



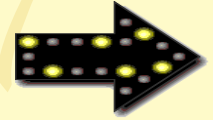
Trypanosomiasis

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Trypanosoma spp.

- ❖ require more than one host to complete their life cycle
- ❖ transmitted through blood feeding invertebrates (insects)
- ❖ mostly live in blood tissue but can be found in different locations in the host
- ❖ uses antigen variation, or variation of the protein coat, in order to avoid detection by the body

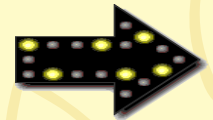
Human Trypanosomiasis



African Trypanosomiasis “sleeping sickness”.

West-Africa: *Trypanosoma brucei gambiense*

East-Africa: *Trypanosoma brucei rhodesiense*



American Trypanosomiasis “chagas disease”

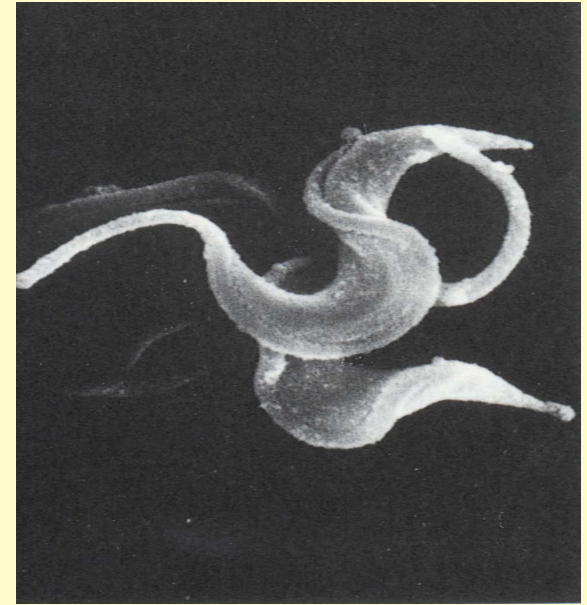
Trypanosoma cruzi

Trypanosomes

- **Stercorarian trypanosomes** – Infective forms which develop in the faeces of the insect vector and enter the vertebrate host by contamination of the bite area.
- **Salivarian trypanosomes** – Infective forms which develop in the mouth parts or salivary glands and enter the vertebrate host by inoculation during biting. This is also known as the anterior station development.

American trypanosomiasis

- American trypanosomiasis is a vector-borne infection caused by the protozoan parasite *Trypanosoma cruzi*. Also called Chagas disease, it is found only on the American continent.
- The parasite alternately infects triatomine insects (reduviid, assassin or “kissing” bugs) and a wide range of vertebrate hosts in a complex life cycle.



Life Cycle



- An infected triatomine insect vector (or "kissing" bug) takes a blood meal and releases metacyclic trypomastigotes in its feces near the site of the bite wound.
- Metacyclic trypomastigotes enter the host through the wound or through intact mucosal membranes, such as the conjunctiva .
- Inside the host, the metacyclic trypomastigotes invade cells near the site of inoculation, where they differentiate into intracellular amastigotes .
- The amastigotes multiply by binary fission and differentiate into trypomastigotes, and then are released into the circulation as bloodstream trypomastigotes .
- Trypomastigotes infect cells from a variety of tissues and transform into intracellular amastigotes in new infection sites. Clinical manifestations can result from this infective cycle.

- The bloodstream **trypomastigotes** do not replicate (different from the African trypanosomes). Replication resumes only when the parasites enter another cell or are ingested by another vector.
- The “**kissing**” bug becomes infected by feeding on human or animal blood that contains circulating parasites .
- The ingested **trypomastigotes** transform into **epimastigotes** in the vector’s midgut .
- The parasites multiply and differentiate in the midgut and differentiate into infective **metacyclic trypomastigotes** in the hindgut .

