

LAB-2- CLASSIFICATION OF PARASITE

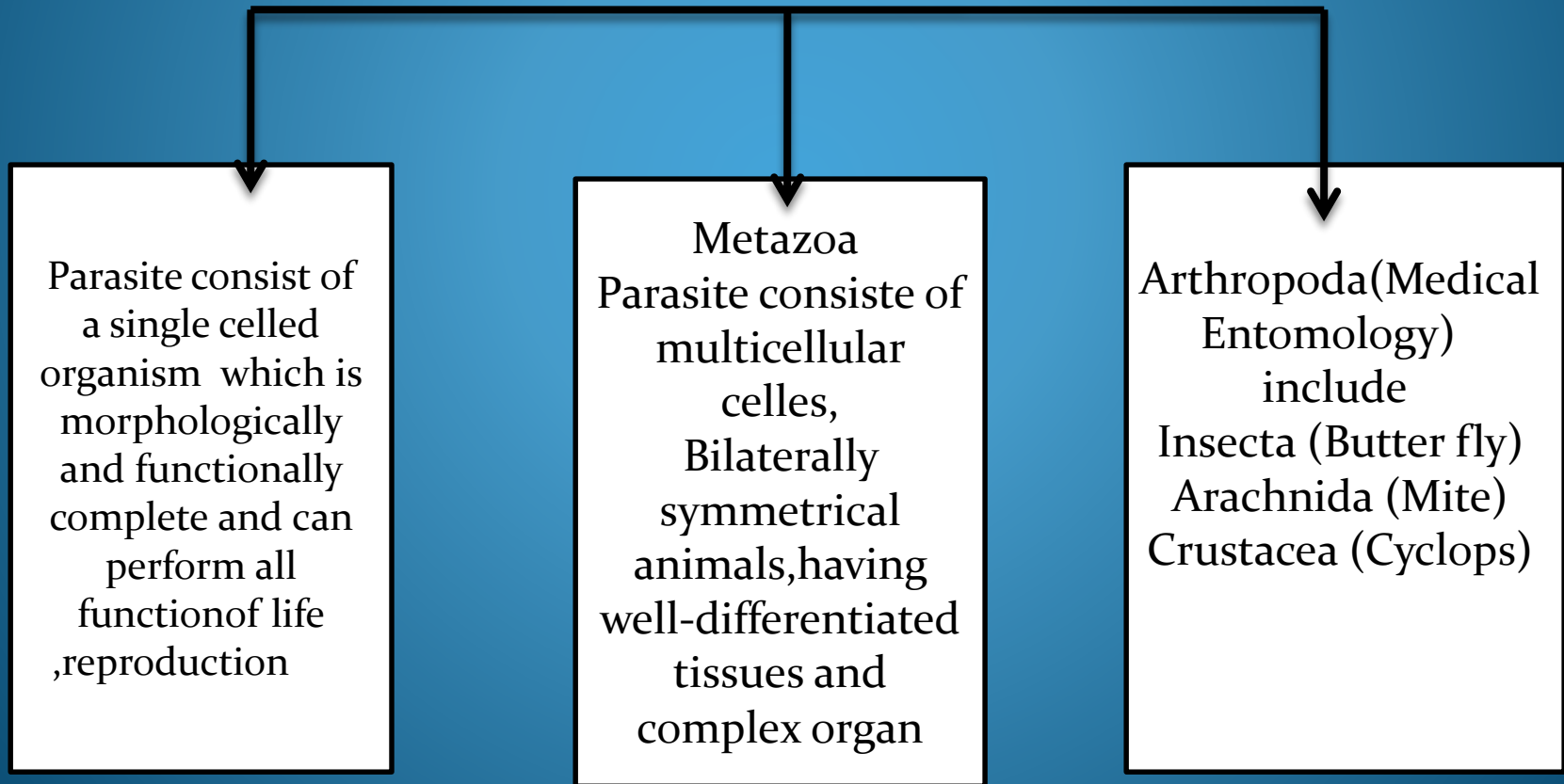
Submitted by
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Classification of Medical Parasite

