



TRYPANOSOMIASIS

PARASITIC INFECTION OF GIT

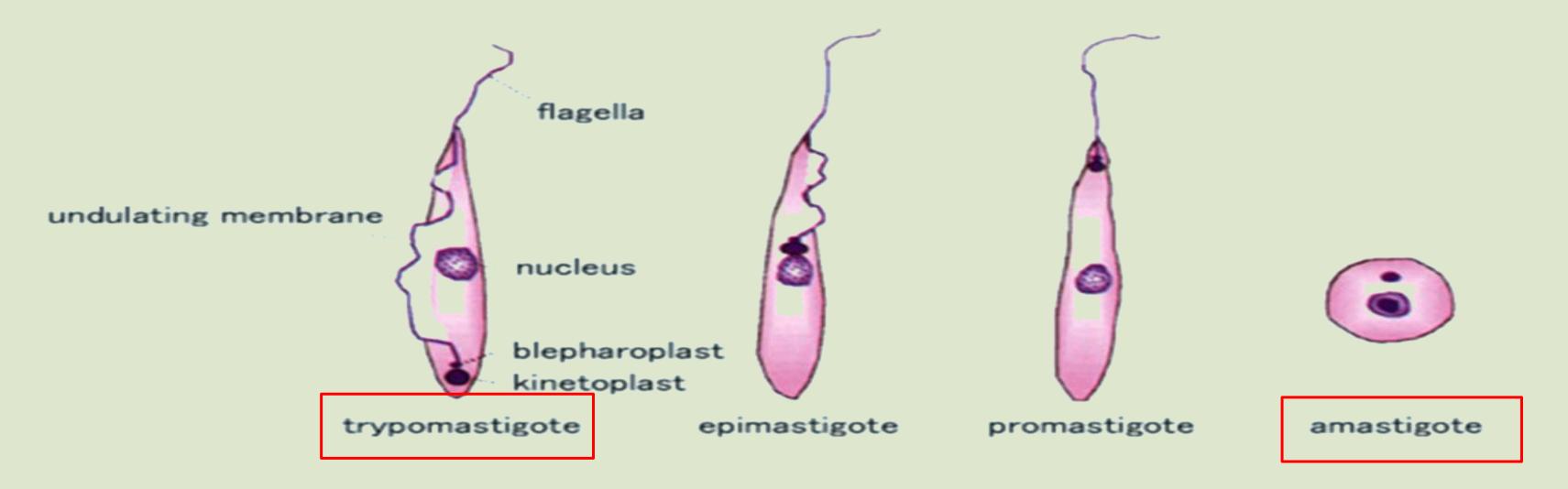








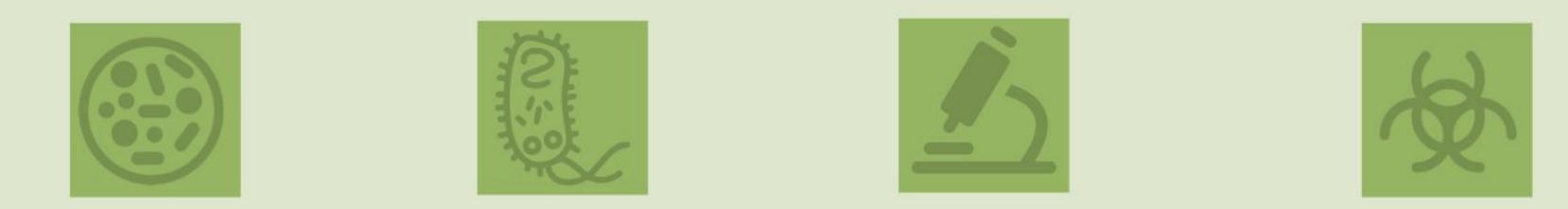
Different stages of Hemoflagellates



- Trypomastigote
 - The flagella extends from the beginning of the parasite till the end and its visible
- Amastigote
 - Put around itself a cover to hide in the tissue