Triatomine Bug Stages

Triatomine bug takes a blood meal
(passes metacyclic trypomastigotes in feces,
trypomastigotes enter bite wound or
mucosal membranes, such as the conjunctiva)

1



Metacyclic trypomastigotes
in hindgut

8



Multiply in midgut

7



Epimastigotes
in midgut

6



Triatomine bug takes
a blood meal
(trypomastigotes ingested)

5



i = Infective Stage

d = Diagnostic Stage

Human Stages

2



Metacyclic trypomastigotes
penetrate various cells at bite
wound site. Inside cells they
transform into amastigotes.



3

Amastigotes multiply
by binary fission in cells
of infected tissues.



Trypomastigotes
can infect other cells
and transform into
intracellular amastigotes
in new infection sites.
Clinical manifestations can
result from this infective cycle.

4



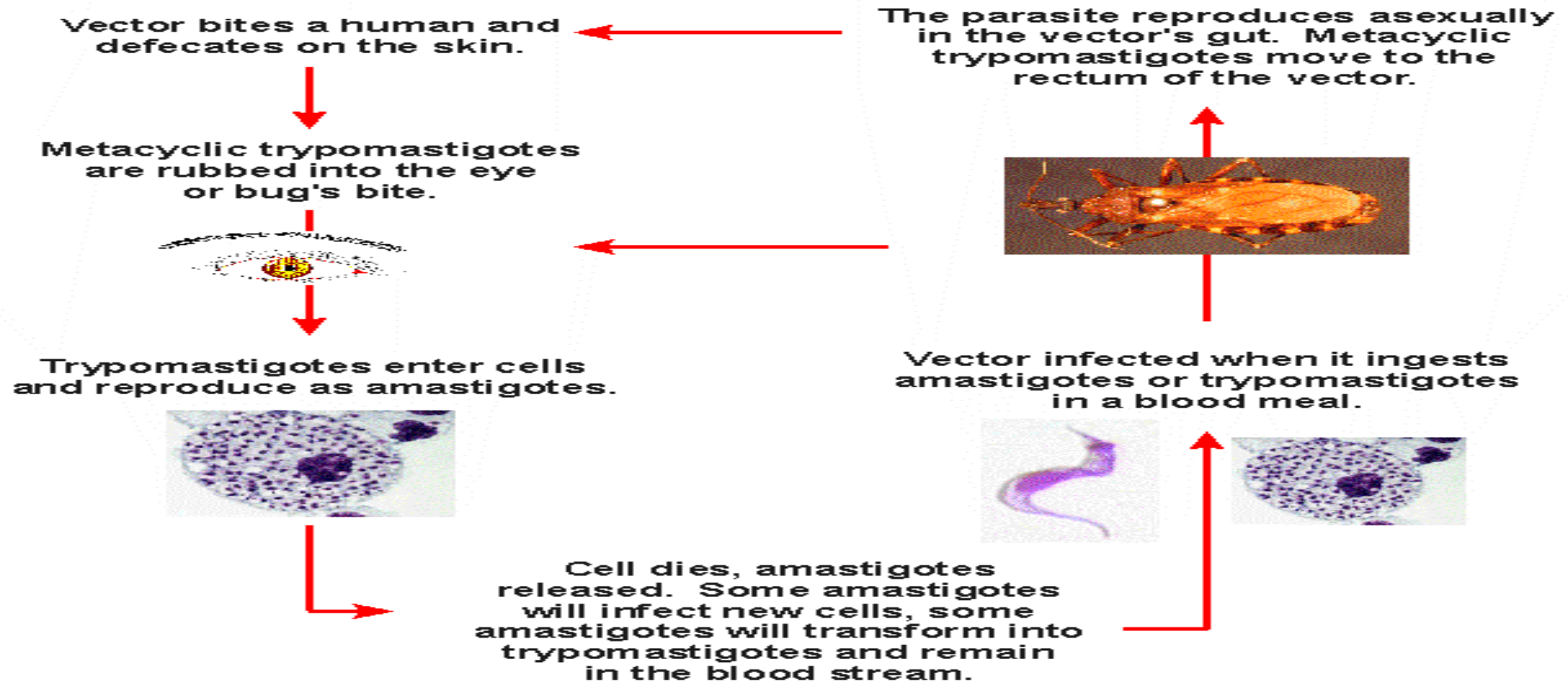
Intracellular amastigotes
transform into trypomastigotes,
then burst out of the cell
and enter the bloodstream.



