03 Intestinal & Luminal Protozoa

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Teaching Learning Outcomes (TLOs)

- 1. Describe the biology of protozoa
- Morphology (measurement, shape)
- Life cycle (stages, transmission, epidemiology, risk factors/ people at risks)
- 2. Enumerate the signs & symptoms, diagnosis and treatment of protozoan infection
- Signs & symptoms
- Diagnosis
- Treatment

- 3. Enumerate the prevention and control of protozoan infection
- Prevention
- Control

List of medically important intestinal/ luminal protozoa

PHYLUM	PARASITE	DISEASE
1. Sarcomastigophora		
Subphylum Sarcodina	i) Entamoeba histolytica	Amoebiasis
Subphylum Mastigophora	ii) Giardia lamblia/ intestinalis iii) Dientamoeba fragilis*	Giardiasis
2. Ciliophora	iv) Balantidium coli [#]	Balantidiasis
3. Apicomplexa		
Sporozoa	Coccidia v) Cryptosporidium parvum vi) Isospora belli vii) Cyclospora cayetanensis	Cryptosporidiasis Isosporiasis/ Cystoisoporiasis Cyclosporiasis
4. Microspora	viii) Microsporidia	Microsporidiasis

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1 a. Morphology

Measurement (µm)

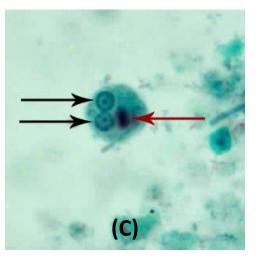
Cyst: 10 - 20

Trophozoite: 10 - 60

Shape: irregular



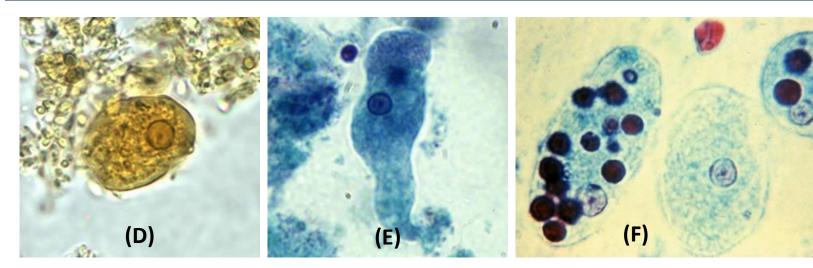




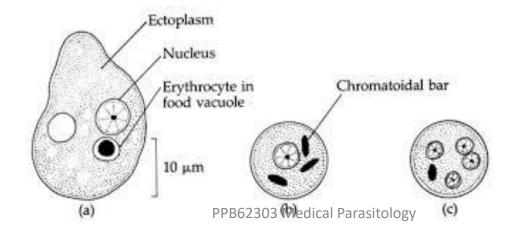
Cysts of E. histolytica/E. dispar in an unstained concentrated wet mount of stool (A), in a concentrated wet mount stained with iodine (B) and stained with trichrome (C). Refer to (C), two to three nuclei are visible in the focal plane (black arrows) and the cysts contain chromatoid bodies with typically blunted ends (red arrows). Notice the chromatoid bodies with blunt and rounded ends (black arrows)in image A & B_{PPB62303} Medical Parasitology

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1 a. Morphology



Trophozoites of *E. histolytica/E. dispar* in a direct wet mount stained with iodine **(D)**, stained with trichrome **(E)** and with ingested erythrocytes stained with trichrome **(F)**.



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1 b. Life cycle

Stages: Cyst: Infective & diagnostic stage

Trophozoite: Diagnostic stage; Infective in

extraintestinal disease

Transmission: Faecal-oral route, exposure to faecal

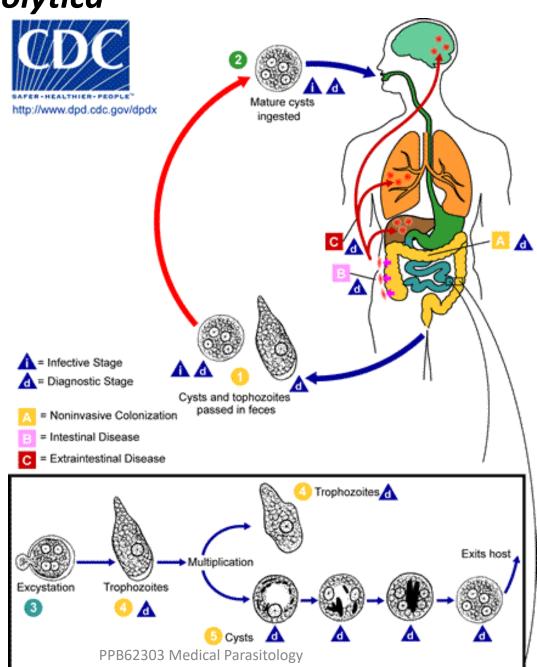
materials

Epidemiology: Worldwide, higher incidence in developing countries

Risk factors:

- i. Practice homosexuality
- ii. Travelers to developing countries
- iii. Recent immigrants from developing countries
- iv. Institutionalized populations

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2 a. Signs & symptoms

- Loose faeces, stomach pain and stomach cramping.
- Amoebic dysentery: a severe form of amoebiasis associated with stomach pain, bloody stools (poop), and fever.
- Rarely, *E. histolytica* invades the liver and forms an abscess (a collection of pus).
- In a small number of instances, it has been shown to spread to other parts of the body, such as the lungs or brain, but this is very uncommon

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2 b. Diagnosis

- Fresh stool: wet mounts and permanently stained preparations
- Concentrates from fresh stool (not useful: trophozoite)
- Aspirates or biopsy samples obtained during colonoscopy or surgery
- Nonpathogenic E. dispar, is morphologically identical to E. histolytica
- Microscopic finding: *E. histolytica/dispar*
- Differentiation: based on isoenzymatic or immunologic analysis, molecular diagnosis

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2 c. Treatment

- For asymptomatic infections:
 Drugs of choice: iodoquinol, paromomycin, or diloxanide furoate
- For symptomatic intestinal disease or extraintestinal infections (e.g.: hepatic abscess):
 metronidazole or tinidazole, immediately followed by treatment with iodoquinol, paromomycin, or diloxanide furoate.

