

OTHER TREMATODOSES

(Orders: **OPISTHORCHIIDA** and **STRIGEIDIDA**)
of human and veterinary importance (genus
Schistosoma, *Paragonimus*, *Opisthorchis*,
Metagonimus, *Alaria* etc.)

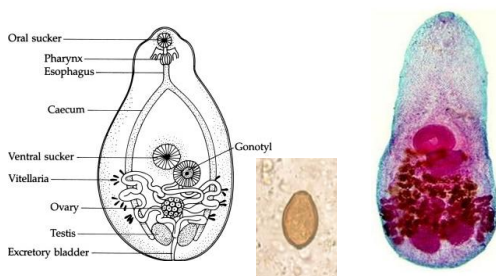
Class: DIGenea

Order	Family	Genus
OPISTHORCHIIDA	Heterophyidae	<i>Heterophyes</i> , <i>Metagonimus</i> , <i>Apophallus</i>
	Opisthorchiidae	<i>Opisthorchis</i> (syn. <i>Clanorchis</i>), <i>Metorchis</i>
STRIGEIDIDA	Schistosomatidae	<i>Schistosoma</i> , <i>Bilharziella</i> , <i>Trichobilharzia</i> , <i>Orientobilharzia</i> , <i>Ornithobilharzia</i> , <i>Heterobilharzia</i> , <i>Austrabilharzia</i>
	Strigidae	<i>Apatemon</i> , <i>Cotylurus</i> , <i>Parastrigea</i> , <i>Strigea</i>
	Diplostomidae	<i>Diplostomum</i> , <i>Alaria</i>

prof. MVDr. Alica Kočíšová, PhD.

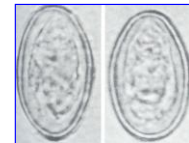
HETEROPHYIDAE:

Heterophyes heterophyes

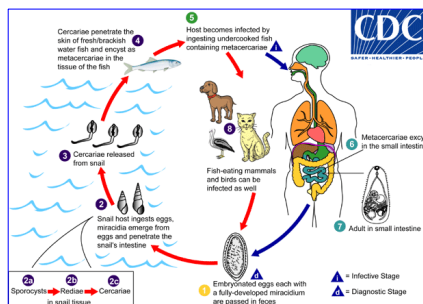


Adults *H. heterophyes*; small int. of the cat

Eggs containing miracidia

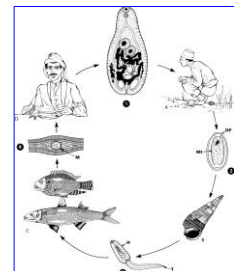


Life cycle



EPIDEMIOLOGY

- People at high risk for **infection** are those who live by bay waters including **fishermen**.
- Infection is acquired by eating **raw fish**, a common food in areas of heavy **endemicity**.
- It is possible that inhabitants of these areas eat more low-salted or improperly cooked fish and that their fish are obtained from **polluted water**.
- It is common practice for people to **defecate** on the lake shores and river banks or from their boats while fishing.



Clinical Presentation

- **diarrhea and colicky abdominal pain.**
- Migration of the eggs to the heart, resulting in **potentially fatal myocardial and valvular damage.**

PATHOLOGY

- mild inflammatory reaction .
- In heavy infections - intestinal pain and mucosa **diarrhea**.
- The **heart** can be affected with tissue reaction in the **valves** and **myocardium** that cause **heart failure**.
- Eggs can also get into the **brain** or **spinal cord** and cause **neurological disorders** and sometimes **fatalities**.

DIAGNOSIS

- Eggs

THERAPY

Praziquantel

HETEROPHYIDAE:***Metagonimus yokogawai***

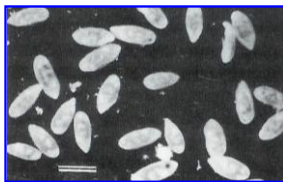
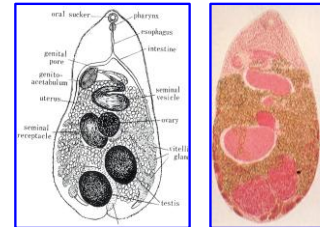
Location: small intestine