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THE LIFE CYCLE OF *TRYPANOSOMA CRUZI* (AMERICAN TRYPANOSOMIASIS OR CHAGAS' DISEASE)



Transmission

- A triatomine becomes infected
- Hides during day
- Emerges at night
- Bites, feeds, then defecates
- Scratching
- blood transfusions
- organ transplantation
- transplacentally, and in laboratory accidents.

Clinical aspects

- **Chagoma** as primary lesion: (**Acute phase**)

An erythematous subcutaneous nodule is formed at the site of deposition of bug's feces. It is painful, commonly occurs on face and may take 2–3 months to resolve

- **Romans' sign** : When the parasites enter through conjunctiva, there occurs an unilateral painless edema of the eye lid and conjunctivitis .

- **Chronic disease** is cardiomyopathy

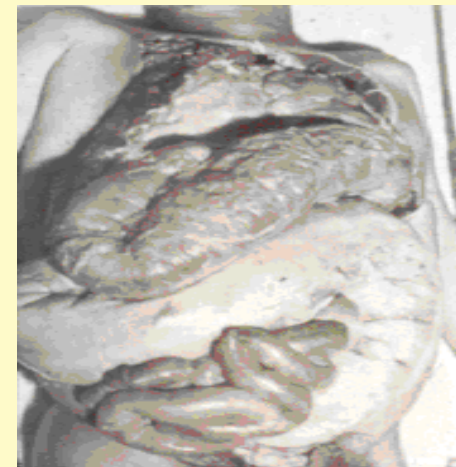
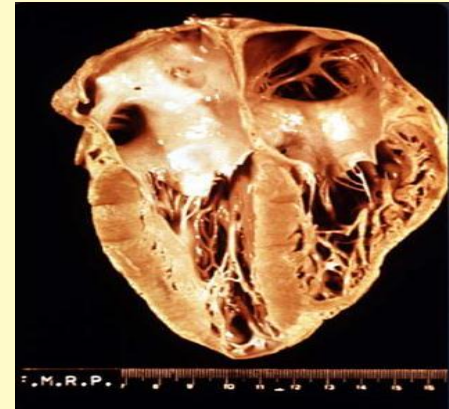
- **mild case** : extra systole, slight tachycardia

- **Severe case**: heart block partially or completely cardiac failure

- **Some case: Digestive system abnormalities** (megaesophagus; dysphagia megacolon) .

- **Neurological disorders**

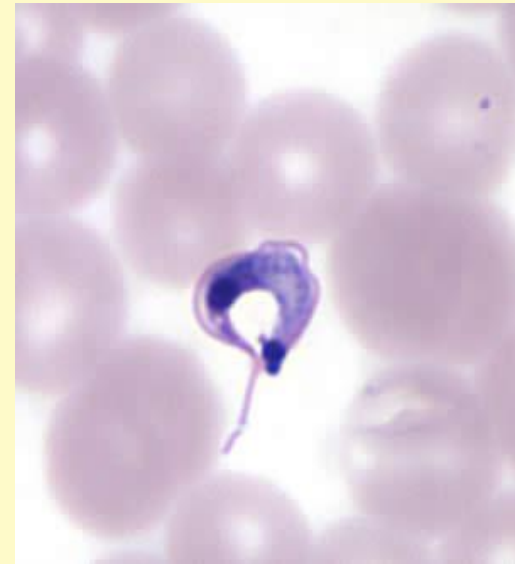
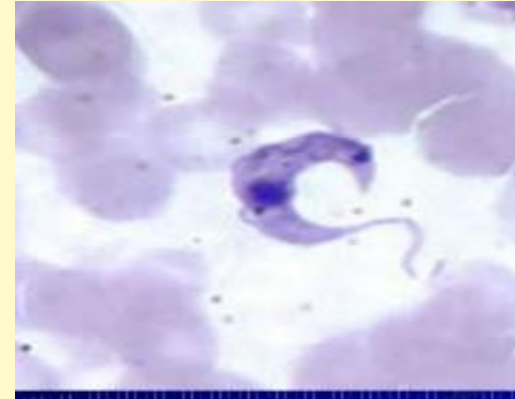
- **Potentially fatal if untreated**

