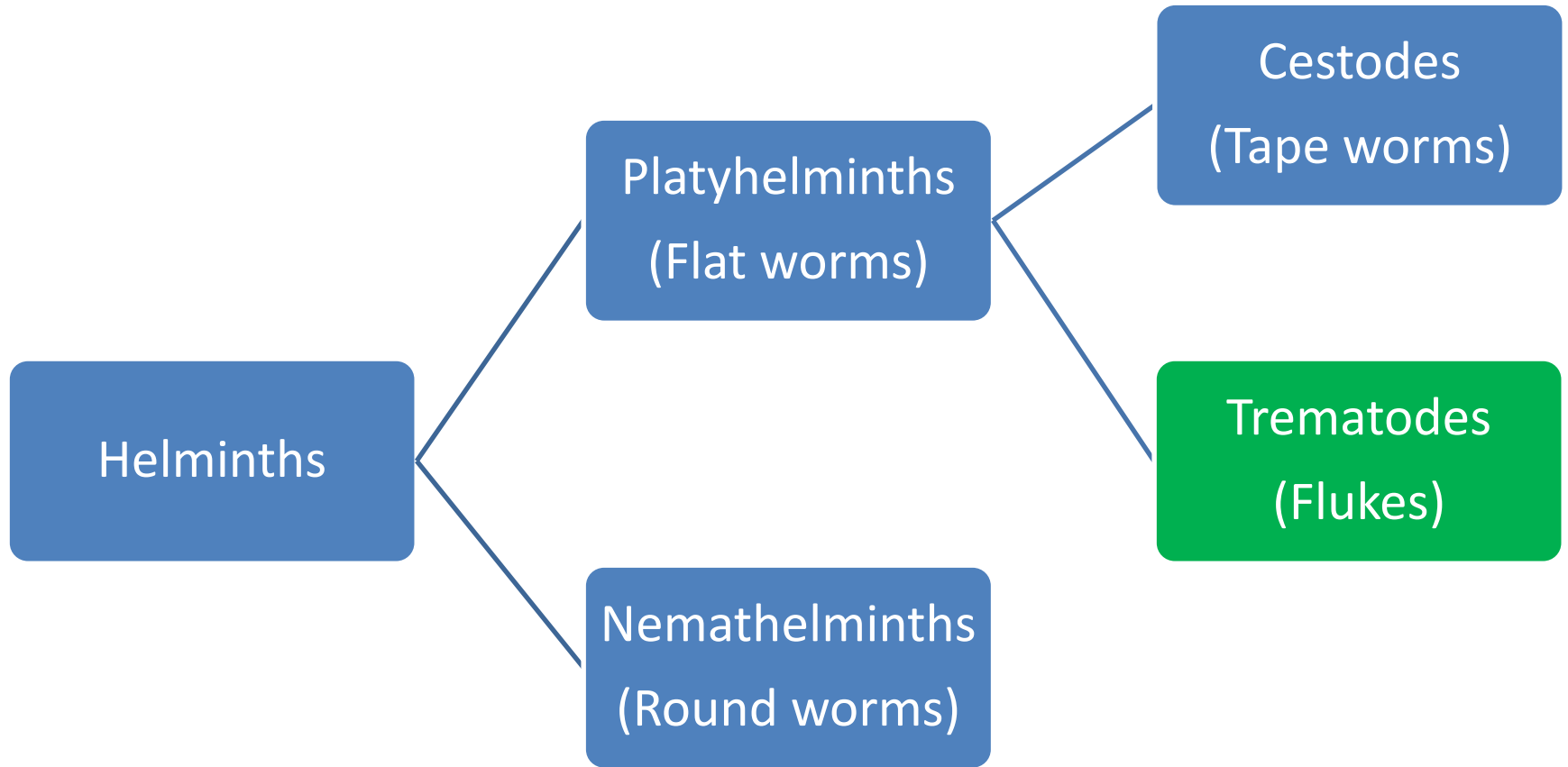


FOOD BORNE TREMATODE INFECTIONS

Dr. Nuwani Manamperi

Dept. of Parasitology

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Characteristics of Trematodes

