics or circulation, bacteremia due to enteric flora may result and death as a result of sepsis has been reported.



"Parasitic Diseases" 4th Ed. © (Apple Trees Productions, LLC., Pub. P.O. Box 280, New York, NY 10032

Pathogenesis

- Parenteral phase causes the pathological consequences.
- Dose-dependant.
- Attributable directly to the migrating newborns as they RANDOMLY penetrate cells.



'arasitic Diseases" 4th Ed. © Apple Trees Productions, LLC., Pub. P.O. Box 280, New York, NY 10032

Clinical Disease

- Disease presentation varies over time.
- Severity is dose-dependent.
- First few days: gastroenteritis associated with diarrhea, abdominal pain, and vomiting (abates within 10 days).
- Confused with food poisoning.

Clinical Disease

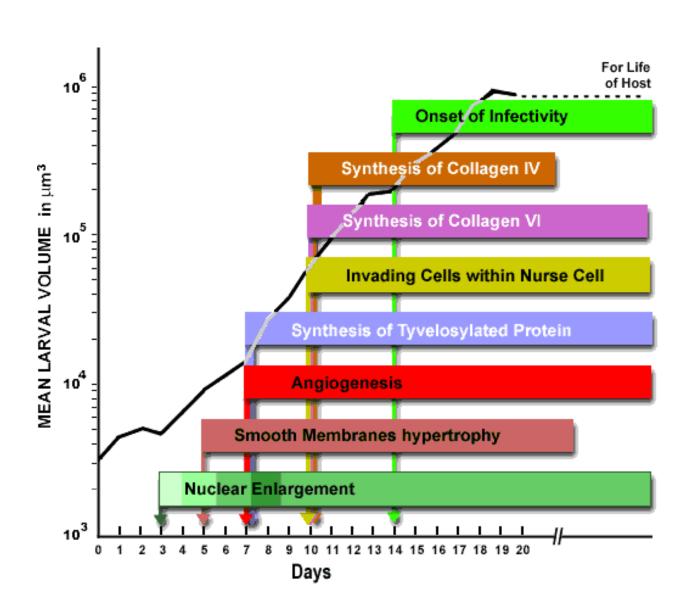
- Parenteral phase associated with fever and myalgia, bilateral periorbital edema, and petechial hemorrhages.
- Eosinophilia
- Fever
- Weakening of muscles.
- Headaches
- Shortness of breath.
- Elevated WBCs.



Clinical Disease

- Larvae penetrating muscle tissues can result in cardiovascular involvement.
- Invasion of the diaphragm and the accessory muscles result in dyspnea.
- Neuro-trichinellosis

Summary of Infection



Diagnosis/Treatment

- Definitive diagnosis depends upon finding the Nurse-cell parasite.
- Detection of Trichinella-specific DNA (by PCR).
- No specific anti-helminthic drug
 - Mebendazole give early during infection may reduce the number of larvae that might lead to further clinical complications.
 - Corticosteroids
- Myopathic phase is treated in conjunction with antipyretics and analgesics.

Prevention & Control

- Outbreaks of trichinellosis in the U.S. have been rare over the last 10 years.
- Associated with the ingestion of undercooked meats from game animals and NOT from commercial sources.
- This represents a shift in the epidemiology of outbreaks compared to 20-30 years ago (i.e., contaminated pork).

Prevention & Control

- Cooking meat thoroughly at 58.5 C for 10 min or freezing at -20 C for three days.
- Meat inspection is nonexistent in the U.S. with respect to trichinella.

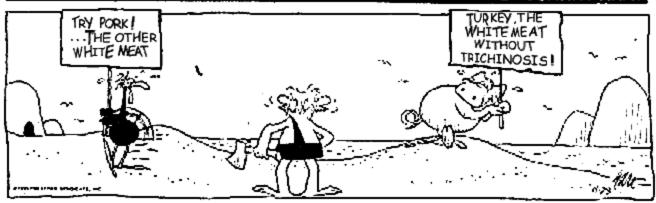


Prevention and Control-Suitability of Freezing

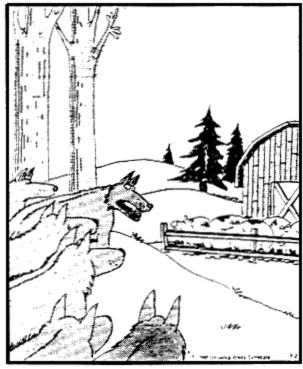
Origin of infected pork	Age of larvae	Temperature °C	Week/s of freezing	Infectivity of larvae after thawing	Reference
Naturally infected wild boar	unknown	-20	3	yes	9
Naturally infected wild boar	unknown	-20	4	no	9
Experimentally infected pigs	5-10 weeks	-18	1 - 4	no	10
Experimentally infected pigs	5-10 weeks	-5	1-4	yes	10
Experimentally infected wild boar	5 - 10 weeks	-18	1-4	no	10
Experimentally infected wild boar	5 - 10 weeks	-5	1 - 4	yes	10
Naturally infected pigs	unknown	-18	1	no	a
Naturally infected wild boar	unknown	-35	1	yes	11

Pozio, Euro. Surveill., 2006

B. C. BY JOHNNY HART



THE FAR SIDE



"I say we do it . . . and trichinosis be damned !"

