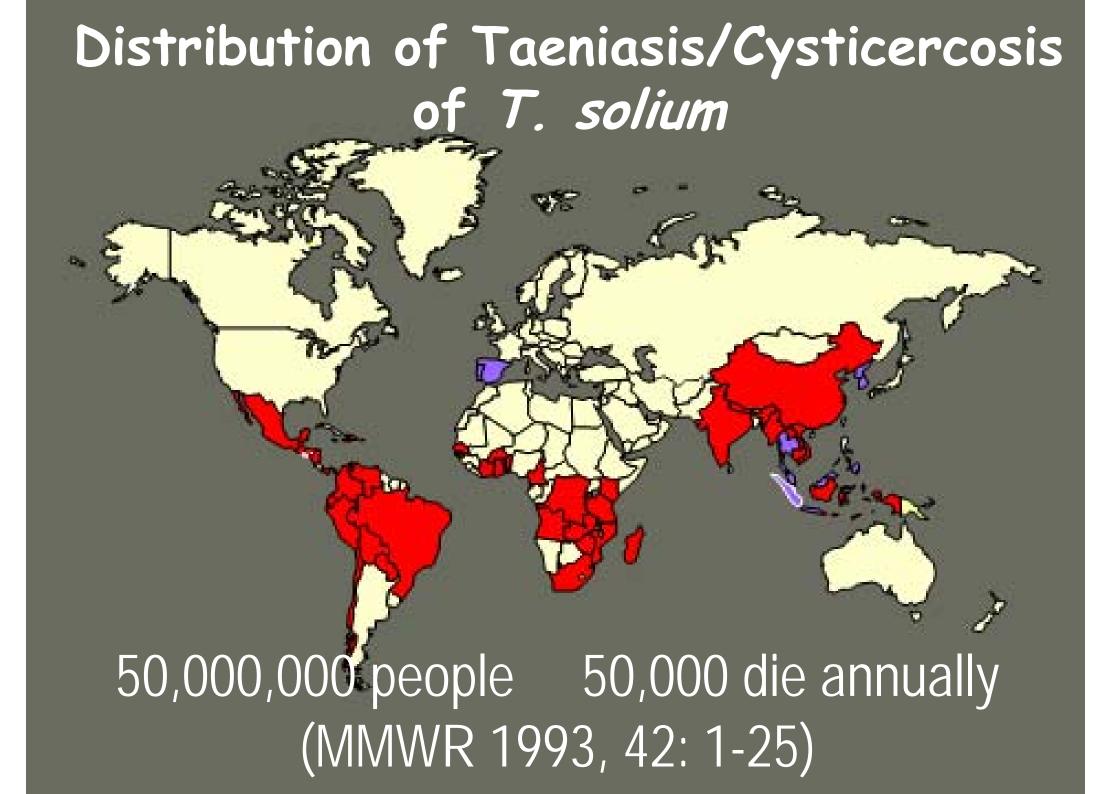


Molecular and serological diagnosis of taeniasis and cysticercosis in Asia and the Pacific

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sponsored by JSPS-Asia. Africa Science Platform Fund

Neurocysticercosis of Talenia solium İS one of the most lethal parasitic diseases worldwide and on the list eucited infectious diseases WHO 2005



Clinical Manifestations of NCC

No specific symptom

The majority of NCC cases asymptomatic: no treatment

Clinical Manifestations of NCC of T. solium

Clinical pictures	%
Epileptic Seizures	62
Intracr. hypertension	34
Meningitis	29
Mental disorders	11
Vasculitis	2
Spinal	0.5
Combined	37