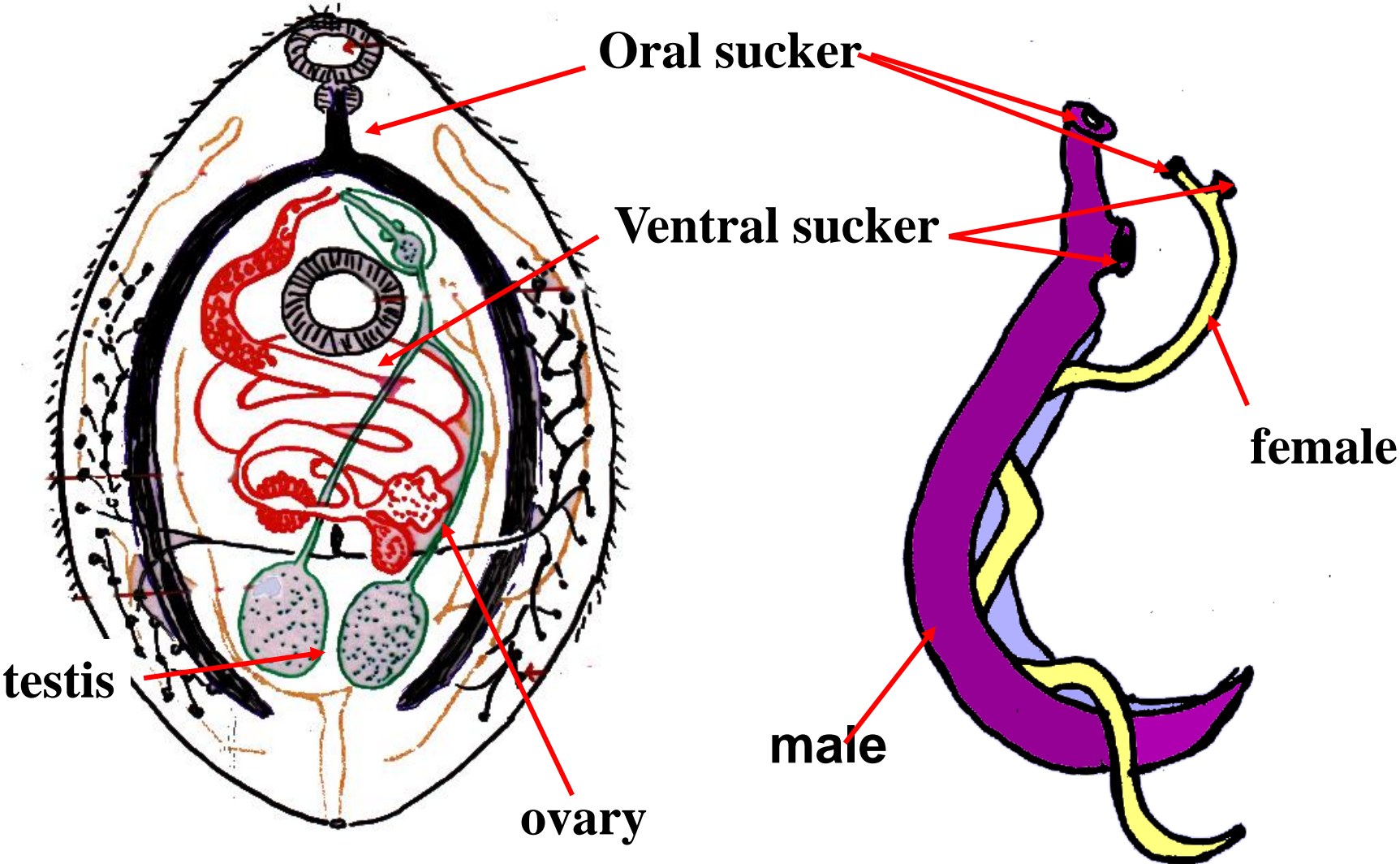
- Flat, leaf-like adult worms with no body cavity
- Size few millimeters to 7 cm
- Oral and ventral suckers for attachment
- Simple, incomplete digestive system
- In man, they inhabit the intestinal tract, bile ducts, lungs or blood vessels (Schistosomes)
- Nutrition obtained from intestinal contents, or tissues and secretions

- Reproduction: both male and female reproductive organs may be in one body (food-borne trematodes) or the sexes may be separate (schistosomes)
- Complex life cycle with one or more intermediate hosts and several morphological stages
- Human – the definitive host
- 2 intermediate hosts – snail + freshwater fish/crustacean/water plant
- Almost always zoonotic infection with animal reservoir