There are two types of trypanosomiasis that affect humans, they are divided according to their geographical location:

| | African trypanosomiasis (sleeping sickness) | American trypanosomiasis (Chaga's disease) |
|---------------------------------------|---|---|
| What causes it | Trypanosoma brucei gambiense In Western & Central Africa Chronic slow onset Trypanosoma brucei rhodesiense In Eastern & Southern Africa Acute fast onset | Trypanosoma cruzi in Latin America |
| Reservoir | Rhodesiense: game animals & livestock Gambiense: humans | |
| Transmitted by (Intermediate host) | Tsetse fly | Kissing bug |
| Treatment (dr said not impt) | For early infection: Pentamidine & Suramin. For late infection: Eflornithine (Difluoromethylornithine-DFMO) | Benznidazole & Nitrofurazone. |



| Africar | n Trypanosomiasis (Sleeping Sickness) |
|---------------|---|
| General Info. | African trypanosomiasis is a parasitic disease transmitted by the tsetse fly. It gets its nickname 'sleeping sickness' because symptoms can include a disturbed sleep pattern. Infection occurs through the bite of infected tsetse flies (intermediate host). Humans , domestic cattle and wild animals are the main reservoir host for Trypanosoma (definitive host). T. gambiense causes a chronic illness . T. rhodesiense causes a more acute illness. |
| Transmission? | Trypanosoma are transmitted from human to human through the bite of the tsetse fly which is only found in rural parts of Africa. However, trypanosomes can also be transmitted from mother to child as the parasite can cross the placenta? in the blood and infect the baby while it is still in the womb? . Contaminated needles can also contribute to the spread of trypanosomes, but this is rare. |
| Life Cycle | The trypanosome parasite is first introduced into the mammalian host as trypomastigotes when a tsetse fly takes a blood meal and secretes parasite-filled saliva into the host's skin. Once in the bloodstream the trypomastigotes multiply in blood, lymph or spinal fluid. |

Once in the bloodstream the trypomastigotes multiply in blood, lymph of spinal huid .

- A primary reaction occurs at the site of inoculation of trypomastigotes ,skin stage, chancre which resolve in 2-3 weeks.
- Systemic Haemato-lymphatic stage: intermittent fever, headache & generalized lymphadenopathy mainly in the cervical & suboccipital region (Winterbottom's Sign) & anemia .
- 3. Central nervous system stage (CNS): This stage begins when the trypanosome parasites cross from the blood-brain barrier into the spinal fluid, infecting the CNS including the brain, result in psychological changes, change in behavior, confusion, poor coordination, difficulties with speech, disturbance of sleep (daytime sleep: sleeping during day and insomnia at night) tremors, convulsions & finally coma. Without treatment, the disease is invariably fatal.



Chancre skin stage

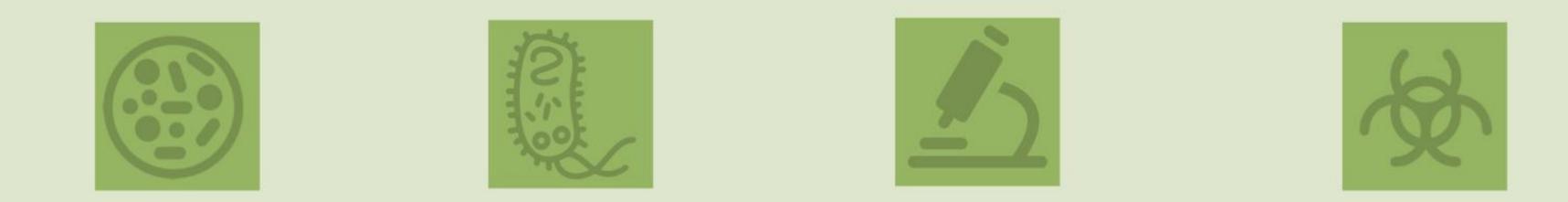


Winterbottom's stage

- Diagnosis relies on recognition of the trypomastigote in peripheral blood during fever, sternal bone marrow, lymph node aspirates and CSF. Motile organisms may be visible in the buffy coat . (S-shape trypomastigote)
- Serological testing is also common as IF and ELIZA.