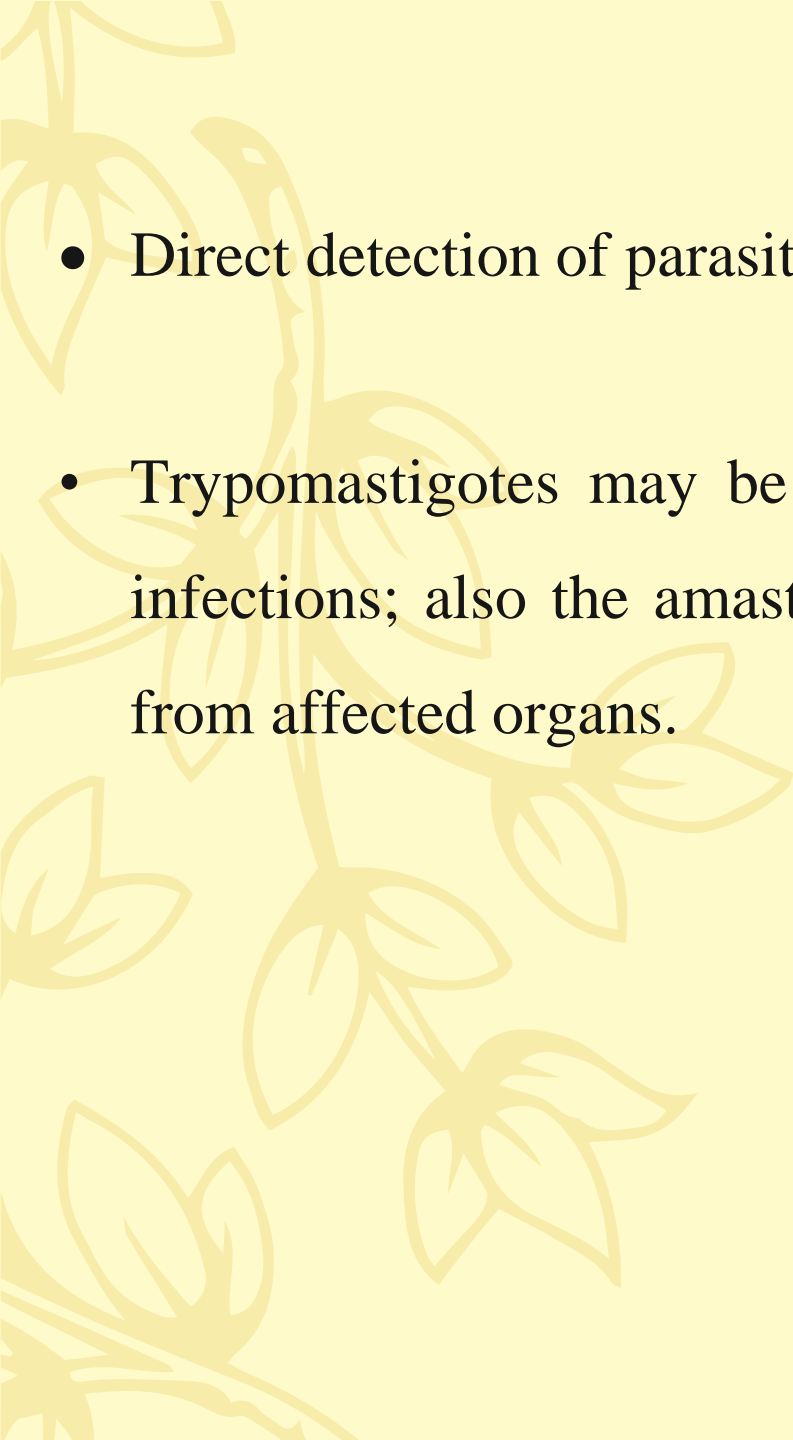


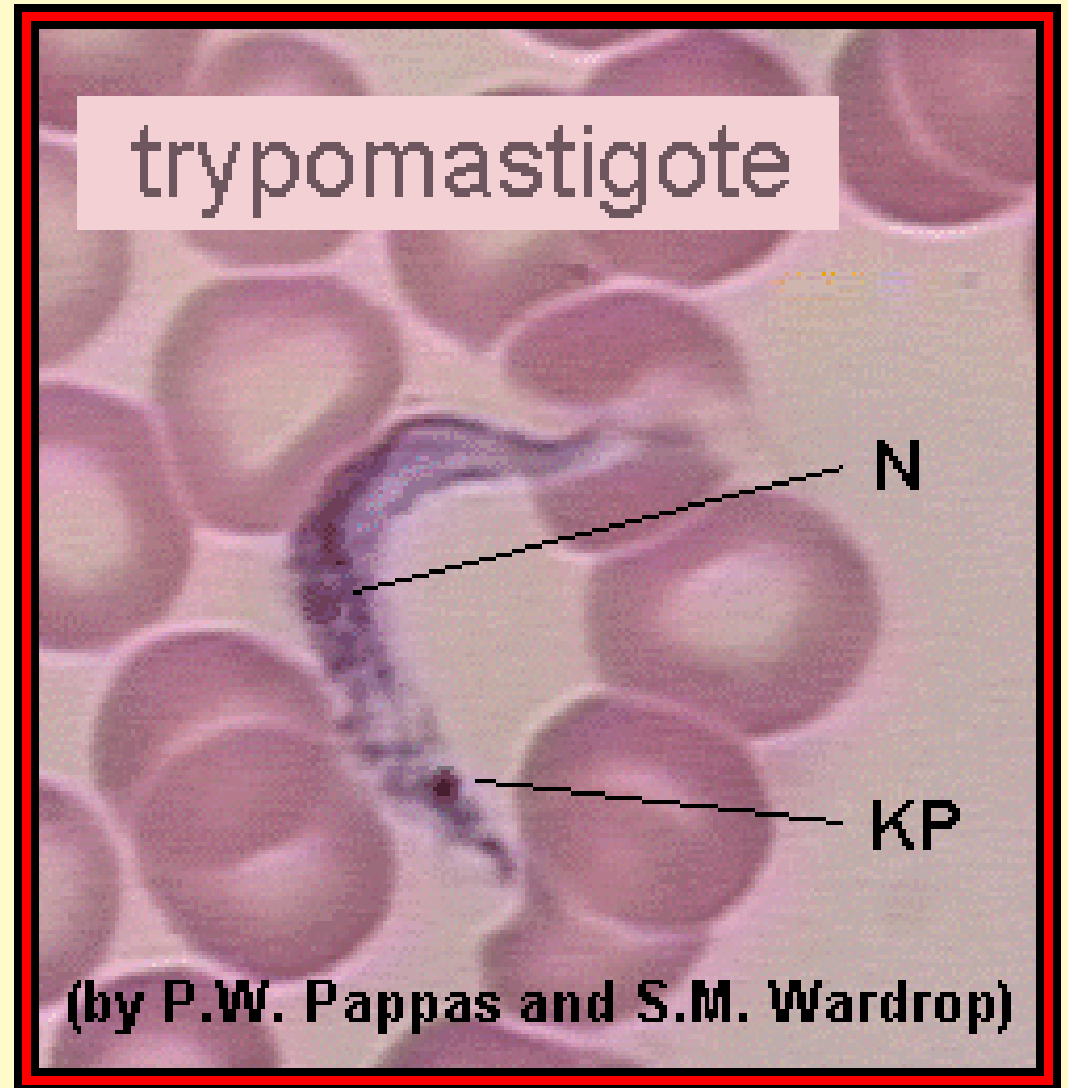
Diagnosis

- Diagnosis by detection of **trypomastigotes** in the blood or the presence of *T.cruzi*-specific antibodies in serum to indicate acute or chronic infection, respectively. The shape of *T.cruzi* appear as **U** or **C** shape in blood film.
- In chronic infection these specimens can be **cultured** in vitro in liquid medium or by growth within uninfected insect vectors (**xenodiagnoses**)

Xenodiagnosis: A method of diagnosis in which a vector is fed on a suspected case and is later examined for the presence of the parasite.



- 
- Direct detection of parasites using PCR.
 - Trypomastigotes may be seen in **cerebrospinal fluid (CSF)** in central nervous system infections; also the amastigote stage parasite may be seen in histopathology specimens from affected organs.