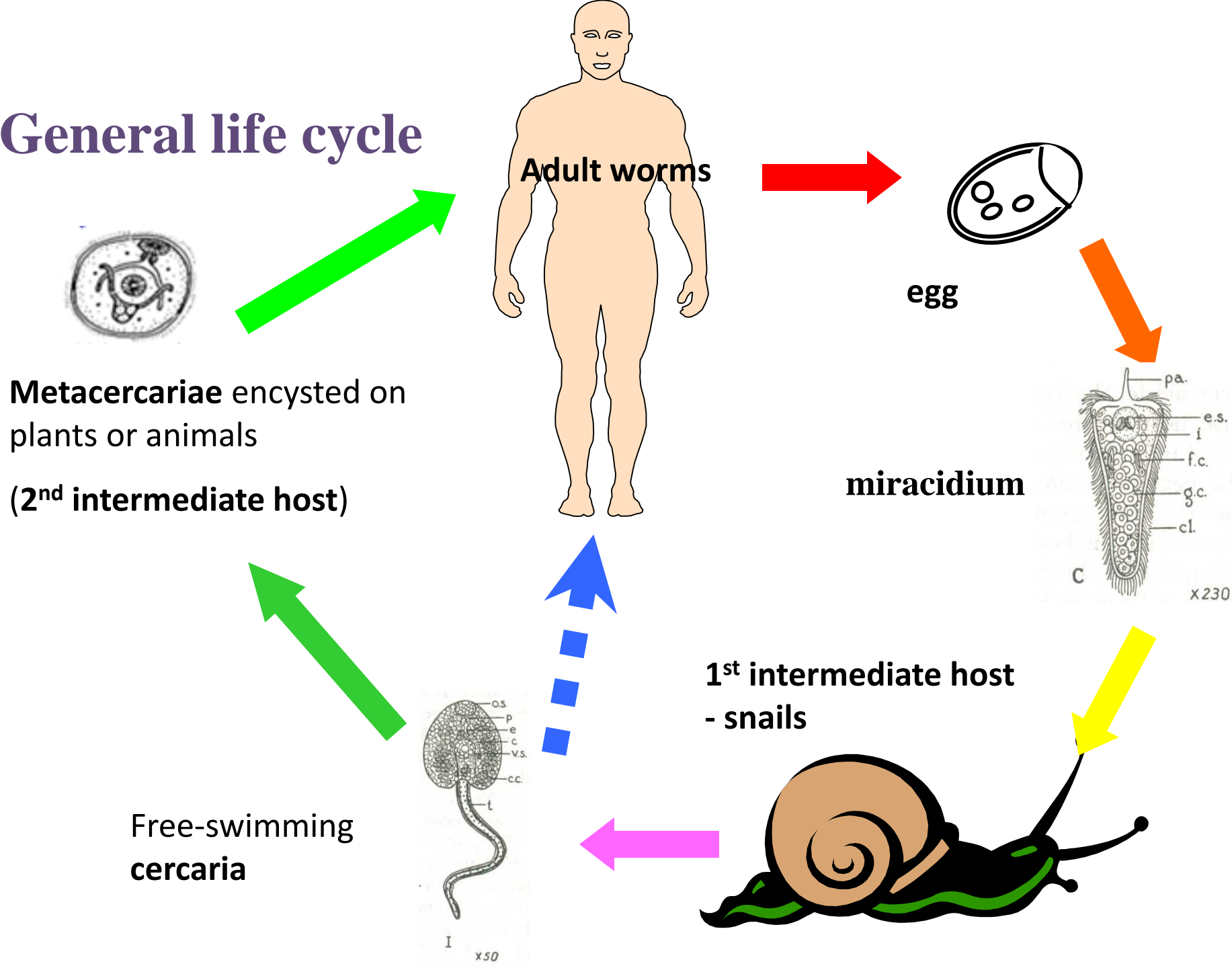
TYPICAL ADULT MORPHOLOGY

Food-borne trematodes

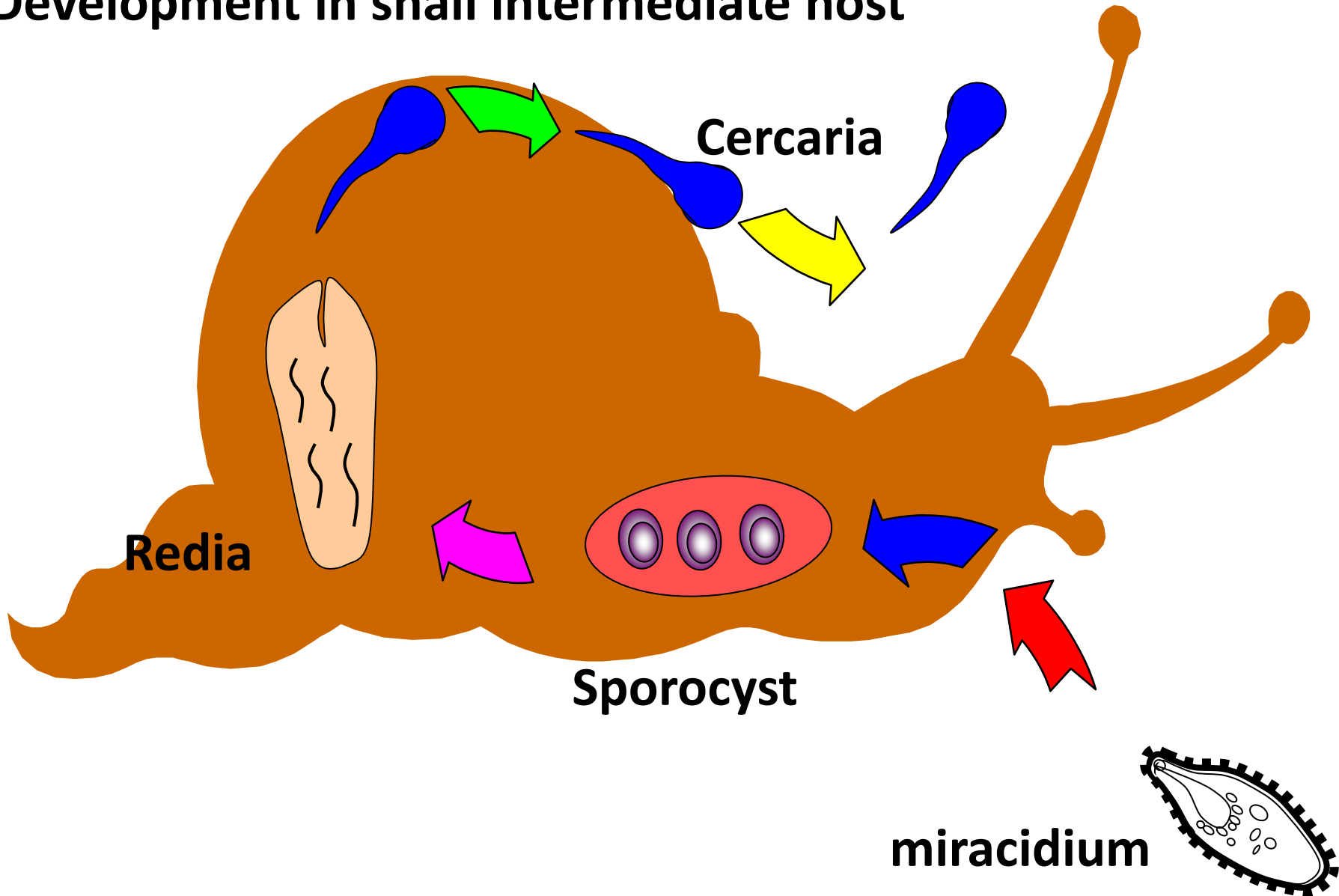
Schistosomes



General life cycle



Development in snail intermediate host



FOOD-BORNE TREMATODES

- Lung flukes
 - *Paragonimus westermani*
- Liver flukes
 - *Clonorchis sinensis*
 - *Opisthorchis viverrini*
 - *Fasciola hepatica*
 - *Fasciola gigantica*
- Intestinal flukes
 - *Fasciolopsis buski*

Paragonimiasis

- Caused by *Paragonimus westermani* (Lung fluke)
- Estimated 23 million infections worldwide
- Most infections found in the Far East: China, Korea, Japan, Vietnam, and South East Asia
- Less common in South Asia, Africa and South America
- Infects humans + other mammals that eat crabs and crayfish
- Parasite is found in Sri Lanka, but only in wild animals, no human cases reported
- Adult life-span: 5 -10 years

Morphology

Adults

- Coffee bean shaped, thick, fleshy parasites
- Reddish brown in colour
- 8 – 20 mm long x 5 – 9 mm wide
- Suckers equal in size
- Lobed testes and ovary
- Pairs within cysts in the lungs