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3 a. Prevention b. control

- Address the primary mode of transmission (Ingestion of faecally contaminated food or water)
- Filtering or purifying drinking water (iodine or boiling) in endemic areas
- Wash: fruits and vegetables that may have been contaminated by the use of faecal material as fertilizer.
- Improved sanitation: to reduce the likelihood of transmission
- Travelers to endemic areas: reduce the risk of infection by drinking bottled water, not using ice cubes in drinks, and washing fruits and vegetables with clean water

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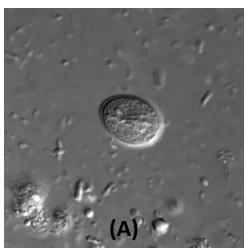
1 a. Morphology

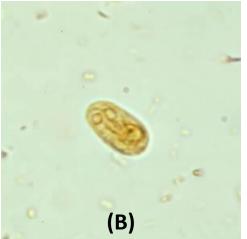
Measurement (µm)

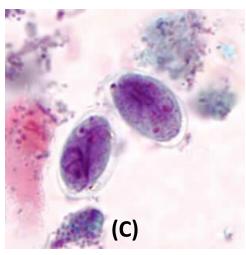
Cyst: Length: 8 – 18 Width: 7 – 10

Trophozoite: Length: 9 - 20 Width: 5 - 15

Shape: Cyst: oval/ellipsoidal; Trophozoite: oval to pear shape



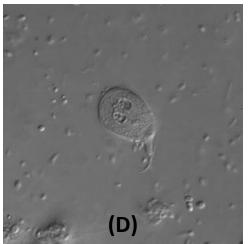




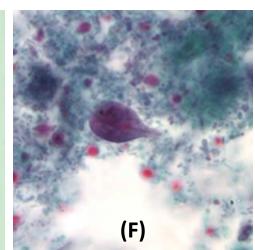
Cysts of *Giardia lamblia/ intestinalis* in wet mount viewed using differential interference contrast (DIC) microscopy **(A)**, stained with iodine **(B)** and trichrome **(C)** respectively.

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1 a. Morphology







Trophozoites of Giardia lamblia/intestinalis in wet mount viewed using differential interference contrast (DIC) microscopy (D), stained with iodine (E) and trichrome (F) respectively.



- 1. Describe the biology of protozoa
- a. Morphology (measurement, shape) b. Life cycle (stages, transmission, epidemiology, risk factors)
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1 b. Life cycle

Stages: Cyst: Infective & diagnostic stage

Trophozoite: Diagnostic

Transmission: Faecal-oral route, waterborne, food borne

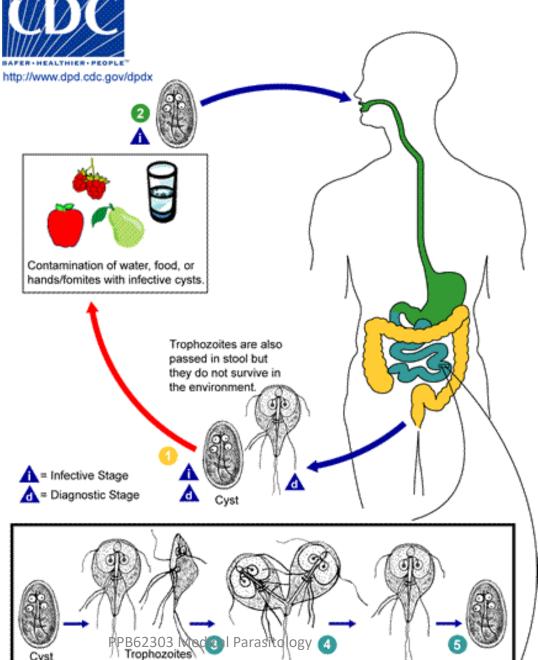
Epidemiology: Global disease

- Risk factors:
 - i. Travelers to countries where giardiasis is common
 - ii. People in child care settings
 - iii. Those who are in close contact with someone who has the disease
 - iv. People who swallow contaminated drinking water
 - v. Backpackers or campers who drink untreated water from lakes or rivers
 - vi. People who have contact with animals who have the disease

- 1. Describe the biology of protozoa
- a. Morphology(measurement,shape)b. Life cycle(stages,transmission,epidemiology, risk

factors)

- 2. Enumerate the a. symptoms b. diagnosis c. treatment of protozoan infection
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- Describe the biology of protozoa
- a. Morphology (measurement, shape) b. Life cycle (stages, transmission, epidemiology, risk factors)
- 2. Enumerate the a. signs & symptoms b. diagnosis c. treatment of protozoan infection
- 3. Enumerate the a. prevention b. control of protozoan infection

2 a. Signs & symptoms

- Asymptomatic
- Last for 1 to 2 weeks or longer
- Acute symptoms:
 - i. Diarrhoea
 - ii. Gas
 - iii. Greasy stools that tend to float
 - iv. Stomach or abdominal cramps
 - v. Upset stomach or nausea/vomiting
 - vi. Dehydration (loss of fluids)
- Chronic symptoms:
 - i. Recurrent symptoms
 - ii. Malabsorption

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2 b. Diagnosis

- Identification of cysts or trophozoites in the faeces
- Antigen detection tests by enzyme immunoassays
- Detection of parasites by immunofluorescence