Pathology & Clinical Picture

Diagnosis



American Trypanosomiasis (Chaga's Disease)

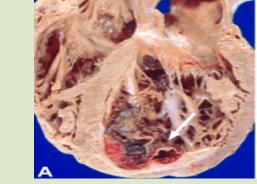
General info.

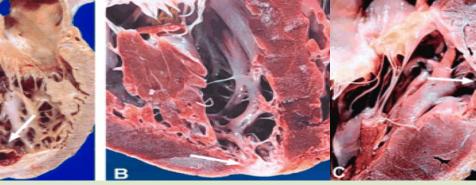
Life Cycle

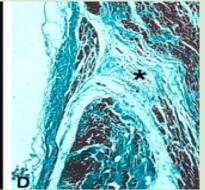
- A tropical parasite disease caused by Trypanosoma cruzi
- Transmision: kissing bug
- Infected and diagnostic stage: Trypomastigote (takes its blood meal then defecates)
- The parasites produce <u>focal lymphangitis</u> and <u>oedema</u> at the site of parasites entry (chagoma)₁
 - After that parasites (trypomastigote) enter the bloodstream:
 - 1. Find their way mainly on the face near the eyelids \rightarrow it produces a <u>swelling of the</u> <u>eve</u> & temporal region with <u>conjunctivitis</u> (Romana's sign)₂
 - 2. Also find their way mainly the cardiac muscles cells \rightarrow the most constant feature of the cardiac disease is <u>cardiomyopathy</u>, in severe cases can lead to partial or complete heart block which may lead to <u>cardiac failure</u>.
- NOTE: Parasite when free in blood stream in form (Trypomastigote), but in the tissue it become in form of (Amastigote).









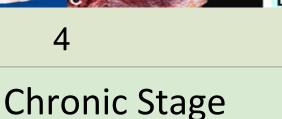




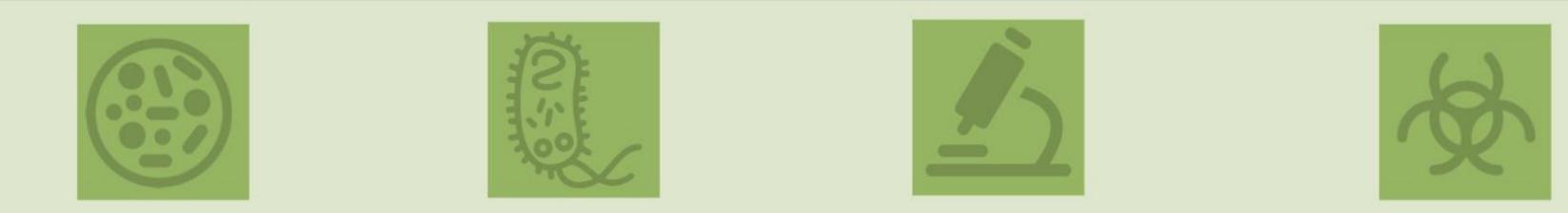
Acute Stage

2

4



| Symptoms | In the early stage: symptoms are typically either not present or mild, and may include fever, swollen lymph nodes, headaches, or local swelling at the site of the bite (chagoma). The most recognized marker of acute Chagas disease is called "Romaña's sign" which includes swelling of the eyelids: On the side of the face near the bite wound. Or where the bug feces were deposited or accidentally rubbed into the eye. | T. cruzi causes a chronic illness with progressive myocardial damage leading to cardiac arrhythmias and cardiac dilatation, and gastrointestinal involvement leading to megaesophagus and megacolon. T. cruzi causes acute illness in children, followed by chronic manifestations later in life. Intracellular amastigotes destroy the intramural neurons of the autonomic nervous system in the intestine and heart, leading to megaintestine and heart aneurysms. If left untreated, Chagas disease can be fatal, in most cases due to heart muscle damage. |
|--------------|--|--|
| Complication | Heart Damage → due to American Trypanosomiasis: About two-thirds of people with chronic symptoms have cardiac damage, including dilated cardiomyopathy, which causes heart rhythm abnormalities and may result in sudden death. | |
| Diagnosis | Microscopical examination of Giemsa Serology: IFAT Xenodiagnosis: feeding bugs on a susp PCR used to detect trypomastigotes. | stained blood film.(C-shape trypomastigote) bected cases. |



Doctor's Notes

African Trypanosomiasis (sleeping sickness)

Caused by?