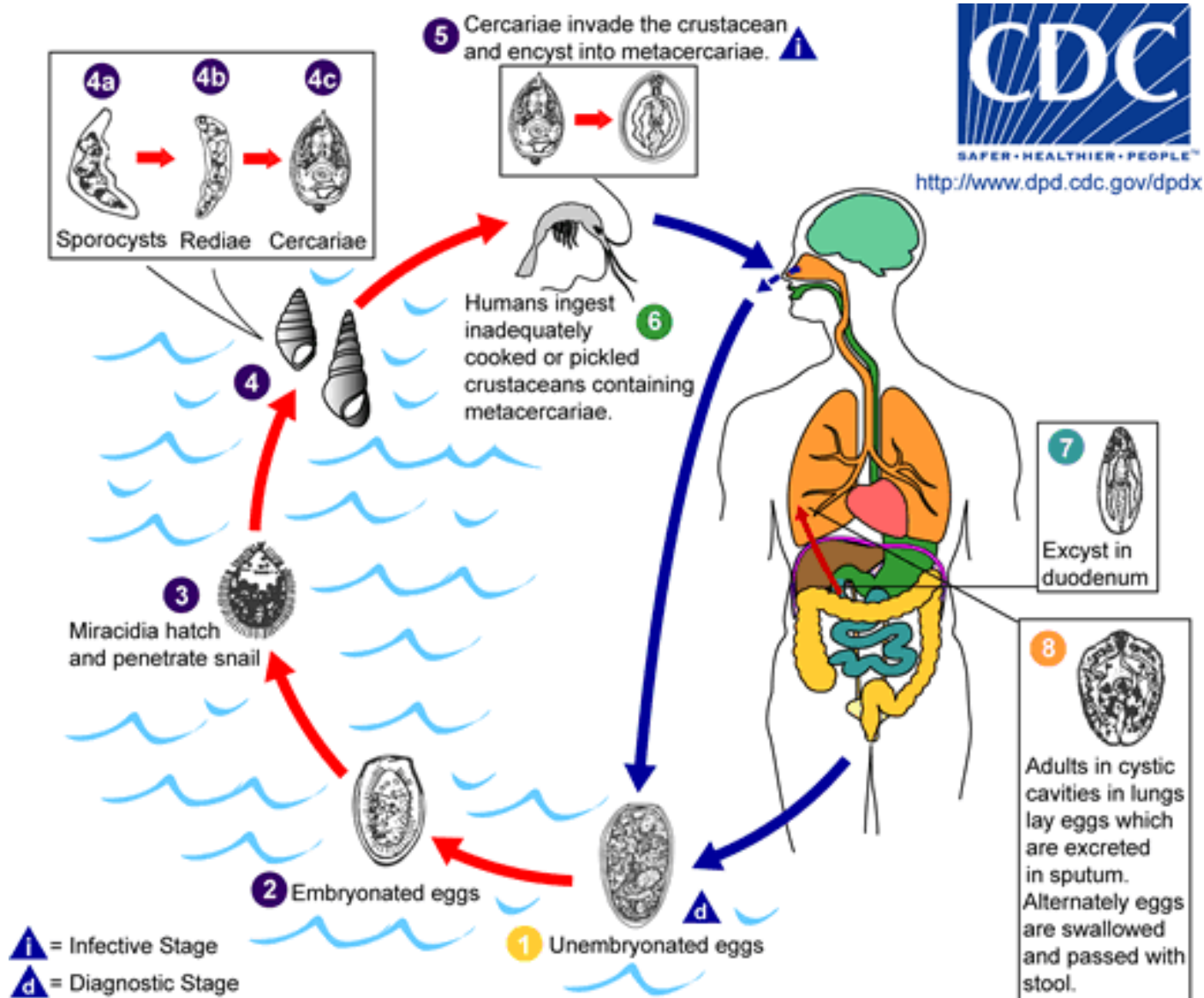


Egg

- Yellowish-brown
- Large size
- Operculated
- Excreted in sputum or faeces



Life Cycle



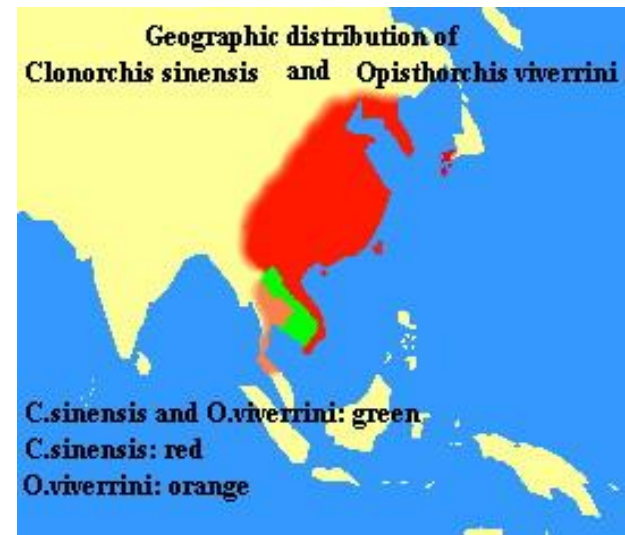
- Infection acquired by eating
 - undercooked / raw freshwater crabs or crayfish
 - Crabs soaked in vinegar / wine / salt
 - Crab juice considered to have medicinal properties
 - Metacercariae may contaminate hands, knives, chopping boards, etc used during food preparation
- Ingested metacercariae excyst in small intestine and migrate through intestinal wall, peritoneal cavity, diaphragm, pleura and lung tissue into bronchioles
- Aberrant migration → larvae at ectopic sites (brain, abdomen, groin, heart)

Clinical features

- Main habitat **in lungs**: lumen of bronchioles and peri-bronchial tissues
- Inflammatory response to immature worms, adults and eggs leads to granuloma formation and development of **cysts and abscesses**
- Most infections are asymptomatic
- In heavy infections: chronic cough with purulent sputum and haemoptysis (**resembles TB**)

Clonorchiasis & Opisthorchiasis

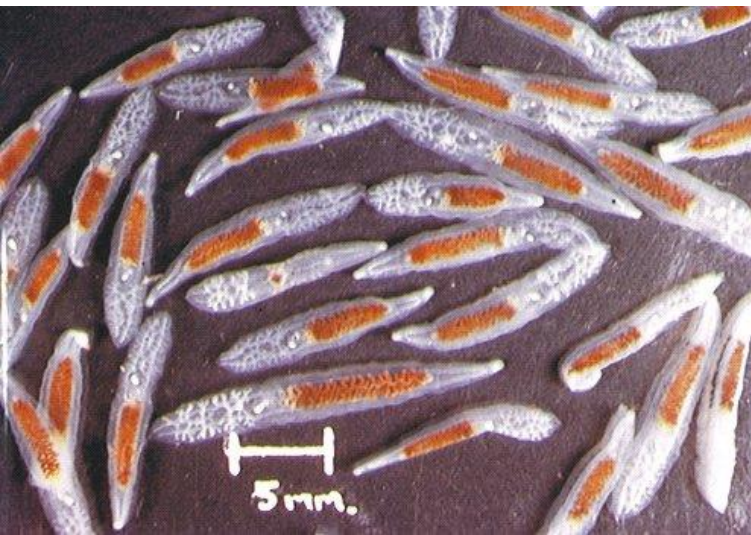
- Caused by *Clonorchis sinensis* (Chinese liver fluke) & *Opisthorchis viverrini*
- Estimated to cause about 17 million infections (*Clonorchis*) + 11 million (*Opisthorchis*) worldwide
- Mostly found in China, Hong Kong, Korea, Thailand
- Not reported in Sri Lanka
- Definitive hosts include humans & other fish-eating mammals
- Adult worm life-span: 20 – 25 years