No symptoms specific to NCC of T. solium

Epilepsy due to T. solium

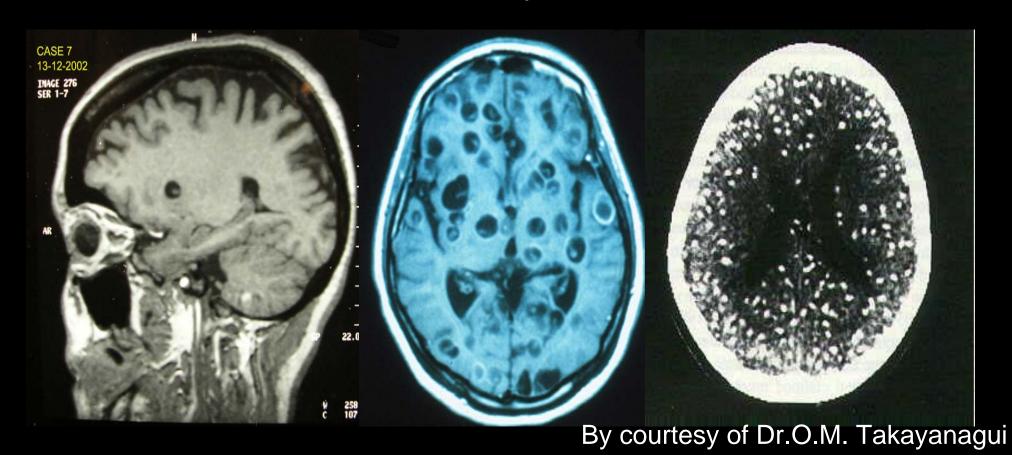
Main cause of late-onset epilepsy

Developing countries

Endemic areas for Taenia solium

Epileptic Seizures

Most common symptom of NCC 70% - 90%



Most of the symptoms of NCC become evident when the parasite has just been damaged by the host immune responses or by treatment with metacestocidal drug such as praziquantel through mass screenings

Treatment of NCC patients based on crucial diagnosis

Chemotherapy vs Surgery

No symptoms specific to NCC of T. solium

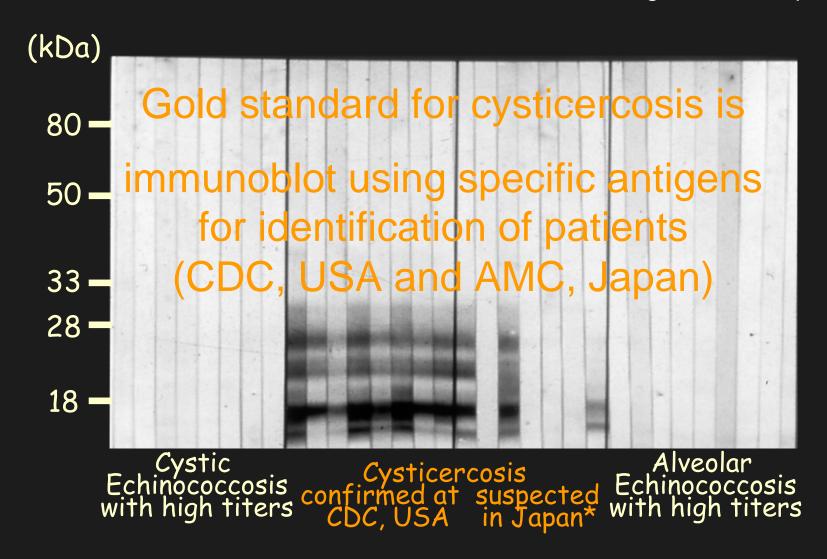
How to suspect NCC?

- 1) Neurologic disorders: no symptoms specific to NCC
- 2) Neuroimaging: not always typical
 - 3) History of traveling to and/or living in *T. solium* endemic areas