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- c. treatment
- of protozoan infection
- 3. Enumerate the a. prevention b. control of protozoan infection

2 c. Treatment

- Effective treatment:
 - i. Metronidazole,
 - ii. Tinidazole
 - iii.Nitazoxanide
- Alternative treatment:
 - i. Paromomycin
 - ii. Quinacrine
 - iii.Furazolidone

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3 a. Prevention b. control

- Proper hand washing practice
- At child care facilities: to reduce the risk of spreading the disease, children with diarrhoea should be removed from child care settings until the diarrhoea has stopped
- Avoid water (drinking and recreational) or food that may be contaminated.
- Clean up after ill pets and people

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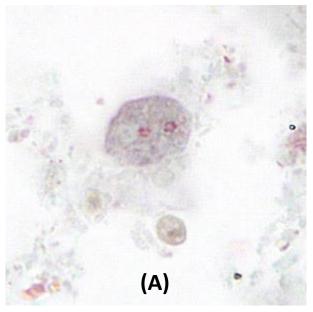
1 a. Morphology

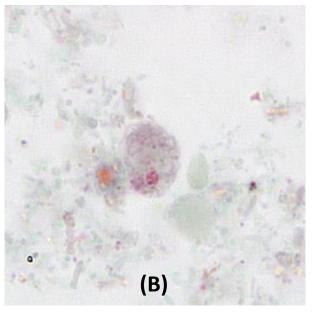
Measurement (µm)

Cyst: have not been identified

Trophozoite: 5 - 16

Shape: irregular, contains a few karyosomes in a nucleus





Binucleate **(A)** and uninucleate **(B)** forms of a trophozoite of *D. fragilis* stained with trichrome.

1. Describe the biology of protozoa

a. Morphology (measurement, shape) b. Life cycle (stages, transmission, epidemiology, risk factors)

2. Enumerate the a. symptoms b. diagnosis c. treatment of protozoan infection

3. Enumerate the a. prevention b. control of protozoan infection

1 b. Life cycle

Stages: Cyst: have not been identified

Trophozoite: Infective & diagnostic

Transmission: Faecal-oral route

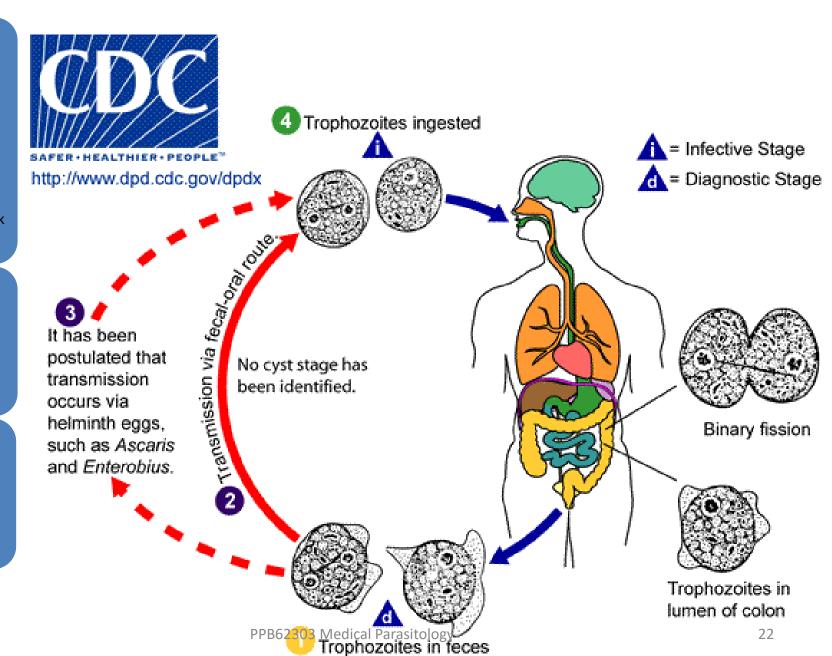
Epidemiology: Worldwide

Risk factors: Poor sanitary conditions





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2 a. Signs & symptoms

- Diarrhoea
- Abdominal pain
- Loss of appetite
- Weight loss
- Nausea
- Fatigue

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2 b. Diagnosis

- Detection of trophozoites in permanently stained fecal smears
- Not detectable by stool concentration methods (cystic form is not identified)
- Pale-staining and nuclei may resemble those of *endolimax* nana or *E. Hartmanni*

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- 2. Enumerate the a. symptoms
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2 c. Treatment

- Drug of choice: iodoquinol
- Others:
 - i. Paromomycin
 - ii. Tetracycline (contraindicated in children under age 8, pregnant and lactating women)
 - iii. Metronidazole

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3 a. Prevention b. control

- i. Wash hands with soap and warm water before and after using the toilet, changing diapers; and preparing or eating food
- ii. Teach children the importance of washing hands to prevent infection

1. Describe the biology of protozoa

a. Morphology (measurement, shape) b. Life cycle (stages, transmission, epidemiology, risk factors)

1 a. Morphology

Measurement (µm)

Cyst: 45 - 65

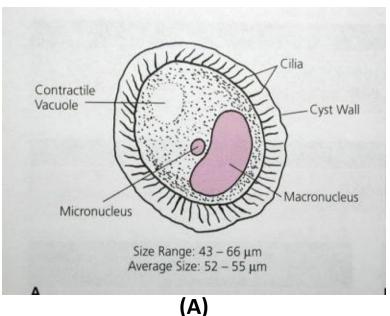
Trophozoite: Length: 30 – 100; Width: 30 - 80