- 1. Trypanosoma brucei rhodesiense (east & south africa) \rightarrow fast onset & acute illness
 - a. Primary reservoir? Livestocks & game animals (animals hunted for sport or food like sheep, dear & goat)
- 2. Trypanosoma brucei gambiense (central & western africa) \rightarrow slow onset & chronic illness
- 3. Primary reservoir? Humans

Definitive host? Humans, domestic cattle and wild animals

Transmitted by? Tsetse fly (intermediate host)

Transmission?

- Mainly:
 - The fly comes to bite you and it saliva is full of the trypanosoma → when it bites it makes an open-like area on the skin → then it vomit it saliva on the area so the parasite now is inside your body
- Rarely:
 - From the mother to the baby through the placenta bc the parasite can cross it.
 Contaminated needles

Infective stage? Trypomastigote

Diagnostic stage? Trypomastigote in the blood

Life cycle?

 After getting bitten by the tsetse fly → trypomastigote will enter the body and once it reaches the bloodstream → multiply in lymph nodes and go to the spinal fluid → when another uninfected tsetse fly comes and bite the same infected person it will the parasite and become infected

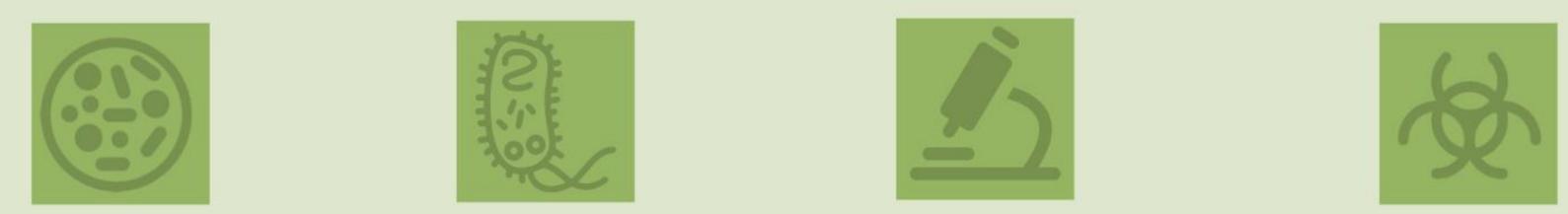
Clinical picture?

- 1. Primary skin stage: the infected person will have chancre (like dermatitis)
- 2. Systemic haemato-lymphatic stage: reaches the blood and cause
 - a. Intermittent fever (فيڤر تروح وتجي)
 - b. Winterbottom's Sign → lymphadenopathy (nodes enlargement) in the cervical and suboccipital regions
- 3. CNS stage: when it cross BBB it causes changes in behavior, sleep disturbance (sleep all the day & insomnia during the night) & lastly if not treated it will result in coma and death

Diagnosis?

- 1. Detecting the trypomastigote in the bloodstream and CSF
- 2. Serology

— • •



Doctor's Notes

American Trypanosomiasis (chaga's disease)

Caused by? Trypanosoma cruzi Transmitted by? Kissing bug

Life cycle?

After getting bitten by the kissing bug → it will make an open-like area in the skin → defecate it feces inside your body → trypomastigote enter your body → on the same skin area it will cause skin lesion (chagoma) → trypomastigotes will also penetrate different cells → inside the cell they hide and they become amastigotes and multiply within the cell → some amastigotes will leave the cell & when they reach the bloodstream they become trypomastigotes again → when another uninfected bug bite me it will take the trypomastigotes

Clinical picture?