Parasites of medical importance come under the Kingdom called Anemalia

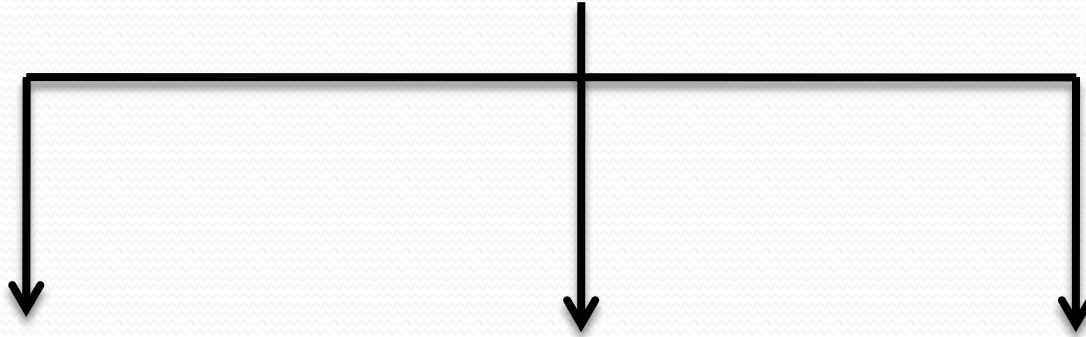
The parasite divide into three main groups



Taxonomic classification of Protozoa

Sub kingdom	Phylum	Class	Genus-examples	Species-examples
Protozoa	Sarcomastigophora further divided into	Sarcodina- (Amoeba) move by pseudopodia	Entamoeba → Endolimax Iodameba Dientameba	<i>E. histolytica</i> <i>E.nana</i> <i>I.butchlii</i> <i>D.fragilis</i>
		Mastigophora (Flagellates) move by flagella	Giardia → Trichomonas Trypanosoma Leishmania	<i>G. Lamblia</i> <i>T.vaginalis</i> <i>T.brucci</i> <i>L.donovani</i>
	Apicomplexa (Sporozoa) no organelle of Locomotion		Plasmodium → Toxoplasma Cryptosporidium Isospora	<i>P. falciparum</i> <i>T.gondi</i> <i>C.parvum</i> <i>I.beli</i>
	Ciliophora move by cillia		Balantidium →	<i>B. coli</i>

They are three groups of Amoeba



Pathogenic :-
E. histolytica

Nonpathogenic ;-
Entamoeba coli
E.gingivalis
Endolimax nana
Iodameba butschili
Dientameba fragilis

Free Living
Neagleria fowleria

Pathogenic Amoeba

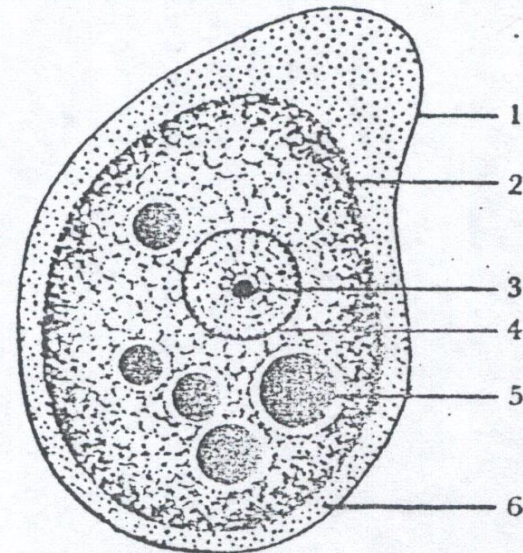
Entamoeba histolytica

Disease :Amebiasis (amebic dysentery, amebic hepatitis)

Amoebas unicellular microorganisms with simple life cycle which can be divided into two stages