Ascaris lumbricoides

A little, wretched, despicable creature; a worm, a mere nothing, and less than nothing; a vile insect that has risen up in contempt against the majesty of Heaven and earth.



Jonathan Edwards (1703-1758)

Ascariasis

- A general term for the disease caused by parasitic roundworms of the genus Ascaris.
- Ascaris lumbricoides parasitizes humans.
- A. suum, a natural parasite of pigs, may also infect humans (Koino, 1922).

Ascaris lumbricoides

- One of the largest nematodes to infect humans (up to 30 cm).
- The most severe consequences of Ascaris infection occur in children.
- The suggestion has been made that human infection arose in association with pig domestication, possibly first in China.

Geographic distribution & Epidemiology

- A. lumbricoides is present in temperate and sub-tropical zones; highest prevalence in tropical, rural situations where <u>sanitation</u> is poor.
- Some regions of Africa 95% of the population infected.
- Central and South America, some areas have a 45% incidence.

Geographic distribution & Epidemiology

- About 1/3 of the world's population infected.
 - Estimated 1.22 billion people infected (800 million in Asia alone).
- Eggs of A. lumbricoides vary greatly in their survival times in soil e.g., they may survive 6 years in cooler soil but only a few hours in warmer, tropical soils.
 - Survive in sub-arctic regions
 - Recovered from all sorts of environmental surfaces e.g., paper currency.
- In Saudi Arabia, the eggs die so rapidly that it causes a 'break' in transmission.

Ascariasis: 4 main clinical syndromes

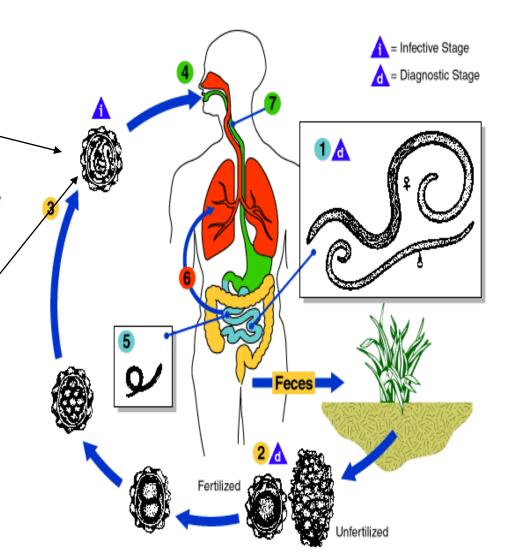
- First, larvae migrating through lung cause eosinophilic pneumonitis (Löeffler's syndrome).
- Second, adult worms in the intestine may cause abdominal discomfort, acute epigastric pain, diarrhea, and debilitation.
- Third, an entanglement of adult worms may on occasion, obstruct the small intestine.
- Fourth, migration of adult worms into the ampulla of Vater, into the pancreatic ducts or into the biliary ducts, may cause sudden and life-threatening complications.

Life Cycle: Soil to Small Intestine

 Eggs can survive in moist environments for up to 2 months-6years (ascaroside lipoprotein).

 Embryonated eggs must be swallowed for the life cycle to continue.

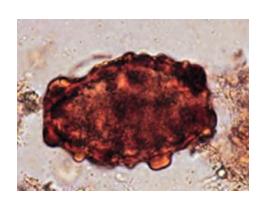
L1-L3 develop inside the egg.



Egg Development



A.



B.

- A. Fertilized egg, still at the unicellular stage.
 - Found in stool at this stage.
 - Full larva
 development
 requires 18 days of
 favorable conditions.
- B. Unfertilized egg.

Egg Development

- A. Egg containing larva.
 - Infective if ingested.

- B. Larva hatching from and egg.
 - 0.2-0.3 mm long.
 - 0.014 mm wide.