Then,

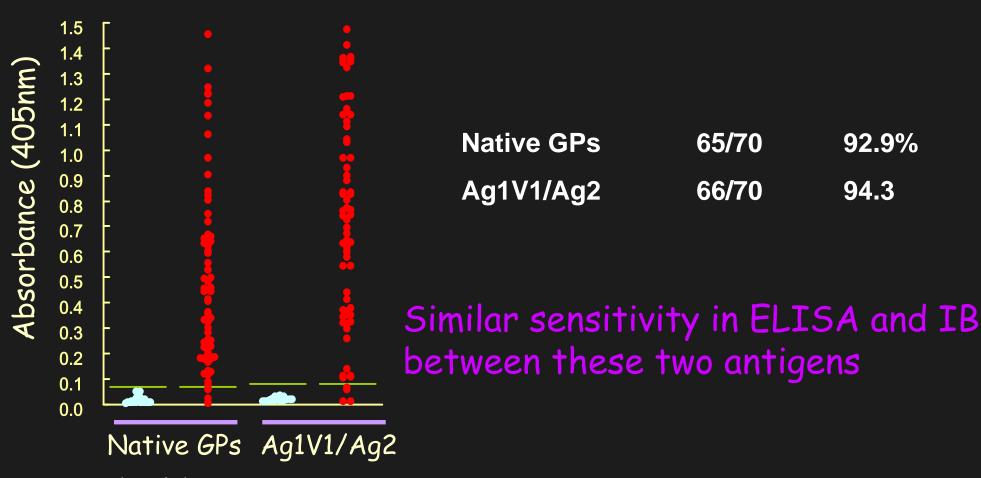
4) Serology!

* T. solium: not indigenous in Japan



<u>Differential Serodiagnosis of Cysticercosis by Immunoblot</u> (modified from Ito A et al. 1998. Am J Trop Med Hyg 59: 291-294)

Comparison of native GPs and recombinant chimeric antigens (Sako Y et al. 2000. JCM 38)



- healthy persons
- cysticercosis patients

How to diagnose NCC?

Neuroimaging: not always typical

Serology: sensitivity not always 100%

Surgery suspected brain tumor

Histopathology

Molecular identification

Ito A et al. Neurocysticercosis: clinical manifestation, neuroimaging, serology and molecular confirmation of histopathology specimens. Southeast Asian J Trop Med Public Health 2006; 37 (Suppl 3): 74-91

Molecular identification of metacestode in the histopathological specimens

No antibody Response: ID?

Solitary NCC? Calcified NCC?

With or without hooklets?

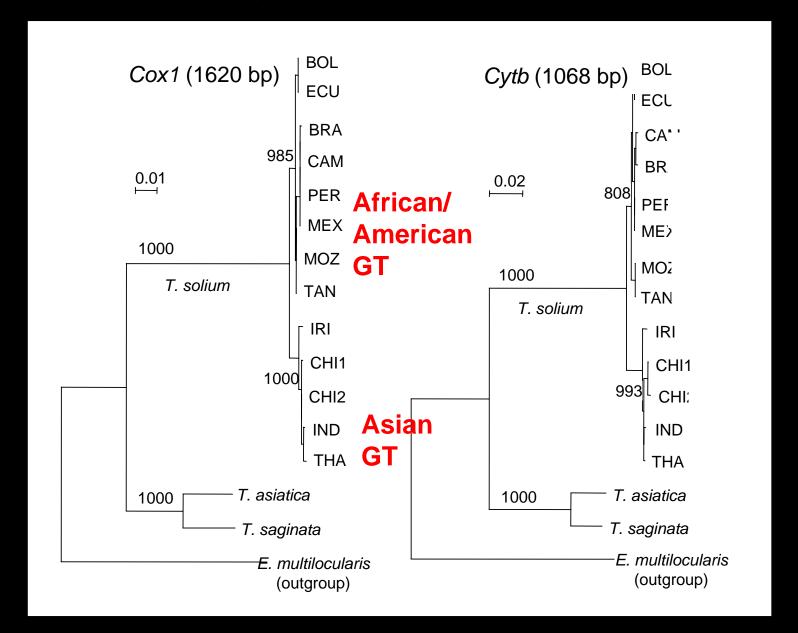
Are the causative agents really cysticerci of *T. solium*?

Other zoonotic taeniid species?



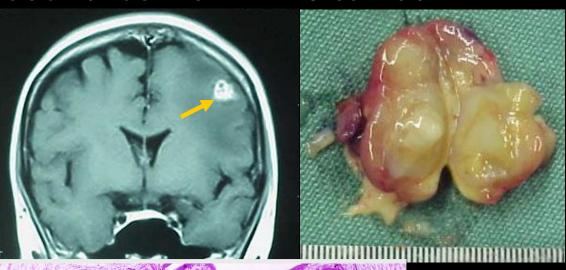
The majority of such cysts may be expected to be due to *T. solium*. However, molecular confirmation is essential nowadays.