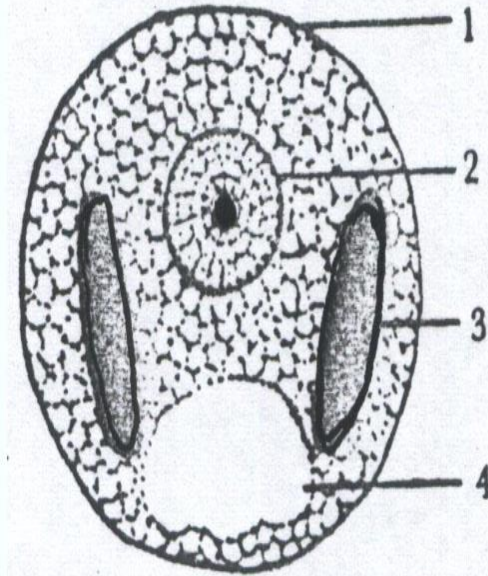
- Trophozoite : actively motile feeding stage
- Cyst : quiescent, resistanse ,infective stage
- The reproduction is through binary fission
- Motility by extention of pseudopodia (False Feet)

Trophozoite :- Vary in size from 10 – 60 Mm in diameter ,Active movement and undirectional through pseudopodia (finger shap),has single nucleus with centric karyosome and chromatin arranged peripheral on the nuclear membrane , cytoplasm in clearly defined in two ectoplasm and endoplasm in case of dysentery food vacuoles contain RBCs



Trophozoite of *E. histolytica*.
1, Pseudopodium; 2, Endoplasm;
3, Karyosome; 4, Nuclear membrane;
5, Ingested red blood cells; 6, Ectoplasm.

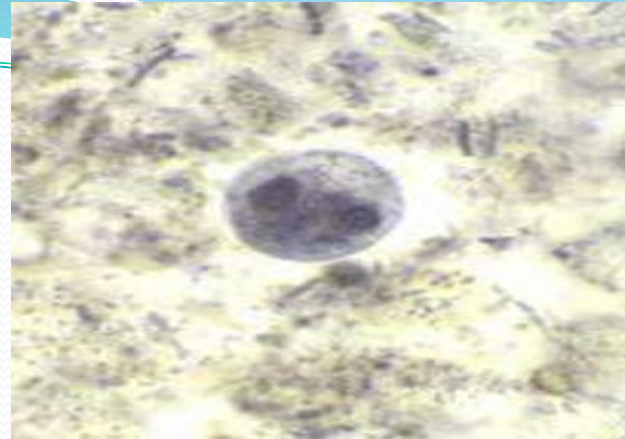
Cyst : (infective stage)
Are spherical or oval in shape, size from 10 -20 Mm ,the cytoplasm contain chromatoidal bodies and 1 to 4 nuclei with central karyosome ,chromatoidal may be absent in the mature cyst.



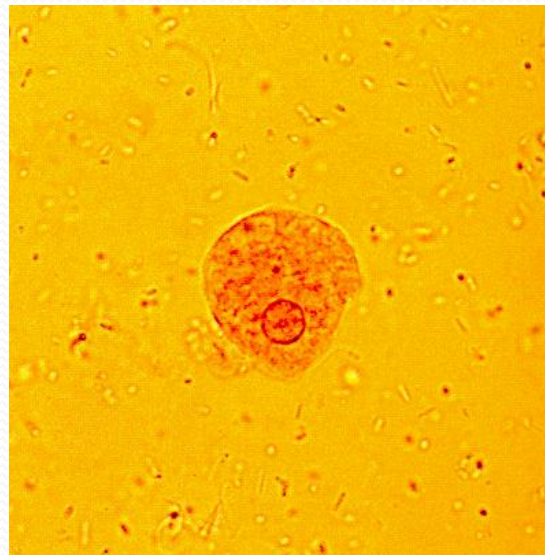
Cyst of *E. histolytica*.
1, Cyst-wall; 2, Nucleus;
3, Chromatoid bodies;
4, Glycogen vacuole.