- 1. At the site of parasite entry \rightarrow chagoma
- Travels to the face mainly the eyelid and cause swelling & conjunctivitis (ocular lesion) → Romana's Sign
- The trypomastigote likes to go to three places; mainly cardiac muscles & GIT, but could also go to the CNS

o The trypomastigote goes into the cardiac muscle \rightarrow becomes amastigote in the cells \rightarrow undergoes many binary fission and damage the cells \rightarrow cause dilated cardiomyopathy o In GIT the same but cause megacolon & megaesophagus

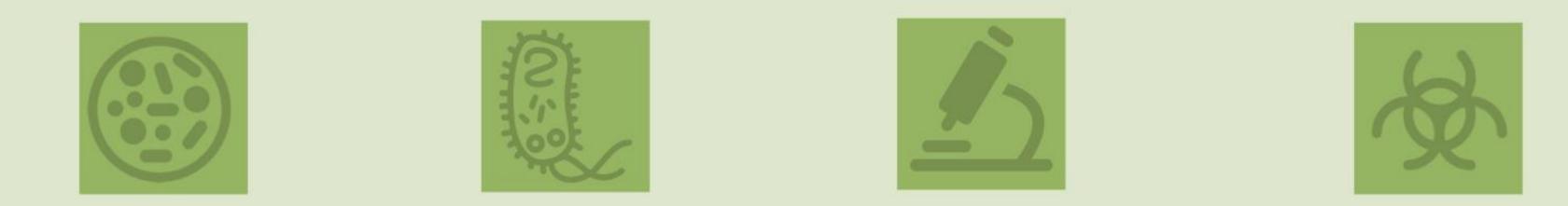
Stages?

- Acute: early stage, swollen lymph nodes, chagoma & romana's sign (swelling of the eyelids)
- Chronic: when it reaches the heart, GIT and CNS

Case: A patient is having American trypanosomes, we took took a biopsy of the heart muscle (tissue) what are we going to find? Amastigote

Diagnosis?

- 1. Detecting trypomastigote in the bloodstream
- 2. Detecting amastigote in the tissue (biopsy)
- 3. Serology
- Xenodiagnosis: bring an uninfected bug and place it on the suspected person, when it bites the person they take the bug and if the person was infected it will have trypomastigote inside
- 5. PCR



| Trypanosomiasis | | | | | |
|-------------------|---|--|--|--|--|
| | 1- African trypanosom | iasis | | | |
| Cause | Sleepin | g sickness | | | |
| Transmitted by | Mainly: tsetse fly | (intermediate host) | | | |
| | Or mother to child as the p | arasite can cross the placenta | | | |
| Caused by | Trypanos | oma brucei | | | |
| Either by | T. Brucei gambiense | T. Brucei rhodesiense | | | |
| Features | <u>Slow</u> onset <u>chronic</u> trypanosomiasis. | Fast onset <u>acute</u> trypanosomiasis. | | | |
| Primary reservoir | Humans | Game animals and livestock | | | |
| Definitive host | Humans | | | | |
| Life cycle | Tsetse fly secretes parasite-filled saliva into the host's skin " trypomastigotes" - in the bloodstream the trypomastigotes multiply in the blood lymph or spinal fluid . | | | | |
| Infective stage | Trypomastigotes | | | | |
| Diagnostic stage | | | | | |
| Clinically | 1-primary reaction occurs at the site of inoculation of trypomastigotes : chancre. 2-Systemic Haemato-lymphatic stage: intermittent fever and generalized lymphadenopathy mainly in the cervical and suboccipital region (Winterbottom'sign). 3-CNS stage : Parasites in the spinal fluid, result in psychological changes and disturbance of sleep (sleeping during day and insomnia at night) | | | | |
| Diagnosis | 1-detection of trypomastigote in blood, sternal bone marrow, lymph node aspirates and CSF. 2-Serology: IF and ELIZA. | | | | |
| Treatment | For early infection: pentamidine - suramin For late infection: eflornithine (diflouromethylornithine - dfmo) | | | | |
| | 2- American trypanosor | niasis | | | |
| Cause | Chaga | s disease | | | |
| Transmitted by | Kissi | ng bug | | | |
| Caused by | Trypanosoma cruzi | | | | |
| Infective stage | Trypomastigotes | | | | |
| | Acute phase | chronic phase | | | |
| Clinically | At the site of parasites entry: chagoma. when trypomastigote enter the bloodstream it goes to the face near the eyelids: ROMANA'S sign (produces a swelling of the eye and temporal region with conjunctivitis) | Two-thirds of people with chronic symptoms have cardiac damage, including dilated cardiomyopathy About one-third of patients develop digestive system damage, resulting in dilation of the digestive tract (megacolon and megaesophagus), | | | |
| Diagnosis | Microscopically: Giemsa –stained blood film. Serology: IFAT Xenodiagnosis and PCR | | | | |
| Diagnostic stage | Parasite when free in blood stream in form of trypomastigot Parasite in the tissue it become in form of Amastigote. | | | | |
| Treatment | Benznidazole - Nitrofurazone | | | | |