Morphology

Adult

- Adult flukes are leaf-shaped and gray in colour
- Size : 6 - 20 x 2.5 mm
- Rounded posterior end; tapers anteriorly
- Ventral sucker smaller than oral sucker
- Deeply lobed testes



Egg



- Small operculated egg
- The operculum, at smaller end of the egg, is convex and rests on a visible "shoulder".
- At the opposite (larger, abopercular) end, a small knob or hook- like protrusion is often visible
- The miracidium is visible inside the egg

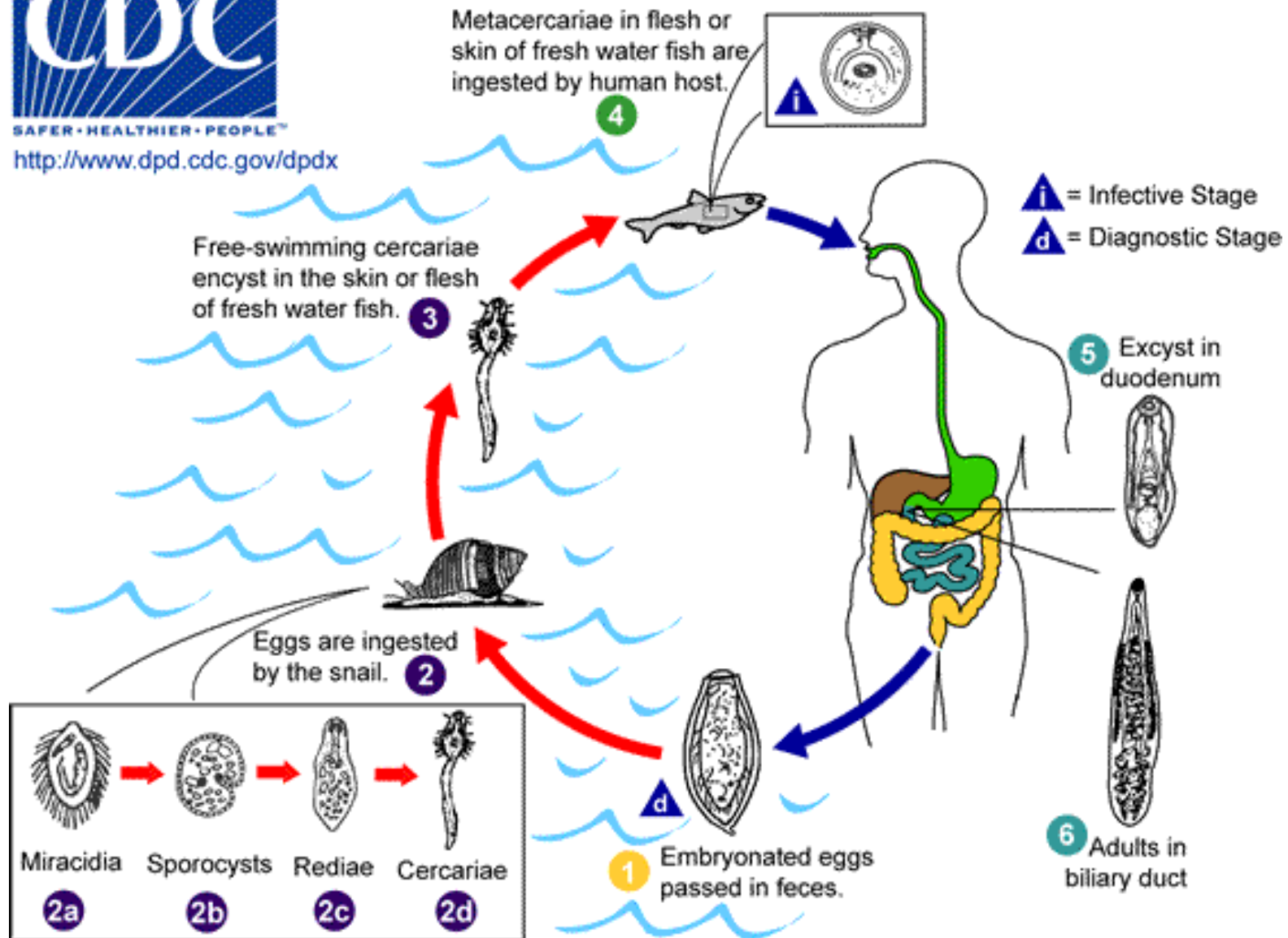


Life cycle



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<http://www.dpd.cdc.gov/dpdx>



- Infection is acquired by eating raw/ undercooked or pickled freshwater fish or shrimps carrying metacercariae
- Ingested metacercariae excyst in the small intestine and migrate through the Ampulla of Vater into common bile duct
- Adults inhabit intra-hepatic bile ducts but in heavy infections may be found in the gall bladder and pancreatic ducts