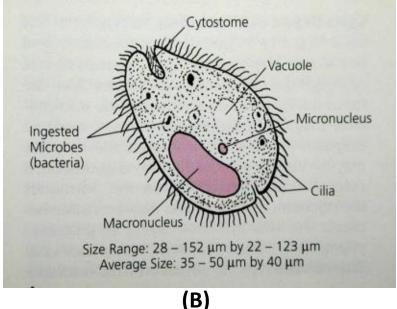
Shape: Round to elliptical (C); oval (T)

2. Enumerate the a. symptoms b. diagnosis c. treatment of protozoan

infection

3. Enumerate the a. prevention b. control of protozoan infection

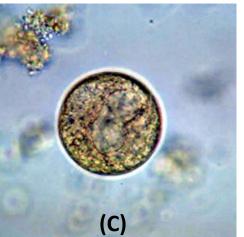


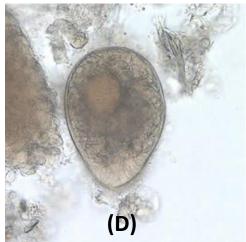


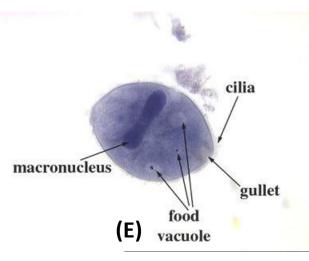
Cyst (A) and trophozoite (B) of B. coli.

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1 a. Morphology







Cyst **(C)** and trophozoite **(D)** of *B. coli* in wet mount preparation. Note the visible cilia on the cell surface.

Trichrome stained trophozoite of *B. coli* (E).

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1 b. Life cycle

Stages: Cyst: Infective, diagnostic

Trophozoite: Diagnostic

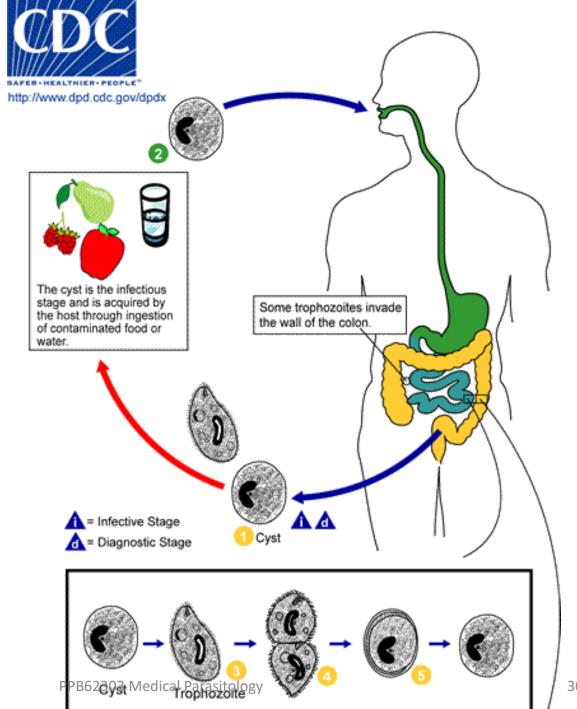
Transmission: Faecal-oral route, foodborne, waterborne

Epidemiology: Worldwide; pigs as reservoir

Risk factors: Pig handlers, poor sanitation

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- 2. Enumerate the
- a. symptoms
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- c. treatment
- of protozoan infection

3. Enumerate the a. prevention b. control of protozoan infection



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2 a. Signs & symptoms

- Diarrhoea (watery, bloody, mucoid)
- Nausea
- Vomiting
- Abdominal pain
- Anorexia
- Weight loss
- Headache
- Mild colitis
- Fever
- Severe and marked fluid loss (resembling amebic dysentery)
- Dysenteric syndrome

- 1. Describe the biology of protozoa
- a. Morphology (measurement, shape) b. Life cycle (stages, transmission, epidemiology, risk factors)
- 2 b. Diagnosis
- Detection of trophozoites in
 - i. Stool specimens
 - ii. Tissue collected during endoscopy

- 2. Enumerate the a. symptoms
- b. diagnosis
- c. treatment of protozoan infection
- 3. Enumerate the a. prevention b. control of

protozoan infection

2 c. Treatment

- The drug of choice: tetracycline
- Alternative: metronidazole and iodoquinols

*Tetracycline is contraindicated in pregnancy and in children less than 8 years old

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3 a. Prevention b. control

- Good hygiene practices
- Teach children the importance of washing hands to prevent infection
- Wash all fruits and vegetables with clean water when preparing or eating them, even if they have a removable skin

v) Cryptosporidium parvum

1. Describe the biology of protozoa

a. Morphology (measurement, shape) b. Life cycle (stages, transmission, epidemiology, risk factors)

2. Enumerate the a. symptoms b. diagnosis c. treatment of protozoan infection

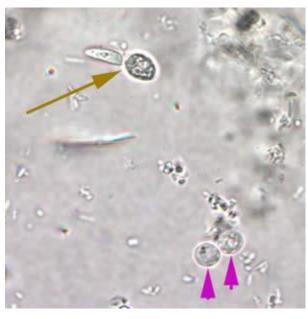
3. Enumerate the a. prevention b. control of protozoan infection

1 a. Morphology

Measurement (µm)

Oocyst: 4-5

Shape: round



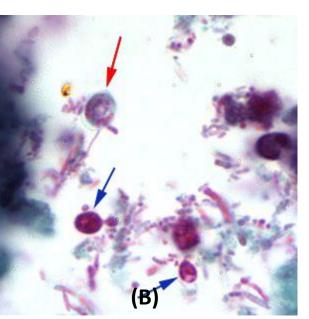
Cryptosporidium spp. oocysts (pink arrows) in wet mount.
A budding yeast (brown arrow) is in the same field.