E. histolytica Trophozoite



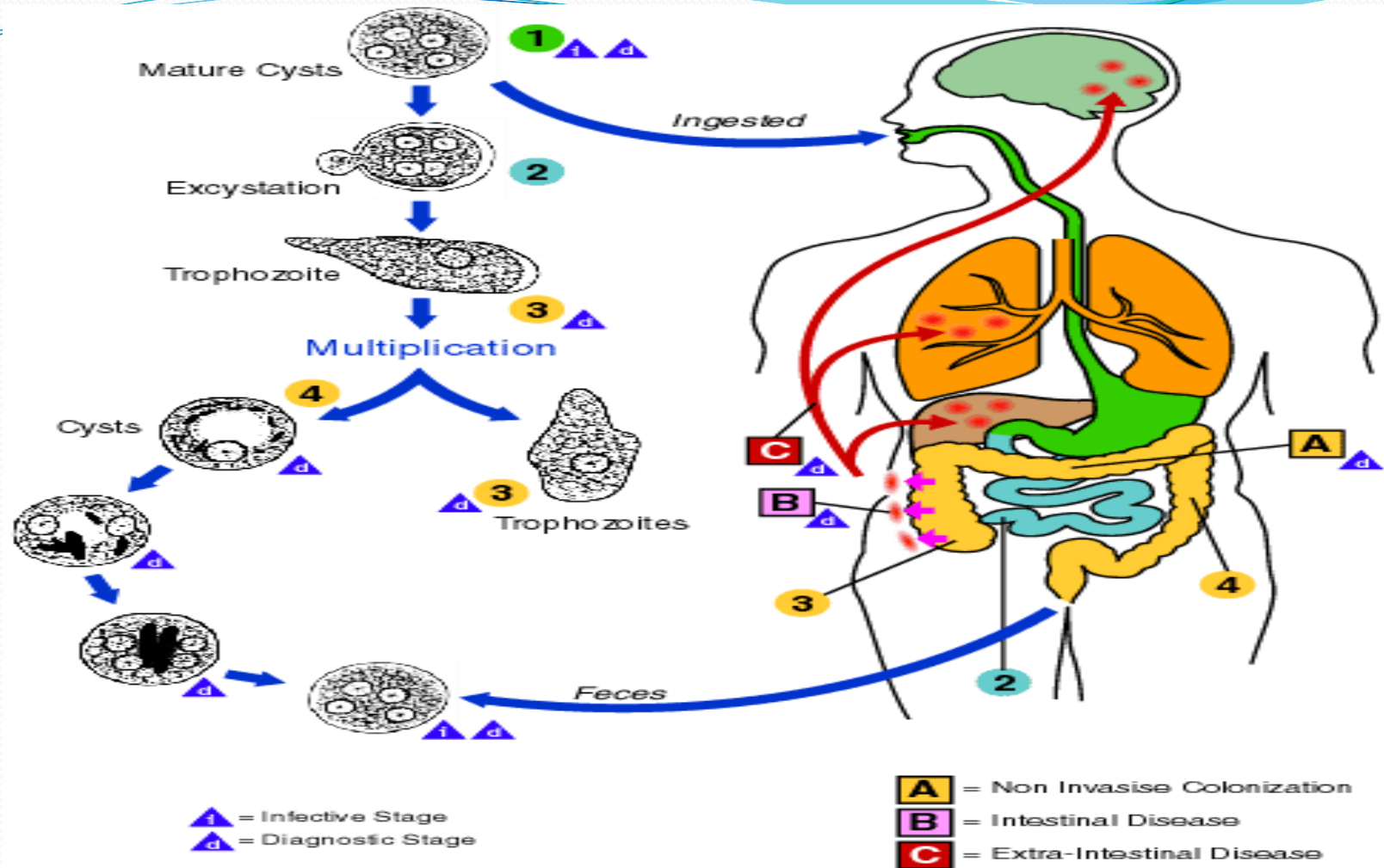
E. histolytica Cyst



E. histolytica Trophozoite

Life cycle of *E. histolytica*

Infection by *E. histolytica* occurs by ingestion of cyst in fecally contaminated food, water or hands, the cyst resists the gastric environment and passes to small intestine where it excystation. Trophozoites are released which migrate to large intestine, the troph. Multiply by binary fission and produce cyst which are passed in feces, (trophozoite can be passed in diarrheal stool, but rapidly destroyed outside the body, the troph. remain confined to the intestinal lumen in some individuals troph. non invade the intestinal who are thus asymptomatic carriers but in other patient troph. Invade the intestinal mucosa causes intestinal disease (lesion, flask shape) or through the blood stream can be invade liver, lung and brain. the cyst can survive days to weeks in the external environment and are responsible for transmission.