trypomastigote

N

KP

(by P.W. Pappas and S.M. Wardrop)

African trypanosomes (sleeping sickness)

Human African trypanosomiasis (HAT), also called sleeping sickness, is an illness endemic to sub-Saharan Africa. It is caused by the flagellate protozoan *Trypanosoma brucei*, which exists in 2 morphologically identical subspecies:

- *Trypanosoma brucei gambiense*, causes chronic infections in **West and Central Africa** which can persist up to **10 years**.
- *Trypanosoma brucei rhodesiense*, is more prevalent in **Eastern Africa** and mostly results in acute human infections that can be lethal within a few months.

Vector : biting flies; tsetse fly (*Glossina*), is found only in Africa.

Transmission

- Via vector – bite from the tse tse fly
- Mother to child infection (perinatal death)
- Blood transfusion
- Sexual contact



Life cycle

- The arthropods are obligate bloodsucking insects (genus *Glossina*), that get infected through feeding on a parasitized host and accommodate the trypanosome during their entire lifespan.
- trypanosomes colonize the mid gut, proliferate and undergo differentiation while directionally migrating towards the insect salivary glands.
- The vertebrate-infective metacyclic form of the parasite resides in the salivary glands or mouthparts of the fly, using the blood feeding behaviour for its transmission to a new host.
- Upon transmission to the vertebrate host, trypanosomes will transform into actively proliferating (long slender) forms to allow a systemic colonization of the host.
- trypanosomes in the bloodstream become quiescent (short stumpy) and pre-adapt to uptake and subsequent survival in the tsetse fly

Lifecycle

Fly injects metacyclic trypomastigotes when it feeds on blood.