(A)

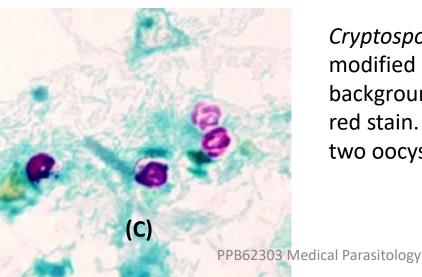
v) Cryptosporidium parvum

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1 a. Morphology



Cryptosporidium sp. oocysts stained with trichrome (B). Oocysts may be detected, but should not be confirmed by this method. Trichrome staining is inadequate for a definite diagnosis because oocysts will appear unstained. Here the Cryptosporidium oocysts are represented by red arrows; the blue arrows represent yeast.

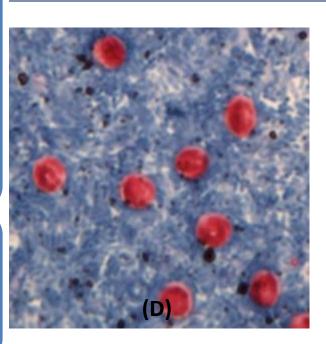


Cryptosporidium parvum oocysts stained with modified acid-fast (C). Against a blue-green background, the oocysts stand out in a bright red stain. Sporozoites are visible inside the two oocysts to the right.

v) Cryptosporidium parvum

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1 a. Morphology



Cryptosporidium sp. oocysts stained with Ziehl-Neelson modified acid-fast (D).

v) Cryptosporidium parvum

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1 b. Life cycle

Stages: oocyst: Infective & diagnostic

- Sporozoites
- Trophozoite
- ❖ Type I meront
- Type II meront
- Merozoites
- Undifferentiated gamont
- Macrogamont
- Microgamont
- Microgametes
- Zygote
- Thin-walled oocyst (sporulated)
- Thick-walled oocyst (sporulated)

v) Cryptosporidium parvum

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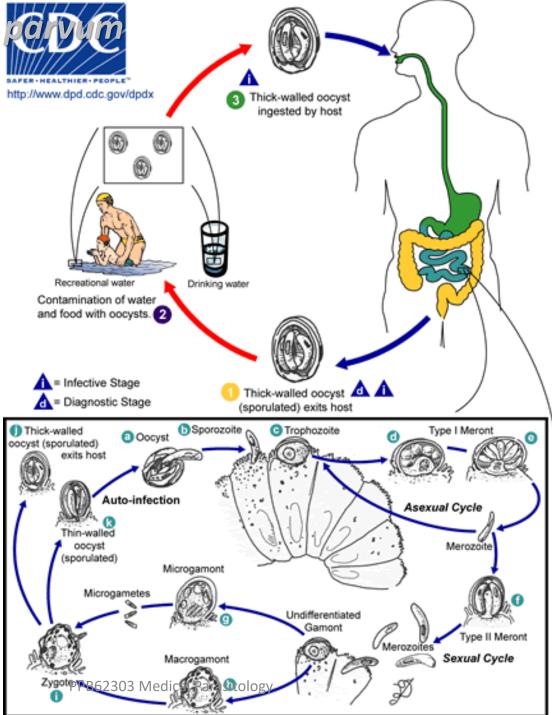
1 b. Life cycle

Transmission: Faecal-oral route, foodborne, waterborne **Epidemiology:** Worldwide; Milwaukee 1993 (0.4 million affected) **People at risk:**

- i. Children who attend day care centers, including diaper-aged children
- ii. Child care workers
- iii. Parents of infected children
- iv. People who take care of other people with cryptosporidiosis
- v. International travelers
- vi. Backpackers, hikers, and campers who drink unfiltered, untreated water
- vii. People who drink from untreated shallow, unprotected wells
- viii.People, including swimmers, who swallow water from contaminated sources
- ix. People who handle infected cattle
- x. People exposed to human faeces through sexual contact

v) Cryptosporidium 🌠

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v) Cryptosporidium parvum

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2 a. Signs & symptoms

- Asymptomatic
- Symptoms generally begin 2 to 10 days (average 7 days) after becoming infected with the parasite
- The most common symptom of cryptosporidiosis is watery diarrhoea
- Other symptoms include:
 - i. Stomach cramps or pain
 - ii. Dehydration
 - iii. Nausea
 - iv. Vomiting
 - v. Fever
 - vi. Weight loss

v) Cryptosporidium parvum

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2 b. Diagnosis

- Acid-fast staining methods
- Immunofluorescence microscopy
- Molecular methods

2 c. Treatment

- Rapid loss of fluids because of diarrhoea can be managed by fluid and electrolyte replacement
- Immunocompetent: Nitazoxanide
- Immunocompromised(AIDS): anti-retroviral therapy

3 a. Prevention b. control

- Practise good hygiene
- Avoid food and water that might be contaminated
- Practice extra caution while traveling

vi) Isospora belli (currently known as Cystoisospora belli)

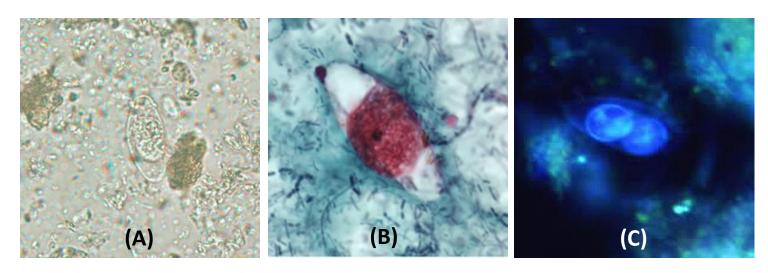
- 1. Describe the biology of protozoa
- a. Morphology (measurement, shape) b. Life cycle (stages, transmission, epidemiology, risk factors)
- 2. Enumerate the a. symptoms b. diagnosis c. treatment of protozoan infection
- 3. Enumerate the a. prevention b. control of protozoan infection

1 a. Morphology

Measurement (µm)

Oocyst: 25 – 30 (large)

Shape: typical ellipsoid (~ oval)



Immature oocyst of *C. belli* in an unstained wet mount **(A)**, stained with safranin **(B)** containing a single sporoblast.