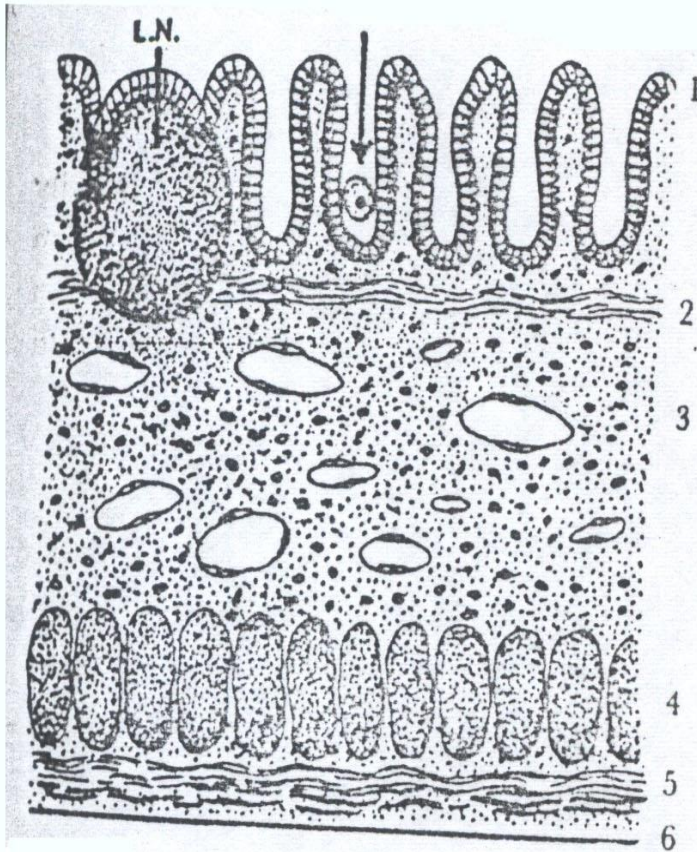
life cycle of *E. histolytica*

Pathogenesis & Clinical features

Produce local necrosis in intestine, invasion the deeper mucosa until reach sub mucosa, in other infection leads to secondary involvement of other organs, primary liver but also the lung, brain and heart. Extra intestinal amebiasis associated with troph.

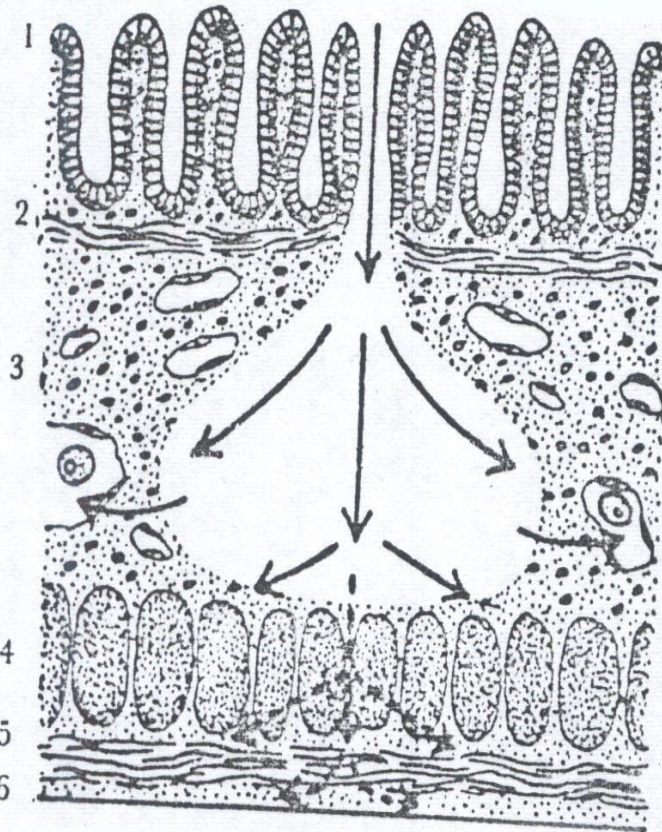
Also It infection may causes dysentery (diarrhoea blood with mucous, abdominal pain, fever and cramping).