Two genotypes of T. solium worldwide



Case 1

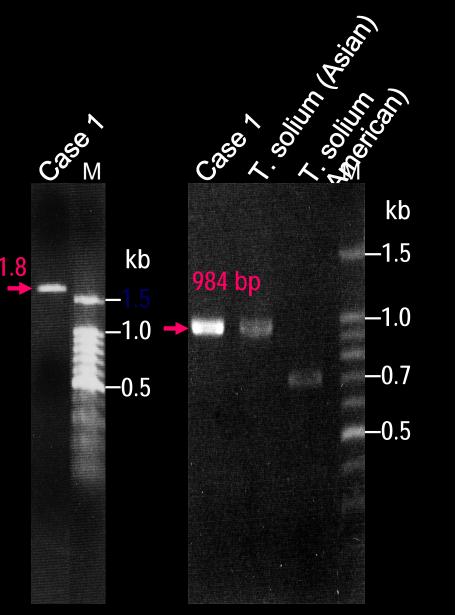
53-year-old, Japanese woman; a solitary cyst in the left frontal lobe; repeated travel histories to India and Southeast Asian countries from 1993 to 2001.



Such cases may retrospectively be analyzed as to where they were exposed to eggs based on subtyping of mtDNA.

This case is suspected to have been exposed to *T. solium* eggs in Bali, Indonesia.

PCR-amplification of *cox1*



PCR: 94C, 30sec; 58C, 30sec; 72C, 90sec; 35 cycles

A long-standing puzzle has been that adult taeniid tapeworms expelled from people in Asia-Pacific seem to be T. saginata, the beef tapeworm, although these people eat pork rather than beef (from Ito et al. 2003. Lancet 362, 1918-1920).

How many human *Taenia* species are distributed in *Asia-Pacific?*

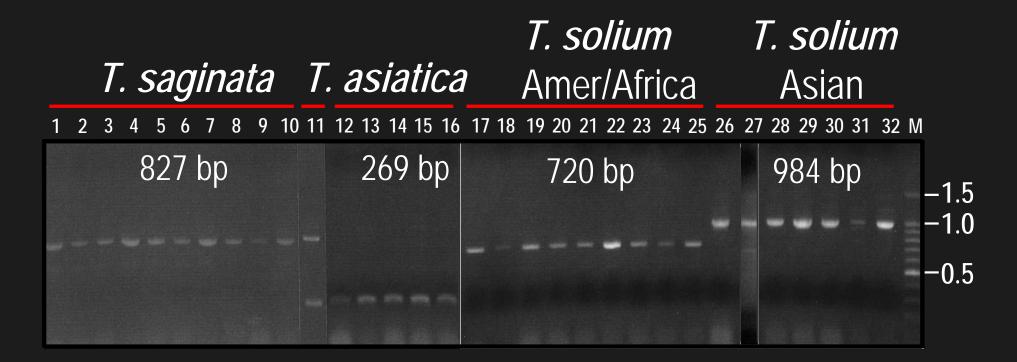
Now we have three in Asia-Pacific

Taenia solium, Taenia saginata and Taenia asiatica.