Size: 1 – 1.5 mm

Hosts: dogs, cats, humans, rats, pigs

2 IH : 1IH – water snail
Semiliscospira

2 IH sweet fish,



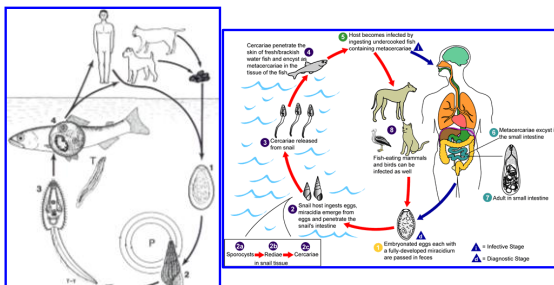
Adults of *Metagonimus yokogawai*

Arrow: genital pore



- First intermediate hosts (IH) are **snails**;
- Second IH are **cyprinid fish**, which contain the infectious metacercariae;
- The **incubation** period is 1–2 weeks like the **prepatent** period.

SEM of an adult worm showing the **scaly surface** and the laterally from the midline situated small ventral sucker (the sexual opening is close by).

***Metagonimus* spp. – life cycle****Pathology and clinical signs**

- Flukes invade the intervillous space of the small intestine
- **Mechanical and toxic effects** cause catarrh in the surrounding region
- Abdominal pain, diarrhea
- Zoonotic character
- Lieberkühn's invasion crypt, erosion Ec, deformation intestinal villi, edema, vascular dilation, inflammatory infiltration, digestive disorders, bluetongue, diarrhea, Eggs - lymph, veins heart metastases, CNS

Diagnosis

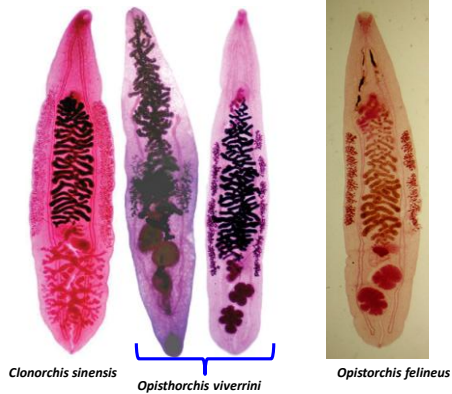
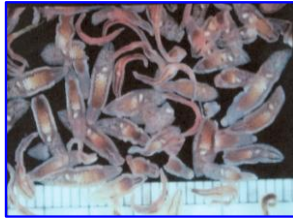
By microscopical determination of eggs in the faeces.

Therapy

- Praziquantel

OPISTHORCHIIDAE

- **Location:** bile ducts, liver
- **Size:** 7 – 12 mm
- **FH:** fish eating mammals, human
- **2 IH:** 1 IH - water snail
2 IH - wide variety of fish

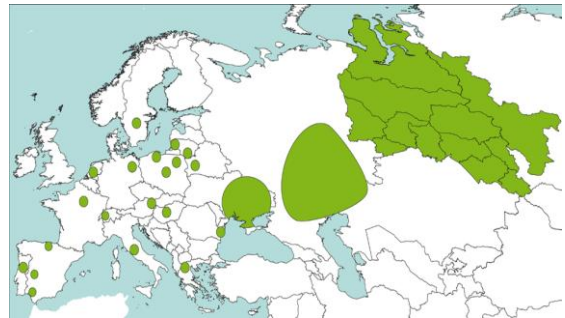


OPISTHORCHIIDA: Opisthorchiidae: *Opisthorchis* (syn. *Clonorchis*)

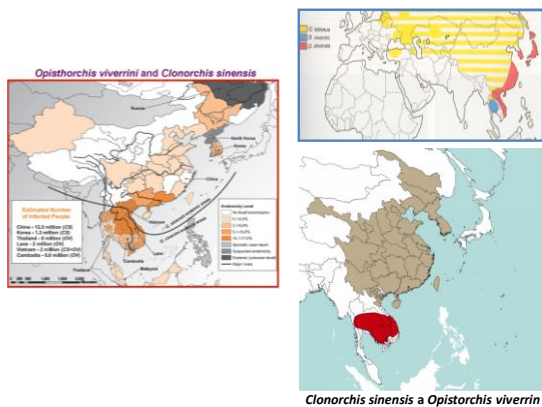
- Opisthorchiosis (klonorchiosis)
- *Opisthorchis felineus* (*Opisthorchis tenuicollis*)
- *Opisthorchis viverrini*
- *Clonorchis sinensis*
- *Metorchis albidus*