In extraintestinal amebiasis causes liver abscess, fever, epigastric pain, leukocytosis.



Microscopic anatomy of the large intestine.

1, crypts of Lieberkühn; 2, muscularis mucosae; 3, submucosa; 4, circular muscles; 5, longitudinal muscles; 6, peritoneum.
L.N., solitary lymph node.



-Invasion of *E. histolytica* through the intestinal wall.

Flask-shaped clear area represents the process of tissue necrosis. Continuous lines indicate the usual progress and dotted lines, the occasional approach.



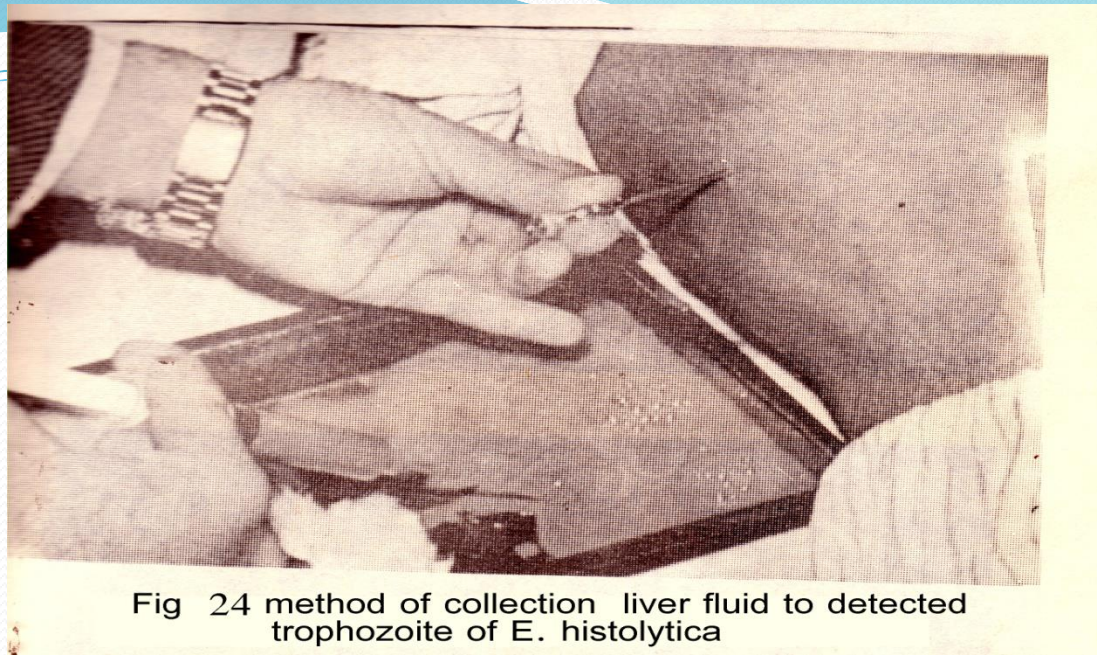


Fig 24 method of collection liver fluid to detected trophozoite of *E. histolytica*



hepatic amoebiasis with abscess the liver tissue damaged and liquefied (from dead patient)

Laboratory diagnosis:

- Macroscopic exam of fresh stool and observed mucous, blood, red blood cells
- Microscopic by general stool examination for cyst or troph stage.
- Used scanning procedure for liver and other organs.
- Specific serological test with stool examination