Historically we recognized only two in the world

T. solium and T. saginata!

Multiplex PCR for differentiation of three human taeniid species

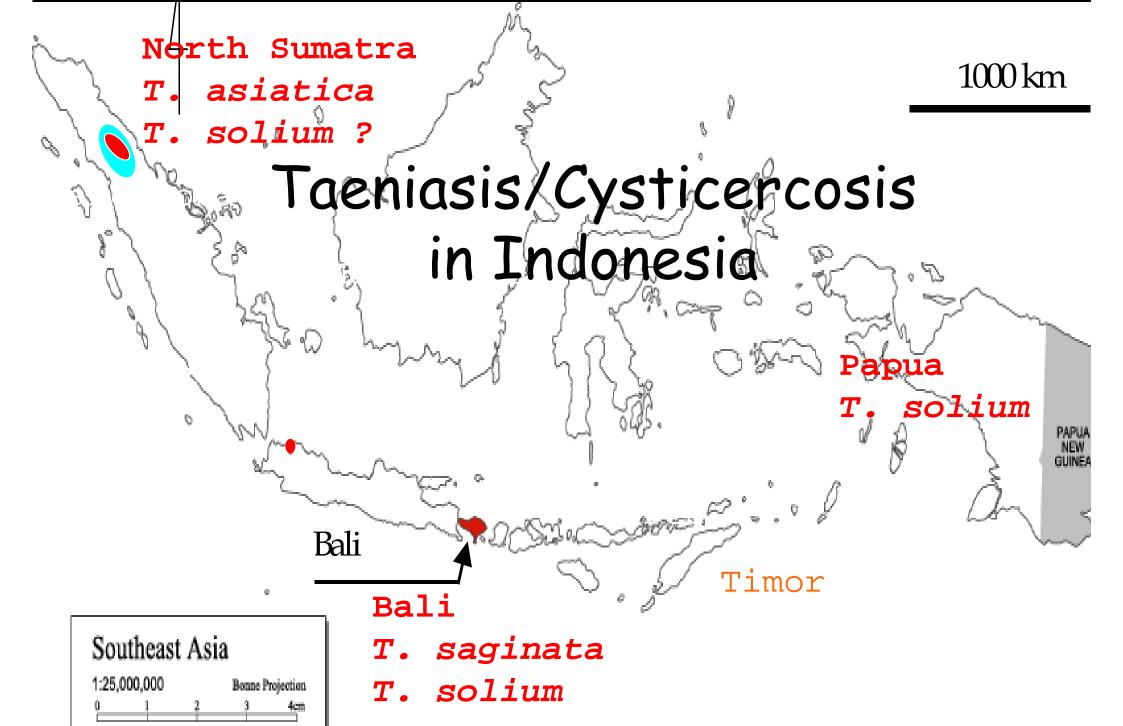


Lane 11: taeniid egg sample from Yunnan, China

(mixture of *T. saginata* and *T. asiatica*)

(Yamasaki H et al. 2004. J C Microbiol 42, 548-553)

- Three countries where we have confirmed three species are briefly introduced.
- 1) Indonesia where three species are distributed basically separately due to the barriers of the religion (Wandra et al. 2006 Trans R Soc Trop Med Hyg 100)
- 2) Thailand where three species are sympatrically occurring (Anantaphruti et al. 2007 Emrg Infect Dis 13)
- 3) China where three species are sympatrically occurring (Li et al. 2006 Acta Trop 100)