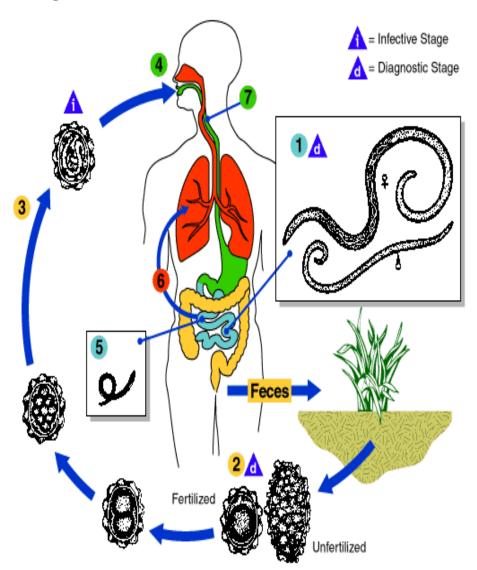
Α.



В.

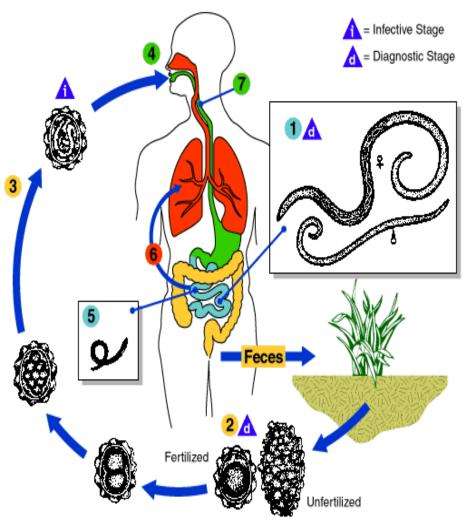
Life Cycle

- In the host, the 2nd stage larva are stimulated to hatch by a combination of alkaline conditions in the <u>small</u> <u>intestine</u> and bile salts.
- These conditions induce the larva to produce a proteolytic enzyme, facilitating its exit from the egg. Filiariform larvae.
- The infectious process is accompanied by a dramatic shift in Ascaris' metabolism from aerobic to anaerobic.



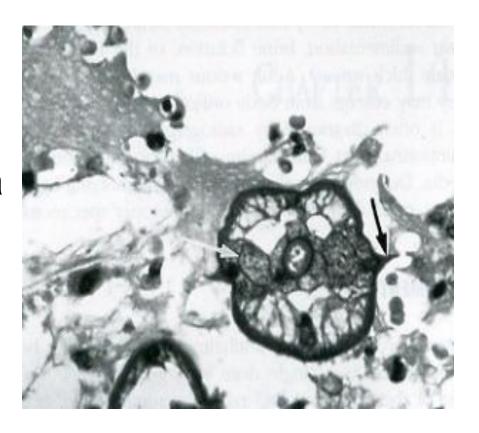
Life Cycle

- The immature parasite, now in the intestinal lumen, enters the lamina propria, penetrates a capillary, and is carried by the portal circulation to the liver.
- In the liver, the worm feeds on parenchymal tissue and grows.
- Migrates via bloodstream to the heart and into the pulmonary circulation.
- Intestines to lungs: 3 days.



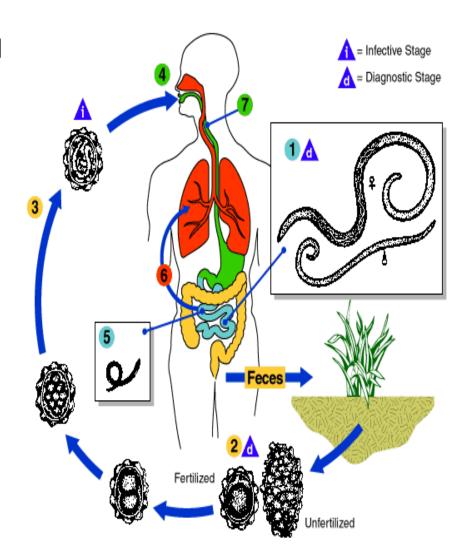
Lung Stage

- The larva molt twice and grow in the alveolar capillary.
- The worm receives a thigmotactic signal.
- Breaks into the alveolar spaces causing 'verminous' pneumonia.



Life Cycle

- The larva migrate up the bronchi into the trachea and across the epiglottis; swallowed, finally reaching the small intestine again!!
- After 2 more molts the worms grow and mature to adulthood in 6 weeks.
- All adult worms mate.
- Occupy the lumen of the upper small intestine.
- Live on predigested food.
- Maintain themselves in the lumen by assuming an Sshape.
- Egg to adult: 8-12 weeks.