Clinical features

- Usually light infections
- More worms acquired over the years
- Insidious onset of clinical symptoms
- Heavy infections –
 - Low grade fever, malaise, R/ hypochondrial pain, diarrhoea, eosinophilia
 - Recurrent cholangitis, cholecystitis, and gall stones, pancreatitis, obstructive jaundice and cirrhosis
 - Malignant changes in endothelium of bile ducts - cholangiocarcinoma

Fascioliasis

- Caused by *Fasciola hepatica* (sheep liver fluke)
- Found around the world
- More common in sheep rearing countries
 - Australia, UK, France, Egypt, Iran, South American countries
- Not reported in Sri Lanka
- Adults found in sheep and cattle (herbivorous animals), and only occasionally in man
- Adult worm life span: 3 – 5 years

Morphology

Adults

- Adult fluke - large 2 - 3 cm X 1 cm
- Flat & leaf shaped, brown in colour
- Shouldered appearance due to cephalic cone
- Oral sucker = Ventral sucker in size

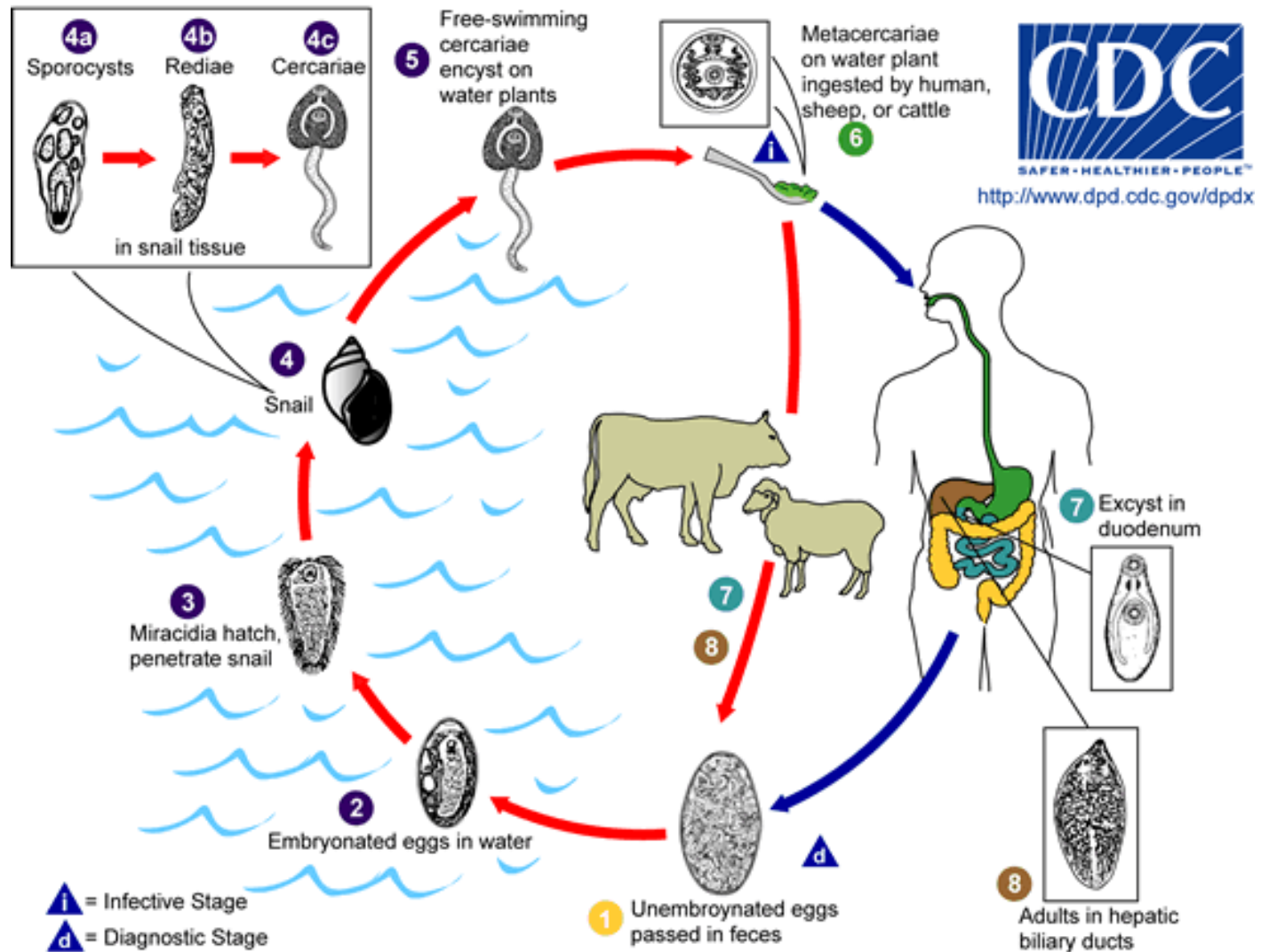


Egg

- Large, oval in shape
- Small, barely distinct operculum
- Thin shell with a slight thickening at the abopercular end
- They are passed unembryonated