Hosts: **dog, cat, man, birds**

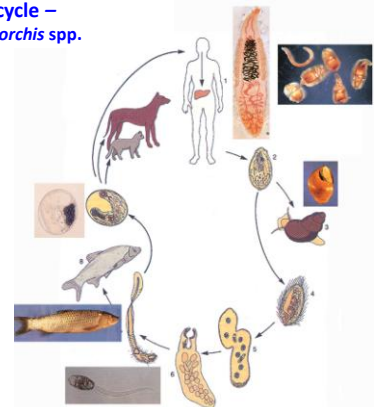
Opisthorchis felineus

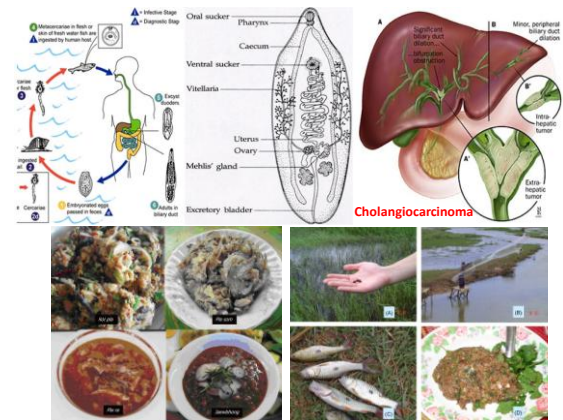
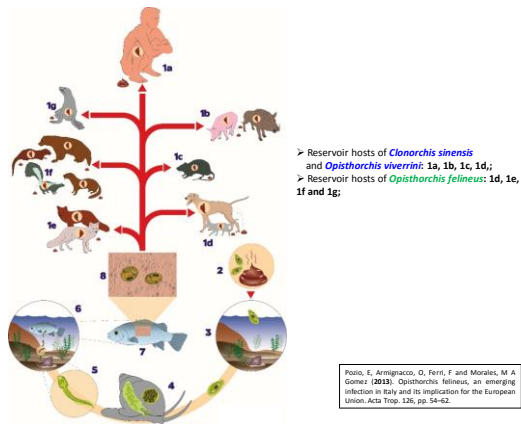


Pozio, E and Morales, MAGomez (2014), Clonorchiasis and Opisthorchiasis. Helminth Infections and their Impact on Global Public Health. (Bruschi, F, ed.), Springer-Verlag Wienpp. 123–152.



Life cycle – *Opisthorchis* spp.

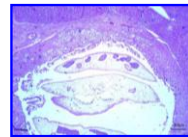
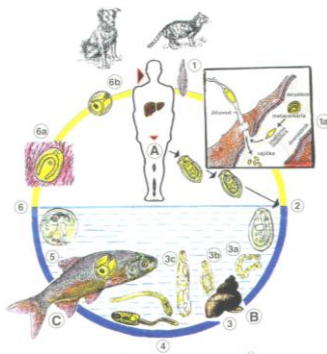




Clonorchiosis

Clonorchis sinensis

➤ Helminthozoonosis



Adult flukes in liver

Dogs, cats:

- bile ducts;
- juvenile stages - liver parenchyma migration = **HEPATITIS**
- adult fluke - **CHOLANGITIS, PERICHOLANGITIS**
- pancreas damage
- slimming
- icterus
- ascites
- liver - painful, enlarged
- latent flow;
- clinical manifestations - in moderate infection