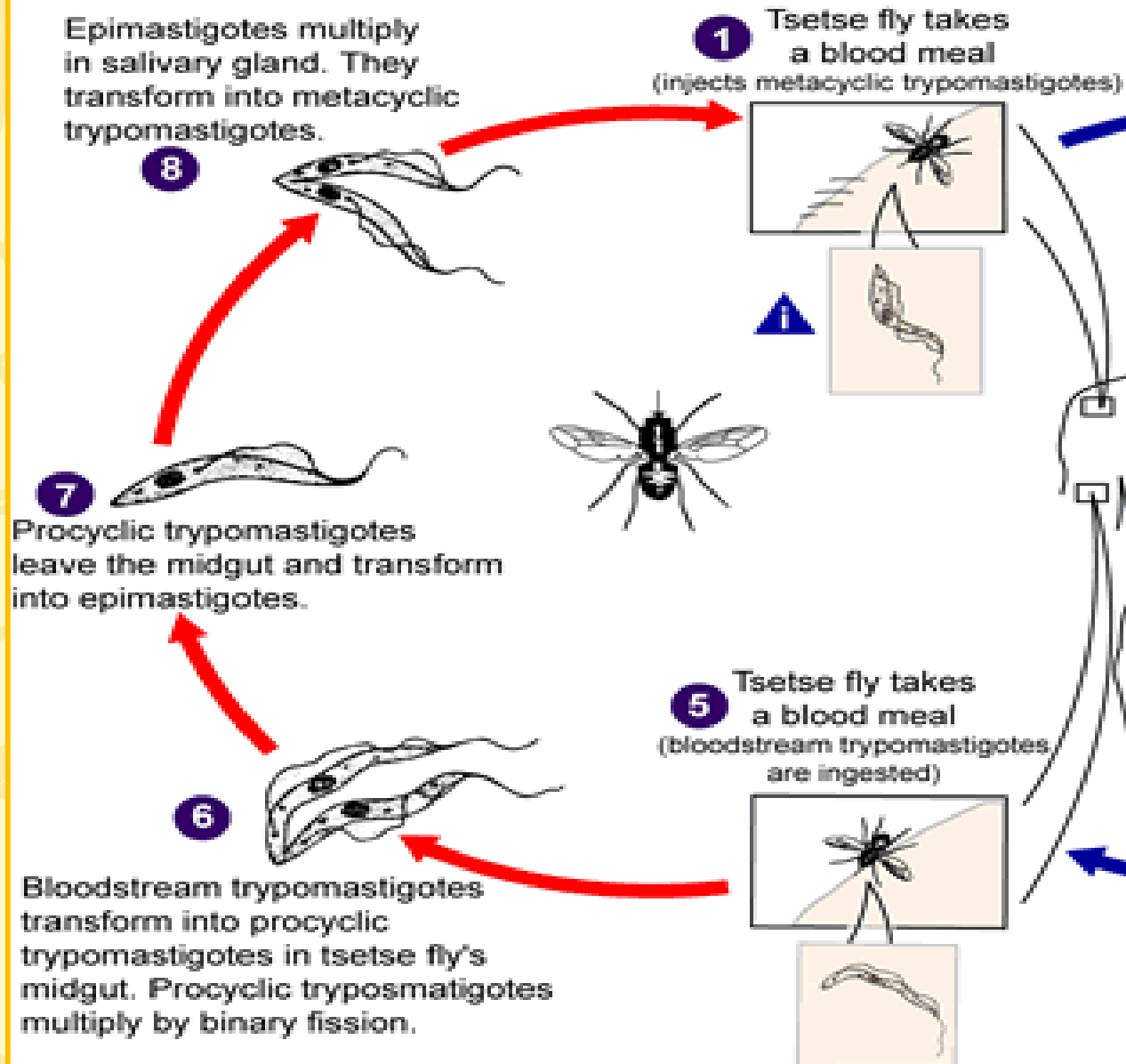
Trypomastigotes reproduce asexually in the bloodstream

Parasite reproduces asexually in the fly's gut (epimastigotes), migrates to the fly's salivary glands (metacyclic trypomastigote)



Fly ingests trypomastigotes when it feeds on blood of infected individual.

Tsetse fly Stages



Human Stages

i = Infective Stage
d = Diagnostic Stage



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Signs & Symptoms

- **First Stage**

In the first stage the parasite is found in the peripheral circulation, but has not yet invaded the central nervous system.(**hemolymphatic stage**)

Symptoms include:

- Headaches
- aching muscles and joints
- Fever
- Swollen lymph nodes all over the body
- Swollen, red, painful nodule at site of fly bite (Primary chancre) - resolves 2-3 weeks

Winterbottom's sign -

Swollen lymph nodes along
back of neck in child with
early trypanosomiasis



Chronic Disease Phase

In the second stage, the parasite crosses the blood-brain barrier and infects the central nervous system.(Neurological phase)

Symptoms include:

- Confusion
- Difficulty walking and talking
- Seizures
- Night insomnia
- loss of consciousness and coma



Diagnosis

- Microscopic examination

chancre fluid

lymph node aspirates

Blood

bone marrow

cerebrospinal fluid (late stages of infection)

- Serology

Card agglutination trypanosomiasis test (CATT)

- Animal inoculation



THANK

Thank You