1000km

MAPIO / CopyrightONijiX

International collaborative projects



Immunoblots of NCC suspected patients' sera from Bali 2005

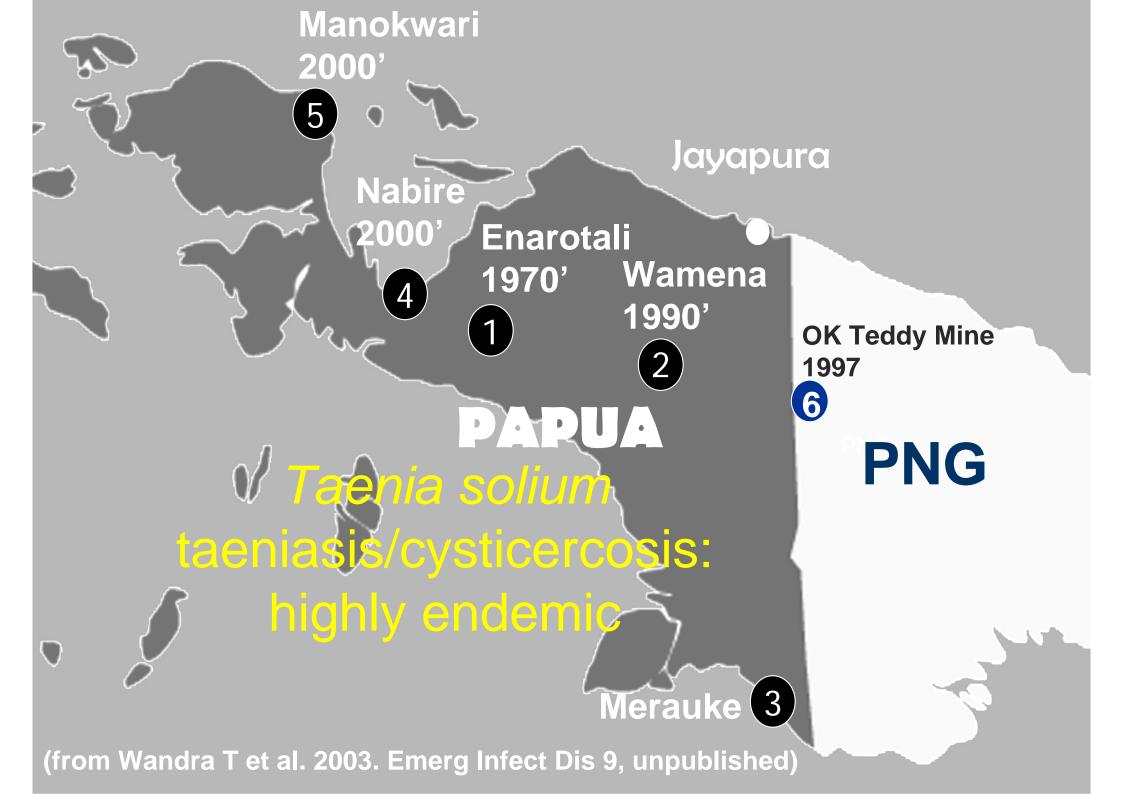
*: not NCC but malignant tumor (Feb 2006)

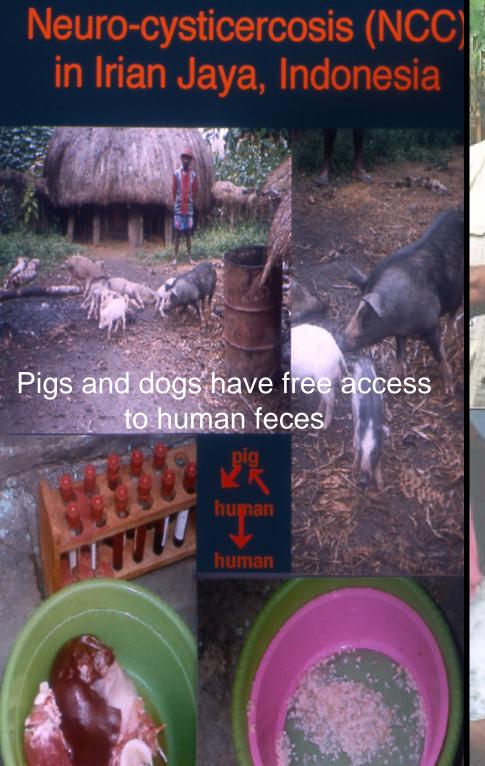
A:GPs prepared by isoelectric focusing

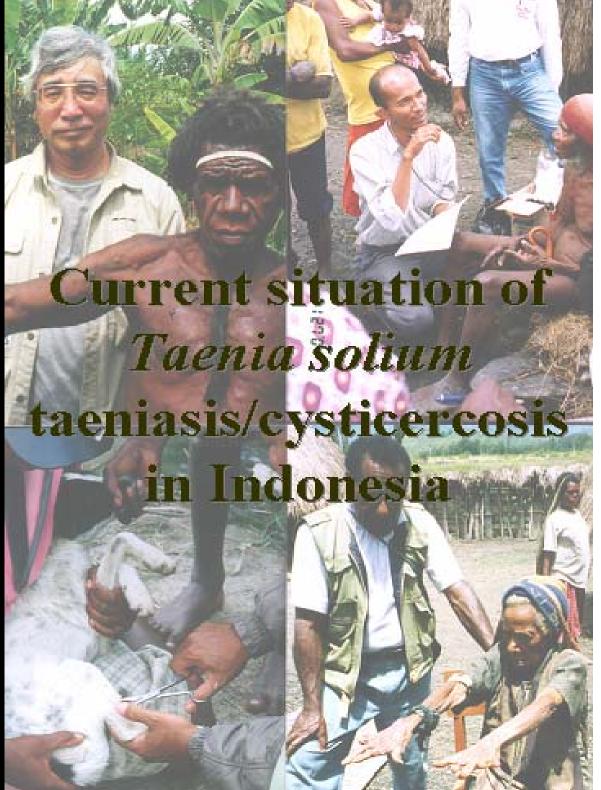
B: recombinant Ag

(see Sudewi RAA et al. 2007. Trans R Soc Trop Med Hyg 101: in press)