MCQs:

- 1- Which of the following cause slow onset chronic disease?
- A- Trypanosoma rhodesiense.
- B- Trypanosoma cruzi.
- C- Trypanosoma gambiense.
- 2-Which of the following parasite can cause cardiac failure ?
- A-Trypanosoma gambiense.
- B- Trypanosoma cruzi..
- C- Trypanosoma rhodesiense..

3- A medical report of a new Nigerian driver ,who just started working in Riyadh, shows lymphadenopathy in the cervical and suboccipital region. What does this called? what is the most likely pathogen ?

- A- Winterbottom sign, Trypanosoma cruzi.
- B- Romann's sign, Trypanosoma gambiense.
- C- Winterbottom sign, Trypanosoma gambiense.
- D- Romann's sign, Trypanosoma cruzi.

4-Which of the following do you expect to see in someone how got infected by kissing bug? A- Chancre.

- B- Winterbottom sign.
- C- Romann's sign.

5-What is the diagnostic stage of African Trypanosomaisis? A- Cyst stage. **B-**Trypomastigotes. C-Amastigotes.

6- What is the intermediate host in African Trypanosomaisis?

- A-Human.
- B- kissing bug.
- C-tsetse fly.
- **D-**Triatomine.

| | · · · · · · · · · · · · · · · · · · · | r | |
|------|---------------------------------------|-----|--|
| | C-C | 3-C | |
| | 2-B | 5-B | |
| JAU: | ל-C | л-с | |
| | | | |

- A 28 years old male. Just came back from Brazil. Have been experiencing headache and swelling of the eye. After some examination you found some type of parasite.

1- What is the most likely parasite?

Trypanosoma cruzi

2-What is your diagnosis?

Chaga disease.

2- if the patient enters the chronic stage of the disease what do you expect to see?

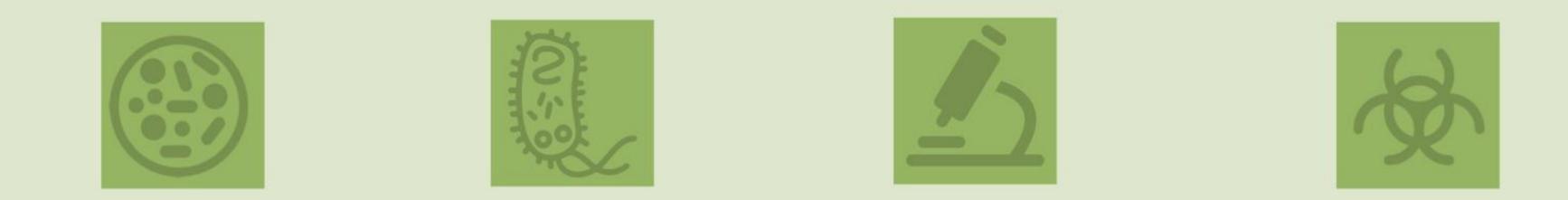
cardiac damage, including dilated cardiomyopathy or digestive system damage, resulting in dilation of the digestive tract (megacolon and megaesophagus)

3- What further test would you order?