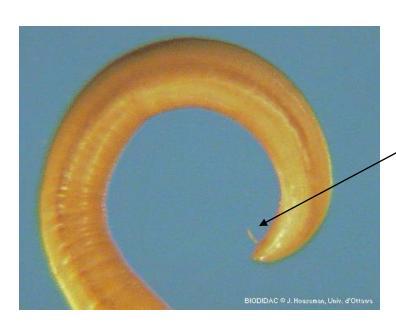
Adult Stage



- Worms covered by thick cuticle
- Adult female can produce 176,000-350,000 eggs/day.
- 25 million eggs/lifetime
- Adults can live for 1 year in the intestine then expelled (20 months maximum).

Male/Female Ascarids





- Male (15-31 cm) smaller than the female (22-35 cm).
- Male tail-end contains two curved spicules each measuring 2 mm long can protrude from the cloaca.

Clinical Disease: Migratory Phase

- Intensity of the systemic response is dosedependent.
- High infection dose lead to pneumonitis, enlargement of the liver.
 - Löeffler's type; elevated IgE; anti-ABA1
 - Migration through lungs can be accompanied by fever, chills, dyspnea, paroxysmal cough, lassitude, malaise, body aches, and pneumonia, cyanosis, sensation of pressure.
 - Different from TB and viral pneumonia...how?

Clinical Disease: Intestinal Phase

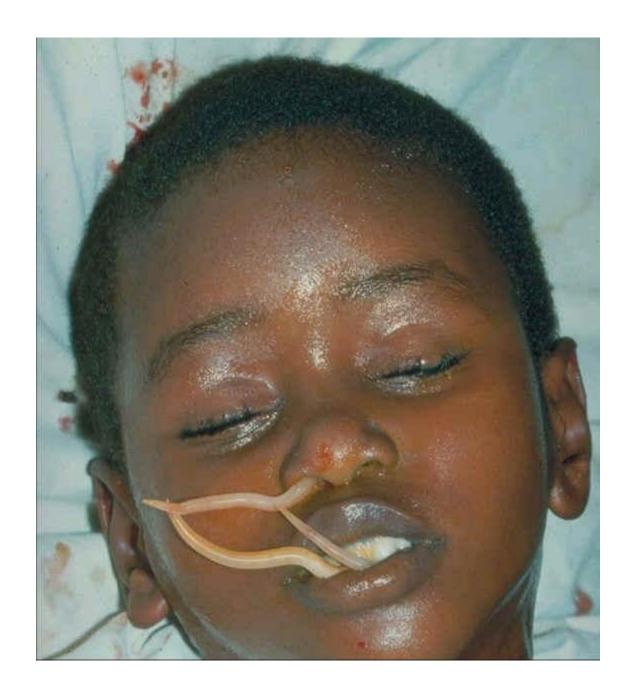


Appendix to Cecum.



- In large numbers can cause obstruction.
- Penetrate the intestine, obstruct the biliary tract.
- 10,000 deaths annually in developing countries.
- HPA or heptobiliary and pancreatic ascariasis
- Ectopic migration caused by...

Cut surface of the liver showing many *A. lumbricoides* in dilated bile ducts



Ascariasis





- Child with distended abdomen due to large bolus of A. lumbricoides adult worms.
- Adult Ascaris recovered from child in above photo after treatment with mebendazole.
- Ascaris-infected children develop malabsorption of fat, protein and vitamin A, lactose intolerance from damaged mucosa, impaired intestinal permeability, and anorexia.
- Deaths are rare (0.62%).

Diagnosis/Treatment

- Cannot be specifically diagnosed on the basis of signs or symptoms during the migratory or intestinal phases of infection.
- HPA difficult to diagnose by radiographic techniques.
- Identification of eggs in stool is the most definitive form of diagnosis.
- Albendazole, mebendazole.
- Piperazine citrate used in cases of intestinal obstruction.

Prevention and Control

- Transmission from soil to humans depends not only on egg survival but on socioeconomic factors too.
- Contamination of soil by human feces and crowed living are the most important factors in promoting infection.
- An agricultural environment, illiteracy, and poor sanitation also promote high rates of infection.
- Infection most common among school and preschool children.
- Infection is acquired from fecal contamination of food, toys, fingers, inhalation of dust and contaminated vegetables, fruits, and drinking water.

Prevention and Control

- Primarily hygiene and education.
- Ascaris eggs are destroyed by exposure to direct sunlight for 12-hours.
- Die when exposed to temperatures in excess of 40 C.
- Exposure to cold does not affect eggs.
- Eggs also resistant to many commonly used chemical disinfectants.
- Thrive in treated sewage for months to years.