Non pathogenic Amoeba

E. coli Nonpathogenic, found in large intestine human,

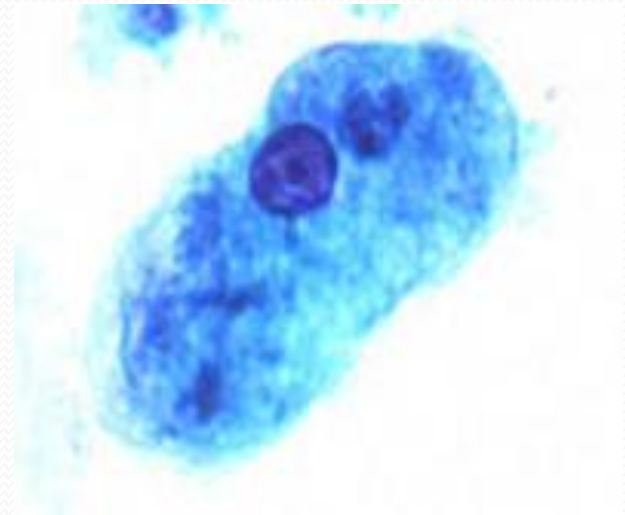
Table : Differentiation of trophozoite and cyst of *E. histolytica* and *E. coli*

Note : as *E. coli* is more commonly found in the dysenteric stool, the morphological differences from the pathogenic species *E. histolytica* is shown in the table below

	Entamoeba histolytica	Entamoeba coli
Trophozoiti.	20 to 30µm.	20 to 40 µm.
Size :	Very active	Sluggish
Motility :	Clearly defined into ectoplasm and endoplasm.	Not defined; ectoplasm .
Cytoplasm :		Bacteria and other materials but never red blood cells .
Cytoplasmic inclusions :	In food vacuoles, Red blood cells, leucocytes and tissue debris but no bacteria	
Nucleus :	Not visible in unstained preparation .	visible in unstained preparation .
Stained with iodine :		Eccentric karyosome; coarse chromatin granules line the thick nuclear membrane .
Nuclear character :	Central karyosome; fine chromatin granules line the delicate nuclear membrane .	



E. Coli Troph. (20 – 50 μm)
The motile in saline sluggish rarely progressive not directional

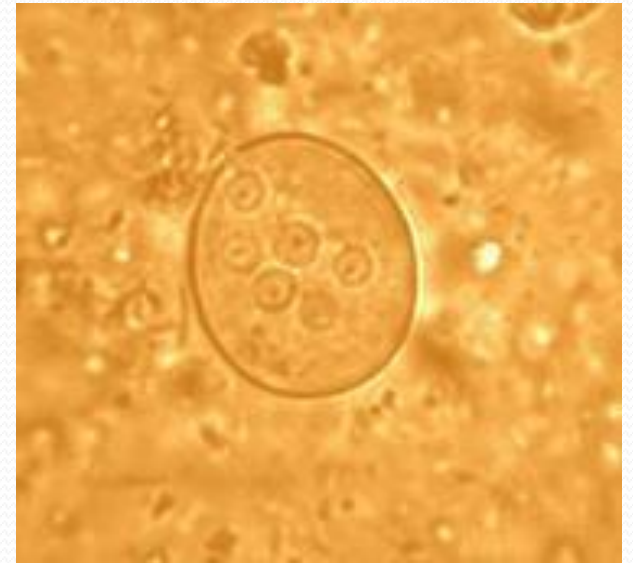


E. histolytica Troph.(18 – 60 μm)
The motile in saline, active progressive and directional

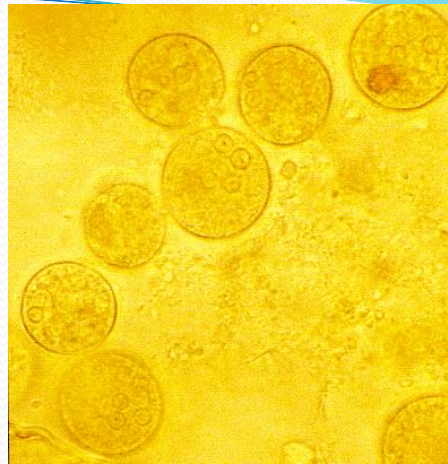
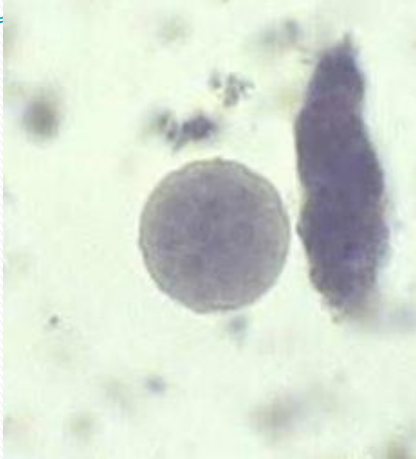
	Entamoeba histolytica	Entamoeba coli
cyst :		
Stained with iodine :		
Size :	6 to 15 μm .	15 to 20 μm .
Nucleus :	1 to 4 central karyosome.	1 to 8 eccentric karyosome .
Glycogen mass :	Visible in uninucleate stage .	Large and visible in the binucleate stage.
Fresh preparation :		Filamentous, thread – like with square or pointed ends .
Chromatoid bodies :	Rounded bars .	