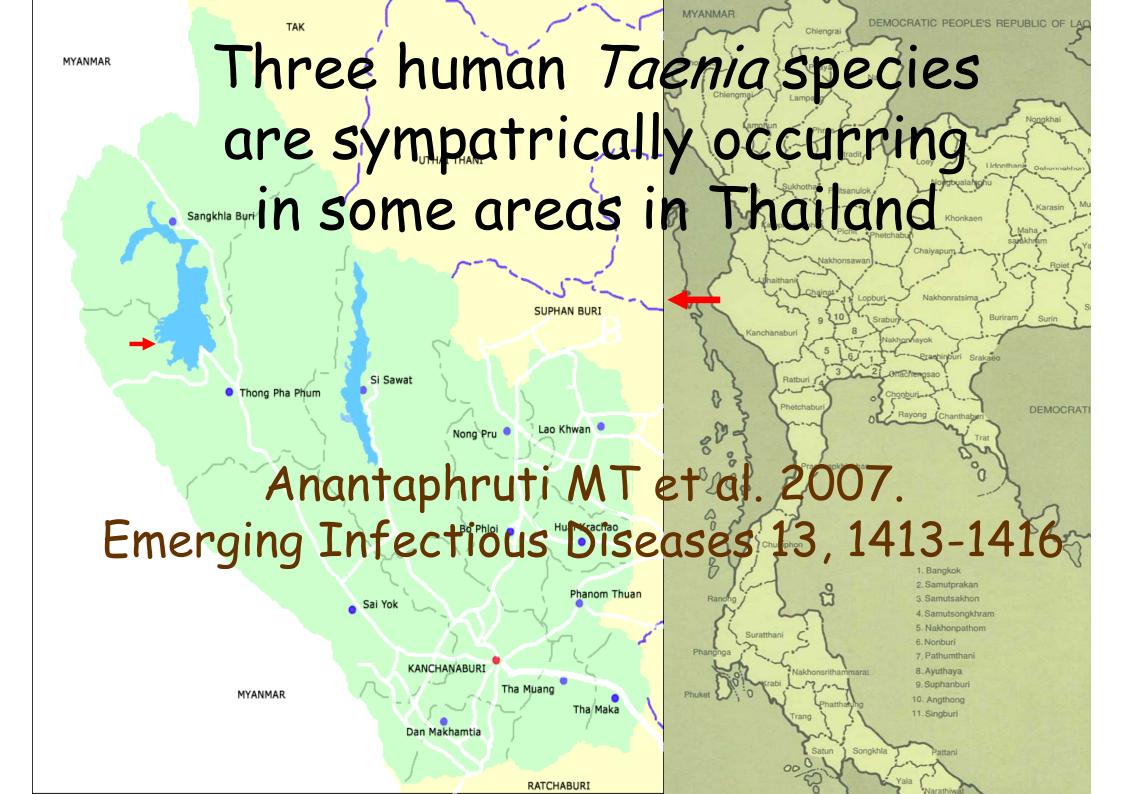






In Indonesia,

there is no area where three human taeniid species are sympatrically occurring (Wandra et al. Parasitol Int 2006: 55 Supplement; SEAJTMPH 2007: 38; Trop Med Health in press).