Immature oocyst of *C. belli* viewed under ultraviolet (UV) fluorescent microscopy, showing two sporoblasts **(C)**.

- 1. Describe the biology of protozoa
- a. Morphology(measurement, shape)b. Life cycle(stages,

transmission,

epidemiology)

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1 b. Life cycle

Stages: Oocyst: mature oocyst (Infective); Immature (diagnostic)

- Immature oocyst with sporoblasts
- Immature oocyst with sporocysts
- Mature oocyst with sporozoites
- Sporozoites
- Schizont
- Merozoites
- Microgametes
- Macrogametes

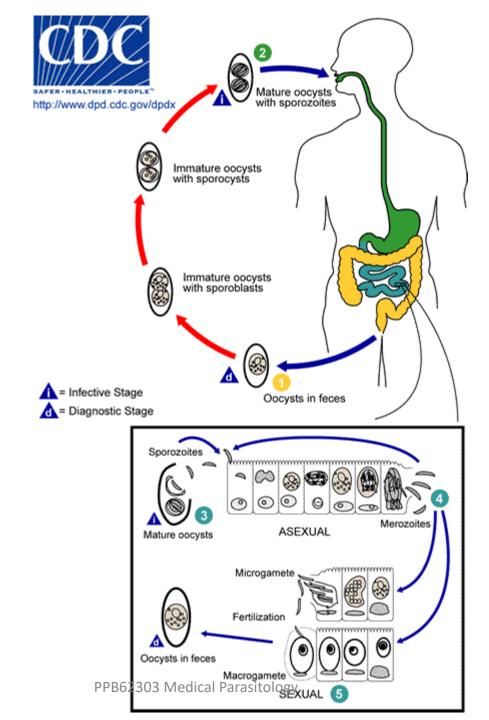
Transmission: Ingestion of contaminated food or water

Note: i. Immature oocyst needs 1-2 day in the environment to mature (become infective)

ii. Unlikely to pass directly from one person to another

Epidemiology: Worldwide, especially in tropical and

- 1. Describe the biology of protozoa
- a. Morphology (measurement, shape)b. Life cycle
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- a. symptoms
- b. diagnosis
- c. treatment
- of protozoan infection
- 3. Enumerate the a. prevention b. control of protozoan infection



- 1. Describe the biology of protozoa
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2 a. Signs & symptoms

- Acute, watery, non bloody diarrhoea (last for weeks)
- Crampy abdominal pain (last for weeks)
- [malabsorption and weight loss]
- Eosinophilia
 - ** eosinophil count in the peripheral blood > $0.45 \times 10^9/L$ (450/µl)
- Loss of appetite
- Nausea
- Vomiting
- Fever

- 1. Describe the biology of protozoa
- a. Morphology (measurement, shape) b. Life cycle (stages, transmission, epidemiology, risk factors)
- 2. Enumerate the a. symptoms
- b. diagnosis
- c. treatment of protozoan infection
- 3. Enumerate the a. prevention b. control of protozoan infection

2 b. Diagnosis

- Demonstration of the large, typically shaped oocysts
- Oocysts are autofluorescent → ultraviolet (UV) fluorescence microscope
- Examination of duodenal specimens by biopsy or string test

2 c. Treatment

- Drug of choice: trimethoprim-sulfamethoxazole (TMP-SMX)
 - Trade name: Bactrim, Septra and Cotrim
- Alternative: Pyrimethamine
- Second line alternative: Ciprofloxacin

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3 a. Prevention b. control

- Avoiding food or water that might be contaminated with stool
- Good hand washing and personal-hygiene practices
- Teach children the importance of washing hands to prevent infection

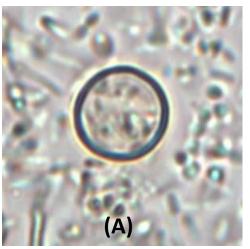
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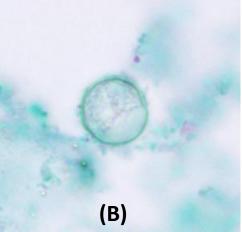
1 a. Morphology

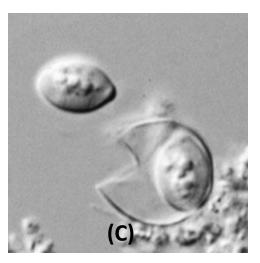
Measurement (µm)

Oocyst: 7.5 - 10

Shape: spherical





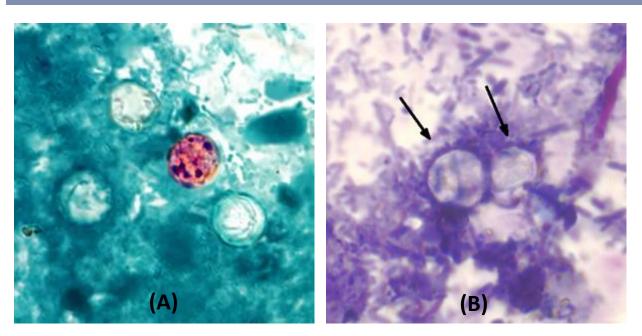


Oocysts of *C. cayetanensis* in unstained wet mounts **(A)**, trichrome stain **(B)**.

C: Rupturing oocyst of *C. cayetanensis* viewed under DIC microscopy. One sporocyst has has been released from the mature oocyst; the second sporocyst is still contained within the oocyst wall.

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1 a. Morphology



A: Oocysts of *C. cayetanensis* stained with modified acid-fast stain. Note the variability of staining in the four oocysts.