Epidemiology, prevention

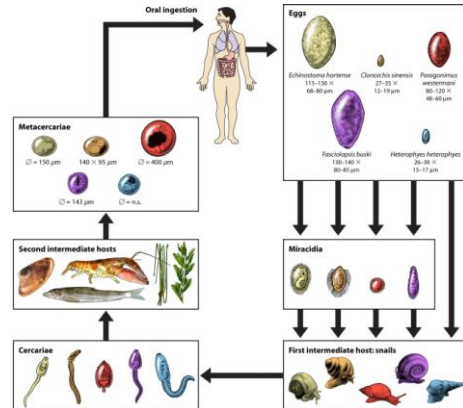
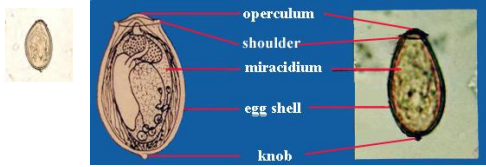


Sushi - preparation

Gastronomic customs; consumption of uncooked fish meat; protection of water resources (liquidation of freshwater snails).

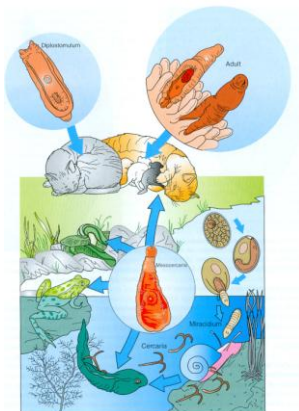
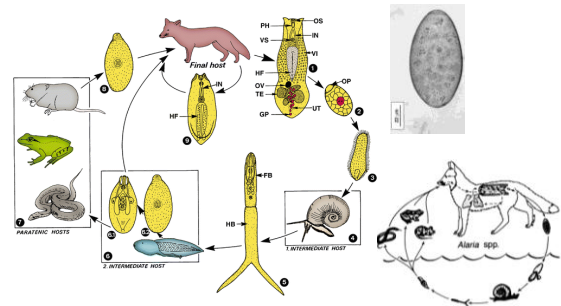
OPISTORCHIOSIS

- *Opisthorchis felineus* and *Opisthorchis viverrini*
- Helminthozoonosis



STRIGEIDIDA: Diplostomidae: *Alaria*

- *Alaria alata*, *Alaria canis*



Alaria marcianae

Family: Schistosomatidae

- The surgeons in Napoleon's army reported hematuria (bloody urine) during the invasion of Egypt in 1799 (*Schistosoma haematobium*).

- 50 years later, German parasitologist Theodor Bilharz, would name it *Distomum haematobium*.

STRIGEIDIDA: Diplostomidae: *Schistosoma* blood flukes

Worldwide, 200 million are infected and another 600 million are at risk of being infected;
Endemic in 74 developing countries with more than 80% of infected people living in sub-Saharan Africa

a) gonochorist

b) parasitize in **blood vessels** - portal; mesenteric, vesicular
venules of man;

S. haematobium

S. intercalatum

S. mansoni

S. japonicum

S. mekongi

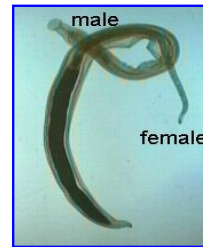
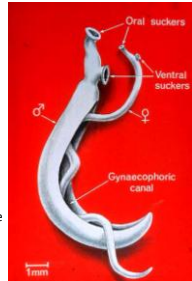
S. bovis

S. matthei

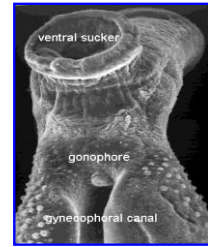
c) The female lies in a **canalis gynecophorus** male

d) Furcocercariae invade the host **actively-percutaneously** (the
tail of the cercaria is bifurcated)

e) the eggs **do not have an operculum** but a **thorn**

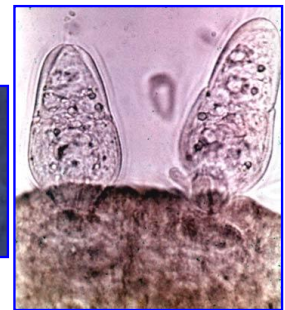
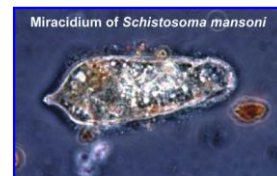
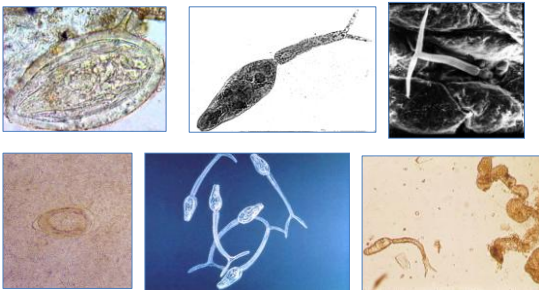


Schistosoma japonicum adults;
Female is held by gynecophoral
canal of male.