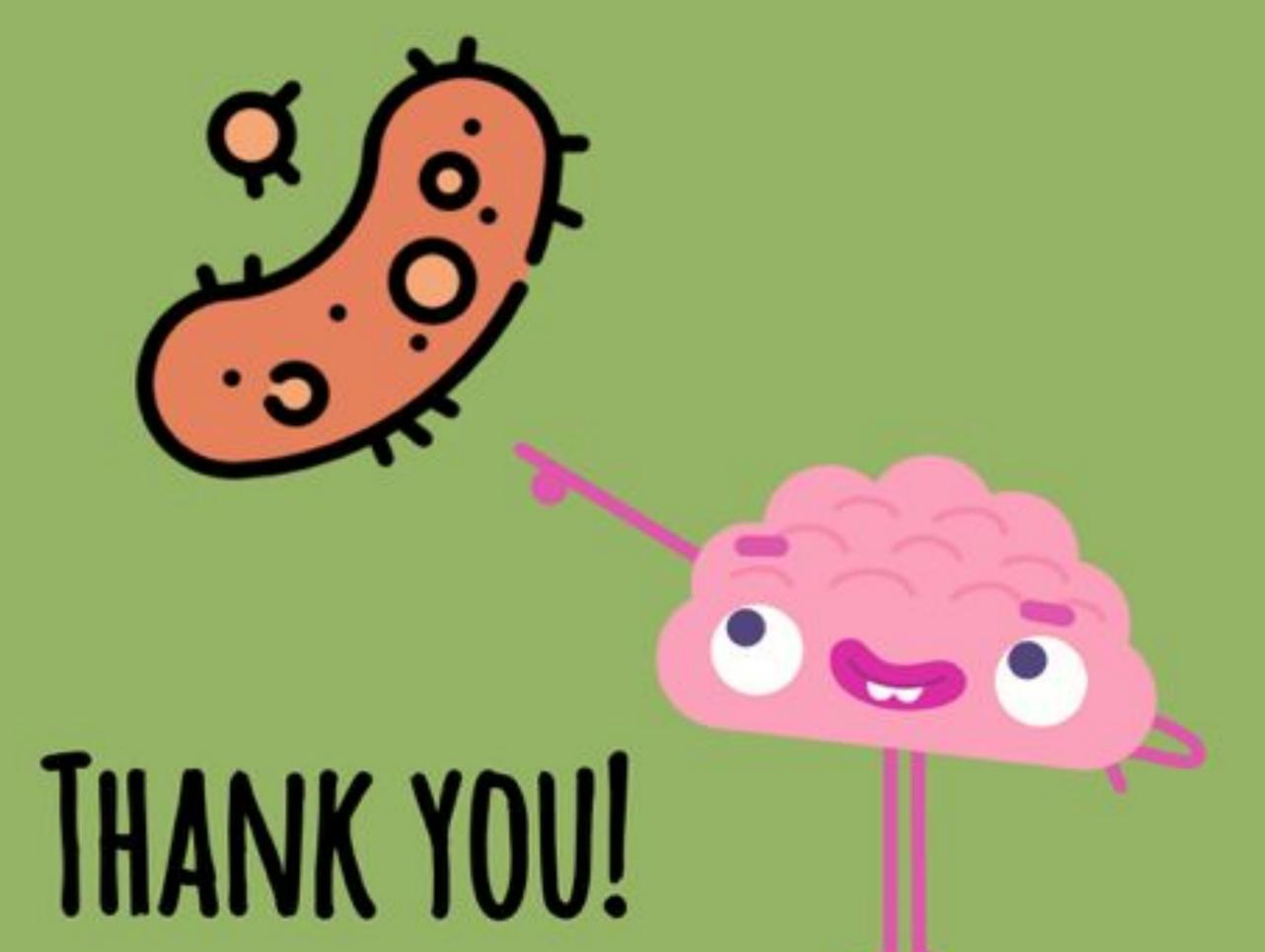
Microscopically: Giemsa –stained blood film. Serology: IFAT Xenodiagnosis and PCR 3-If you took biopsy from one of the affected areas what would you find?

Amastigote

4-Treatment? Benznidazole - Nitrofurazone









mmm

TEAM LEADERS:

ALANOUD AL-MANSOUR & KHALED AL-OQEELY

TEAM MEMBERS:

LAYAN AL-WATBAN REEM AL-QARNI SARA AL-SULTAN