B: Two oocysts of *C. cayetanensis* stained with modified acid-fast stain. Both oocysts failed to take up the carbol fuschin stain.

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1 b. Life cycle

Stages: Sporulated oocyst: infective

Unsporulated oocyst: diagnostic

- Meront I
- Meront II
- Zygote

Transmission: foodborne, waterborne

Note: i. Immature oocyst needs time (days – weeks) in the environment to mature (become infective)

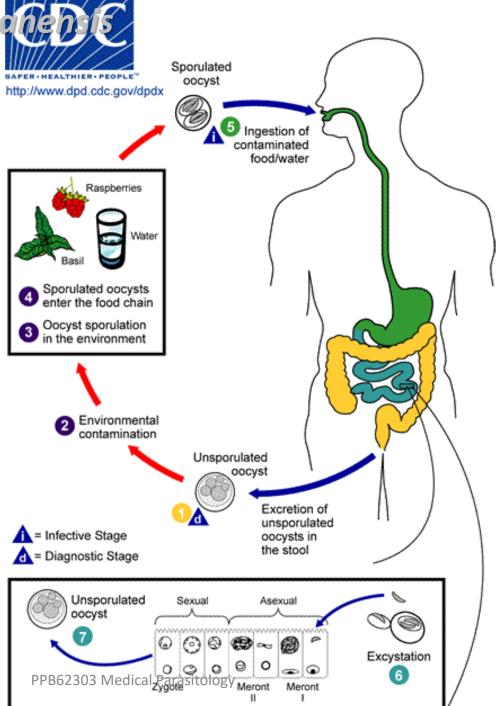
ii. Unlikely to pass directly from one person to another

Epidemiology: Common in tropical and subtropical regions

Risks: People living or traveling to tropical or subtropical regions

vii) Cyclospora cayent

- 1. Describe the biology of protozoa
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Mero Mero Zygot

- 1. Describe the biology of protozoa
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- 2. Enumerate the a. signs & symptoms b. diagnosis c. treatment of protozoan infection
- 3. Enumerate the a. prevention b. control of protozoan infection

2 a. Signs & symptoms

- Watery diarrhoea (most common)
- Loss of appetite
- Weight loss
- Cramping
- Bloating
- Increased gas
- [•] Nausea
- Fatigue
- Vomiting (less common)
- Low-grade fever (less common)

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- 2. Enumerate the
- a. symptoms
- b. diagnosis
- c. treatment of protozoan

infection

3. Enumerate the a. prevention b. control of protozoan infection

2 b. Diagnosis

- Acid-fast staining method
- Cyclospora oocysts are autofluorescent → ultraviolet (UV) fluorescence microscope

2 c. Treatment

- Combination of two antibiotics
- Trimethoprim-sulfamethoxazole (TMP-SMX)

3 a. Prevention b. control

Avoid food or water that might have been contaminated with stool

Note:

- i. Treatment with chlorine or iodine is unlikely to kill *Cyclospora* oocysts
- ii. No vaccine is available for cyclosporiasis

- 1. Describe the biology of protozoa
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- 3. Enumerate the a. prevention b. control of protozoan infection

15 microsporidian species that have been identified as human pathogens

- 1. Anncaliia (formerly Brachiola) algerae
- 2. A. connori
- 3. A. vesicularum
- 4. Encephalitozoon cuniculi
- 5. E. hellem
- 6. E. intestinalis (previously named Septata intestinalis)
- 7. Enterocytozoon bieneusi
- 8. Microsporidium ceylonensis
- 9. M. africanum
- 10. Nosema ocularum
- 11. Pleistophora sp.
- 12. Trachipleistophora hominis
- 13. T. anthropophthera
- 14. Vittaforma corneae
- 15. Tubulinosema acridophagus

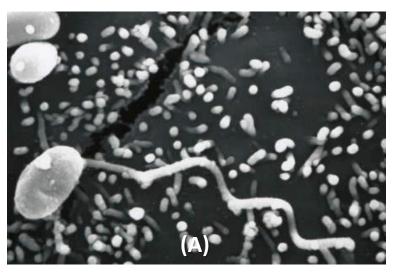
- 1. Describe the biology of protozoa
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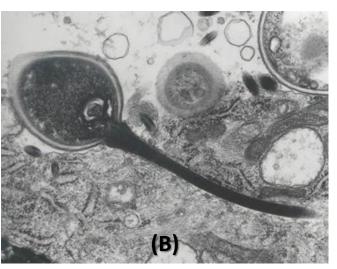
1 a. Morphology

Measurement

Spore: $1 - 4 \mu m$

Shape: Oval, with a unique organelle, the polar tubule or polar filament

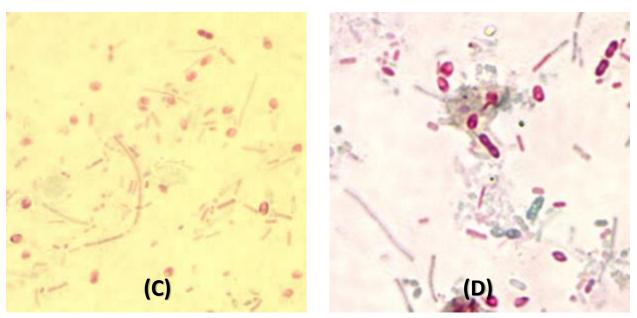




Scanning electron micrograph (A) and transmission electron micrograph (B) of a microsporidian spore with an extruded polar tubule inserted into a eukaryotic cell. The spore injects the infective sporoplasms through its polar tubule.

- 1. Describe the biology of protozoa
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1 a. Morphology



C: Enterocytozoon bieneusi spores stained with Chromotrope 2R.