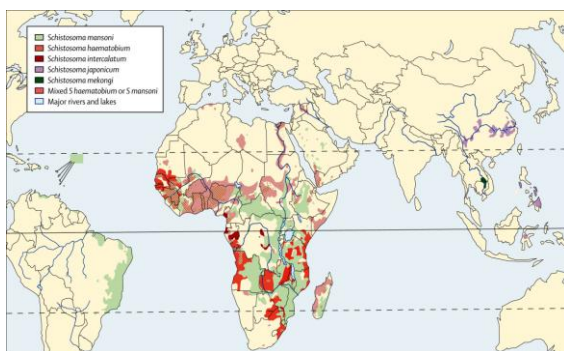


Schistosoma mansoni adult male
Ventral sucker is prominent.
Gonophore is the male reproductive
organ. It passes sperm to the female.
Caudal to it gynecophoral canal is
visible.

Eggs and furcocercariae



Miracidia of *Schistosoma mansoni* penetrating
the foot of its intermediate snail host



Transmission

➤ Pollution of fresh water with excreta
containing Schistosome eggs

➤ Presence of the snail host

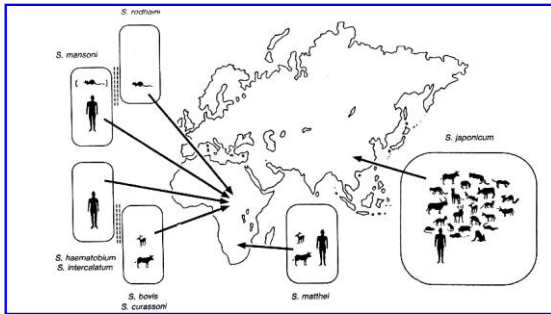


➤ Human
contact with
water infested
with cercaria

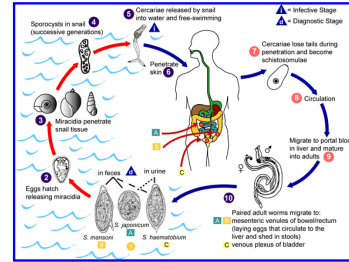


Snail from genus
Biomphalaria

Host specificity



Life Cycle (External environment and snail host)



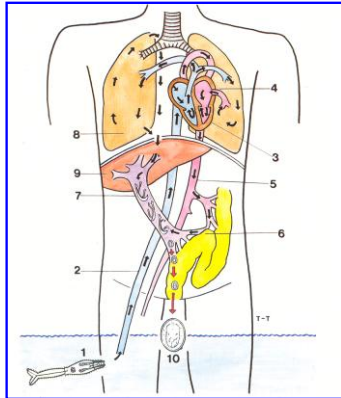
Biomphalaria spp.



Oncomelania spp.