Three worms were expelled from one patient in Thailand 2004 (Anantaphruti MT et al. 2007 EID 13, 1413-1416)



2 Taenia solium

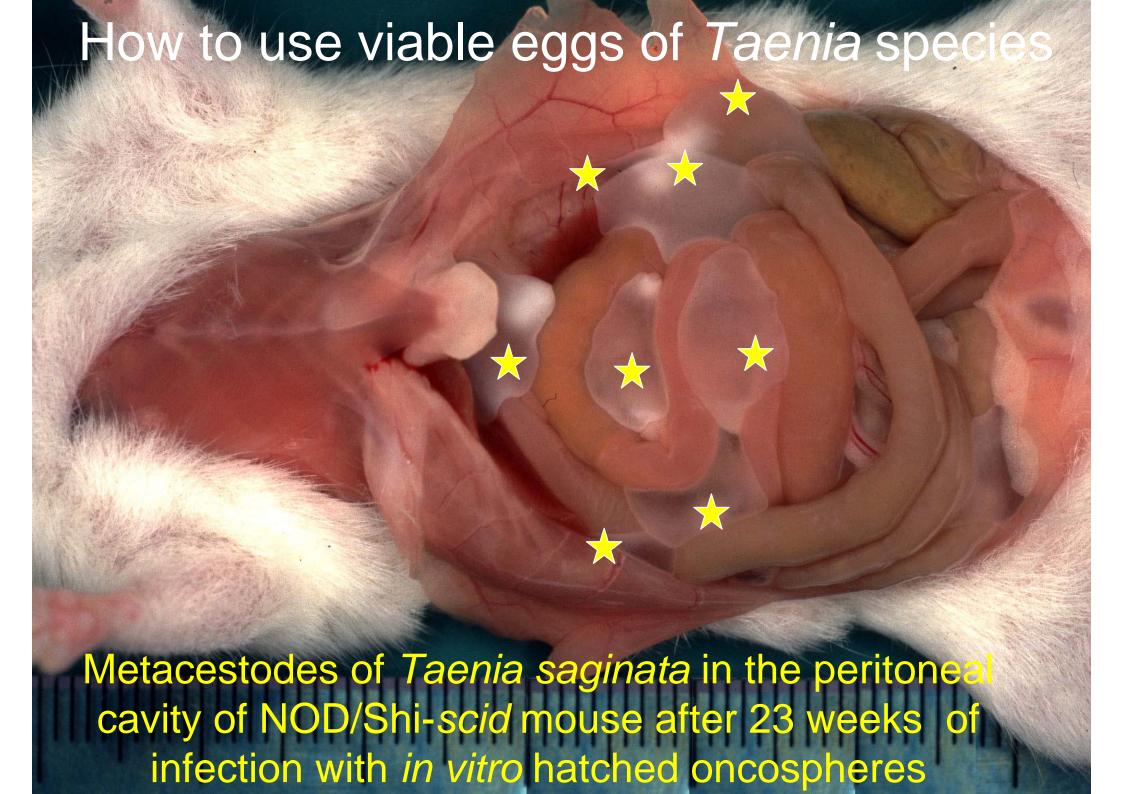


Taenia saginata or Taenia asiatica



T. asiatica has been confirmed from

Taiwan, China, Korea, Indonesia, Philippines, Vietnam, Thailand through our collaboration projects.



Huge number of metacestodes of

Taenia asiatica

after 19 weeks of inoculation with

in vitro hatched oncospheres

in a NOD/Shi-scid mouse

from Nakaya K et al. Parasitol Int 2006; 55Supplement

"A long-standing puzzle that adult taeniid tapeworms expelled from people in Asia-Pacific seem to be *T. saginata*, the beef tapeworm, although these people eat pork rather than beef"

has been resolved

not to be T. saginata but to be T. asiatica.

We have to re-evaluate all *T. saginata* worms in the world when the patients were from Asia-Pacific or having visiting or living history in Asia-Pacific.

Summary

- 1. Three human *Taenia* species are occurring in Asia-Pacific. Taeniasis may be detected by several tools.
- 2. Molecular identification of these human *Taenia* species is feasible.
- 3. Serology is highly useful for detection of NCC.
- 4. Confirmation of NCC is based on neuroimaging, serology, histopathology and molecular identification.
- 5. T. saginata in the world as well as in Asia-Pacific should be re-evaluated by molecular tools (Ito et al. 2003. Lancet 362, 1918-20).