D: Unidentified microsporidia stained with Chromotrope 2R.

1. Describe the biology of protozoa

a. Morphology (measurement, shape) b. Life cycle (stages, transmission, epidemiology, people at risk)

2. Enumerate the a. symptoms b. diagnosis c. treatment of protozoan infection

3. Enumerate the a. prevention b. control of protozoan infection

1 b. Life cycle

Stages: Resistant spore : infective & diagnostic

Transmission: Foodborne, waterborne

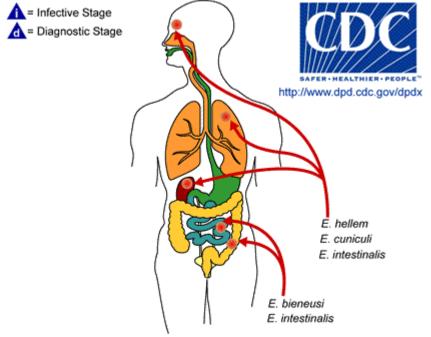
Epidemiology: Opportunistic infectious agents worldwide

People at risks: Immumocompromised patients

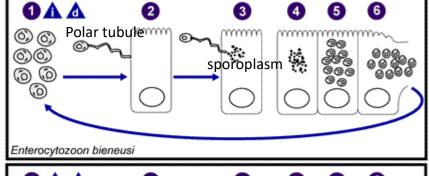
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Intracellular development of E. bieneusi and E. intestinalis spores.



parasitophorous vacuole

Binary

multiple

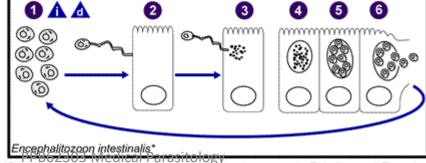
fission

(merogony)/

(schizogony)

spores

spores



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2 a. Signs & symptoms

- Diarrhoea (most common)
- Clinical manifestations of microsporidiosis are very diverse, varying according to the causal species

Microsporidian species	Clinical manifestation
Anncaliia algerae	Keratoconjunctivitis, skin and deep muscle infection
Enterocytozoon bieneusi	Diarrhea, acalculous cholecystitis
Encephalitozoon cuniculi and Encephalitozoon hellem	Keratoconjunctivitis, infection of respiratory and genitourinary tract, disseminated infection
Encephalitozoon intestinalis (syn. Septata intestinalis)	Infection of the GI tract causing diarrhea, and dissemination to ocular, genitourinary and respiratory tracts
Microsporidium (M. ceylonensis and M. africanum)	Infection of the cornea
Nosema sp. (N. ocularum), Anncaliia connori	Ocular infection
Pleistophora sp.	Muscular infection
Trachipleistophora anthropophthera	Disseminated infection
Trachipleistophora hominis	Muscular infection, stromal keratitis, (probably disseminated infection)
Tubulinosema acridophagus	Disseminated infection
Vittaforma corneae (syn. Nosema ใช้สำคัญ Medical Par	୍ର ପ୍ରତିଷ୍ଠାରଣ ବ୍ୟୁ ବ୍ୟୁ ବ୍ୟୁ ବ୍ୟୁ ବ୍ୟୁ ବ୍ୟୁ ବ୍ୟୁ ବ୍ୟୁ

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2 b. Diagnosis

- Microscopy (light, Scanning/Transmission Electron)
- Immunofluorescence assays (IFA)
- Molecular methods

2 c. Treatment

Initiation or optimization of antiretroviral therapy

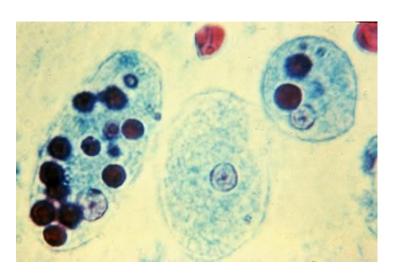
3 a. Prevention b. control

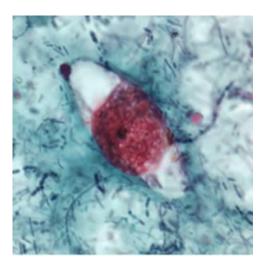
- Avoid food or water that might have been contaminated with stool
- Disinfect microsporidia in water*

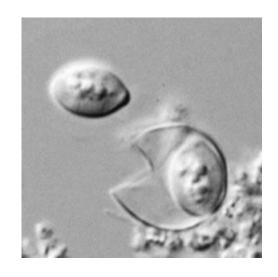
Teaching Learning Outcomes (TLOs)

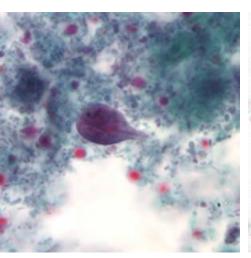
- 1. Describe the biology of protozoa
- Morphology (measurement, shape)
- Life cycle (stages, transmission, epidemiology, risk factors/ people at risks)
- 2. Enumerate the signs & symptoms, diagnosis and treatment of protozoan infection
- Signs & symptoms
- Diagnosis
- Treatment

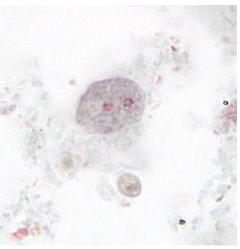
- 3. Enumerate the prevention and control of protozoan infection
- Prevention
- Control

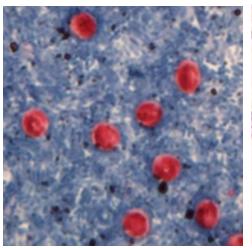


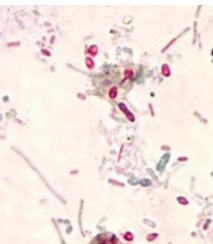












PPB62303 Medical Parasitology