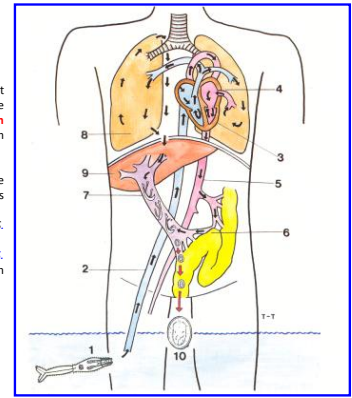
Life Cycle



Life Cycle

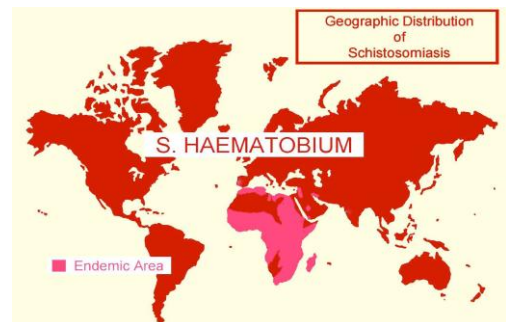
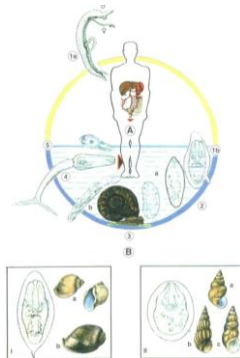
➤ Only those schistosomes that enter the mesenteric arteries, traverse the intestinal capillary bed, and reach the liver by the hepatic portal system continue to grow;

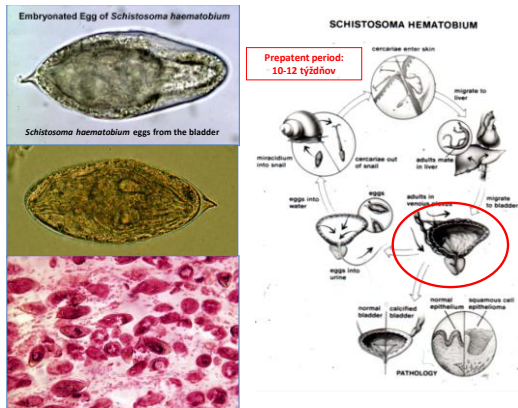
➤ About 3 weeks post penetration the worms reach the hepatic portal veins (*S. mansoni*);
➤ veins of the small intestine (*S. japonicum*);
➤ the urinary bladder (*S. haematobium*) where they reach sexual maturity and mate.



SCHISTOSOMOSIS OF URINARY SYSTEM

- *Schistosoma haematobium* – bladder vessels
- **HELMINTHOZONOSIS**
- endemic in 74 developing countries;
- more than 80% of infected people live in Africa;
- 600 million people are at risk of being infected;
- 200 million are infected;





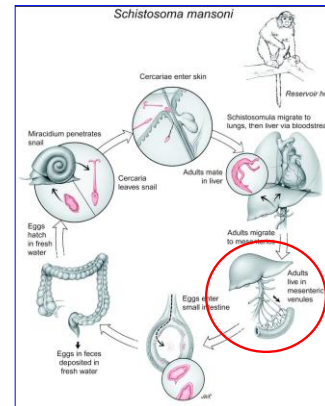
- **Inkubation:** 6-8 weeks;
- **IH:** snails
- **Diagnosis:** urine examination and egg microscopic examination;
- **Therapy:** praziquantel;
- **Prevention:** avoid contact with contaminated water;

Skin penetration by furocercaria (72 h)
Migration (6 days) - right heart - pulmonary circulation - left heart - body circulation - portal vessels (adolescence 4 weeks)



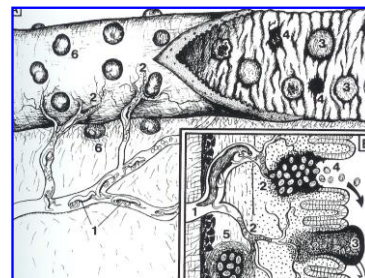
INTESTINE SCHISTOSOMOSIS

Schistosoma mansoni, *S. mekongi* – mesenteric vessels - *vena mesenterica caudalis*;



Pathology and clinical symptoms:

- Stage 1:** dermatitis
- Stage 2:** binds to the secretion of eggs
- 3. Intestinal form:**
- 4. Hepatosplenic form:**



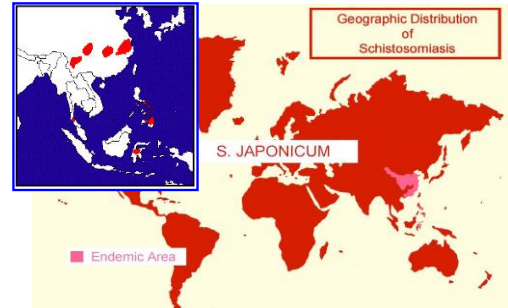
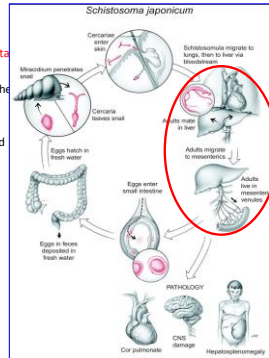
Diagnosis: ovsoscopic finding, clinical picture, rectal biopsy, serology, post mortem – autopsy