Life cycle



- Infection acquired by ingestion of metacercariae
 - on plants grown near water – water cress, radishes and other salad vegetables;
 - Floating free in water
- Young flukes eat their way through the intestinal wall, peritoneal cavity, and liver capsule to enter bile ducts in liver

Clinical features

- Acute (migratory) phase
 - Upper abdominal and R/ hypochondrial pain
 - Fever with chills and rigors, vomiting
 - Hepatomegaly and eosinophilia (high)
- Chronic phase (adult stages)
 - Painful enlargement of liver
 - Recurrent cholangitis and cholecystitis, formation of gall stones
 - Obstructive jaundice and biliary fibrosis

Diagnosis of trematode infections

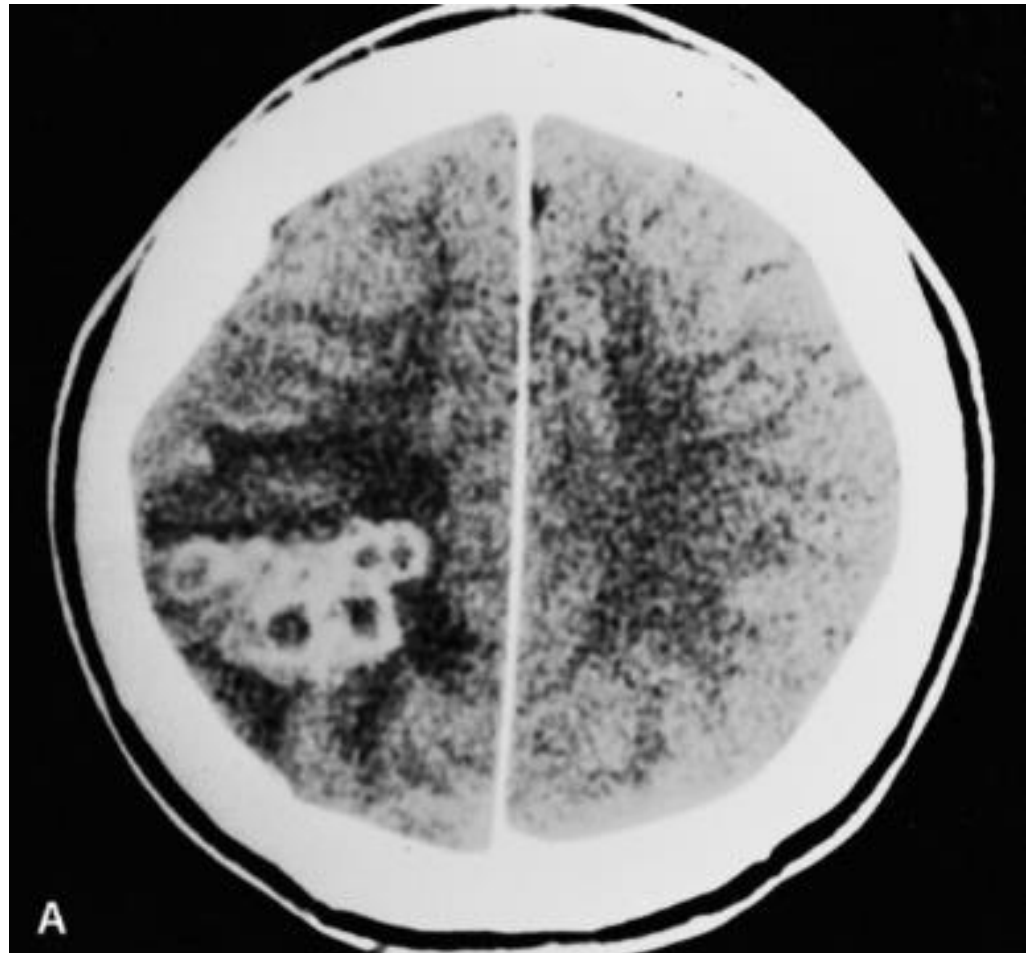
- History of travel to endemic areas - eating raw salads / fish or crustaceans
- Microscopic identification of eggs in the
 - stool
 - vomit
 - duodenal aspirate
 - sputum(concentration techniques in light infections)

In **paragonimiasis**

- Radiography – ring-shadowed opacity (bunch of grapes)
- CT scan – “soap bubble appearance” in brain scans
- Skin & immunodiagnostic tests (ELISA, CF) – highly sensitive



Chest X-ray – 'bunch of grapes' appearance



'soap bubble' appearance in CT brain

Treatment of trematode infections

- Praziquantel is the drug of choice for all trematode infections except fascioliasis
- Triclabendazole or bithionol is used for treatment of fascioliasis

Prevention and control of trematode infections

- Avoid eating raw/inadequately cooked fish/crustaceans or water plants in endemic areas
 - Metacercariae are not killed by refrigeration
 - Killed by heat at 55°C for 5 minutes/ roasting
- Snail control- using molluscacides
- Proper treatment of night soil-using lime & CuSO_4
- Reduction of usage of un-sterilized night soil as fertilizer
- Chemotherapy to reduce the human and animal reservoirs of infection

THANK YOU!