Therapy: praziquantel, nitridazol, leucanthon

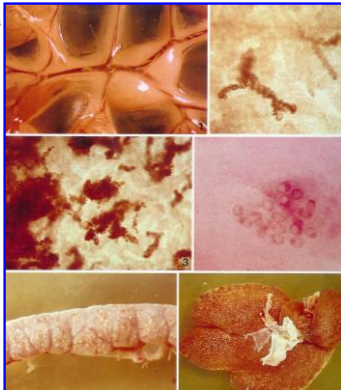
LIVER SCHISTOSOMOSIS - JAPONICUM

➤ *Schistosoma japonicum*

- **Location:** plexus vena mesenterica cranialis, porta system veins;
- **Acute stage** - fever, diarrhea, finding of eggs in the stool, abdominal pain, gradual enlargement of the liver;
- **Chronic stage** - liver fibrosis, the liver shrinks and hardens, the edge is granulated; **enlarged spleen**; **ascites**, dilation of abdominal veins, GIT bleeding, thrombocytopenia;
- **Therapy:** praziquantel, niridazol, oxmamnichin, metrifonate;



Adults in portal veins



Eggs in thin veins

Many eggs are deposited in intestinal mucosa

Clusters of eggs in bloody stools

Egg Knots-pseudotubercles in the intestinal subserosa the walls

Knots of eggs on the surface of the liver

Clinical symptoms



Splenomegaly



ascites

Ecological setting for acquisition of *Schistosoma japonicum*: fish farming in China

- Ecological setting for the acquisition of *Schistosoma mansoni*: a river in Puerto Rico.
- Note ascites in small child heavily infected with *S. mansoni*.

- Ecological Setting for the acquisition of *Schistosoma mansoni* and *Schistosoma haematobium*: irrigation devices in Egypt



- 3. The acute phase Symptoms such as **blood stools** (*S. mansoni* and *S. japonicum*) and **hematuria** (*S. haematobium*) are caused by passage of eggs through the intestinal and urinary bladder walls;
- (*Katayama's fever*) may occur weeks after the initial infection, especially by *S. mansoni* and *S. japonicum*.
- fever, chills, headache, anorexia, urticaria, and diffuse megaly, lymphadenopathy and diffuse vasculitis lesions
 - 2-3 weeks after the infection and usually lasts 1-2 months (typhoid fever)

Clinical symptoms

- Schistosomosis is an **immunologic disease**.
- Symptoms are rarely seen except in heavily infected individuals.
- Following skin penetration, the symptoms of human schistosomiasis appear in 4 phases:
 - 1. corresponds to the penetration of cercariae
 - 2. migration phase
 - 3. acute phase
 - 4. chronic phase
- 1. Skin penetration – cutaneous allergy; petechiae with edema and pruritus, urticaria (vesicular), 36 hours to 10 days.
- 2. The migration phase (from penetration to egg production) There are often no symptoms, by **toxic reactions** and pulmonary congestion accompanied by fever;
- This phase may last **4-10 weeks**, during which the worms migrate from the lungs to the liver where they reach sexual maturity and mate
- Migration of the schistosomula: **chills, fever, sweating, cough, diarrhea, leukocytosis**

The 2 faces of schistosomosis



Egyptian boy with hepatosplenomegaly, fluid build-up and superficial collateral circulation (NAMRU-3 clinical ward in Cairo)

'Intestinal' asymptomatic schistosomiasis at the Egyptian village level

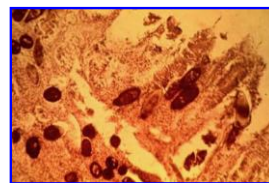


- 4. Chronic disease - most important
 - Fatigue, bowel and bladder symptoms, hepatic dysfunction; Usually there is mild, chronic **bloody diarrhea**, with mild **abdominal pain** and **lethargy**;

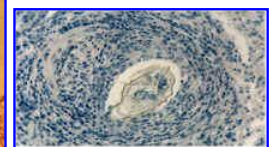


Schistosomiasis showing typical distension of the abdomen.

Symptomatology



Intestinal schistosomiasis: eggs in the wall of the gut



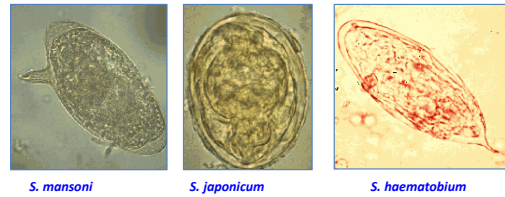
Schistosoma egg in the liver: granuloma formation

Clinical signs

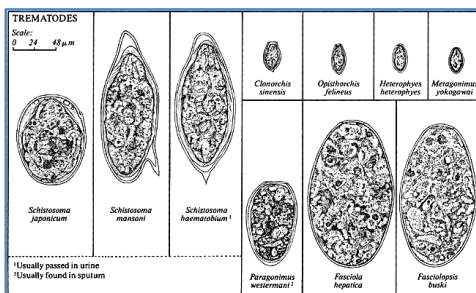
Occasionally **central nervous system** lesions occur:

- cerebral granulomatous disease may be caused by ectopic *S. japonicum* eggs in the brain,
- and granulomatous lesions around ectopic eggs in the spinal cord from *S. mansoni* and *S. haematobium* infections may result in a transverse myelitis with flaccid paraplegia.

Diagnosis



Differential diagnosis of trematode eggs



Treatment

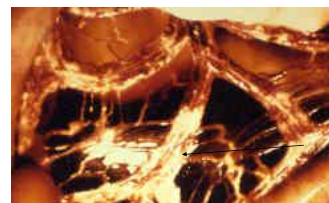
- There are a number of chemotherapeutic agents on the market, many of which have toxic side effects
- **praziquantel**: effective in a single dose against all species
- **oxamniquine**: effective in a single dose, but only against *S. mansoni*
- According to WHO, the key to future schistosomiasis control lies in a 4-basic steps:
 - 1. population-based chemotherapy, with repeated drug administration to infected individuals
 - 2. use of molluscicides
 - 3. introduction of biological controls, such as carnivorous, snails and fish
 - 4. education of the population

Heterobilharzia americana (canine schistosomiasis)

- Cause of canine schistosomiasis in dogs of North America
- Especially prevalent in the Gulf Coast States
- Life cycle and morphology is typical of the Family Schistosomatidae

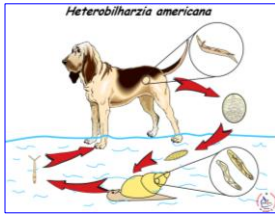


H. americana

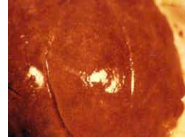


H. americana in mesenteric veins

H. americana Life Cycle



IH - aquatic snail *Lymnaea cubensis*,



Diagnosis of *H. americana*

- finding the distinctive eggs in feces is the only practical diagnosis method
- sedimentation is an acceptable method and the method of choice
- Treatment with : FBZ at 40 mg/kg (for 10 days), Praziquantel

Schistosome dermatitis



Freshwater species

Trichobilharzia spp.
Gigantobilharzia spp.
Ornitobilharzia spp.

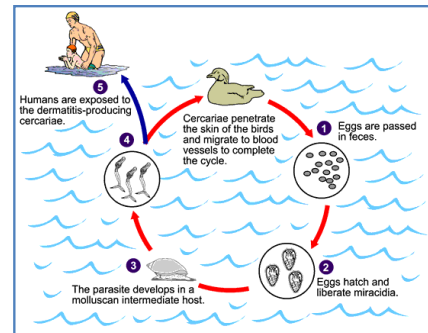
ducks, geese

Sea species

Austrotilharzia spp.
Microbilharzia spp.

seagull,
pelican

Schistosome dermatitis



Place where people suffer from swimmer's itch
Hanuama Bay in Hawaii

Cercarial dermatitis