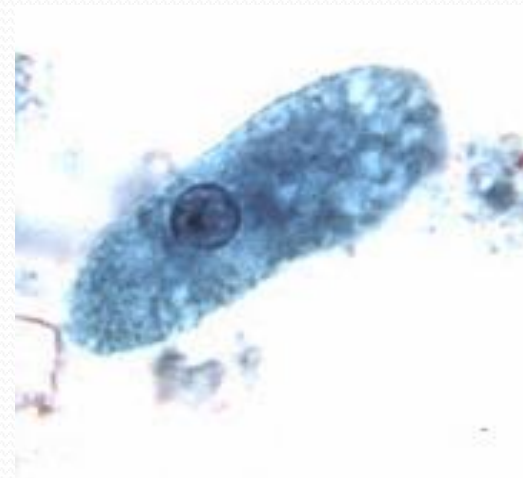
E. histolytica Cyst (5 – 20 μm)



E. Coli Cyst (15 – 33 μm)



Entamoeba coli Cyst



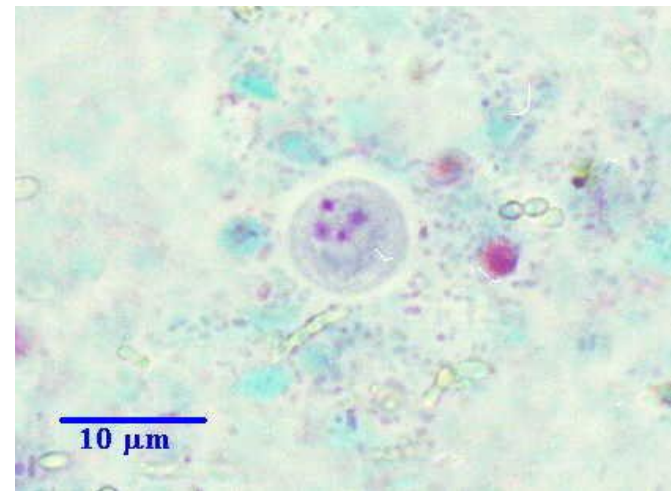
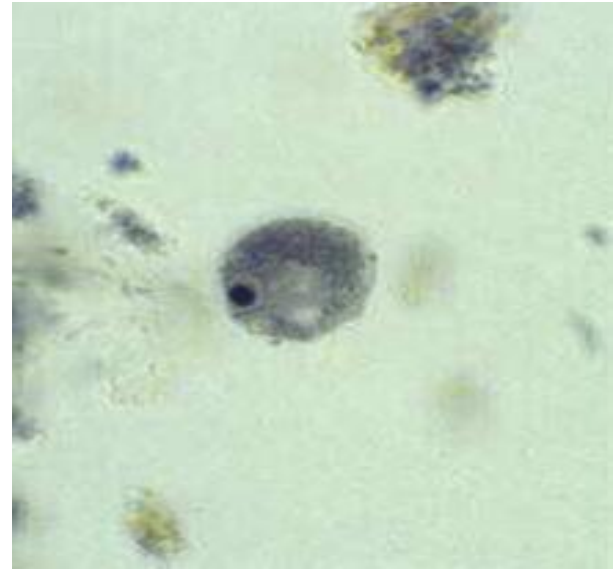
Entamoeba coli Trophozoite

Fig E.coli from stool smear

Endolimax nana

- live in large intestine
- smallest amoeba
- Life cycle is similar to *E. histolytica*
- Troph. has large karyosome
- Feed on bacteria

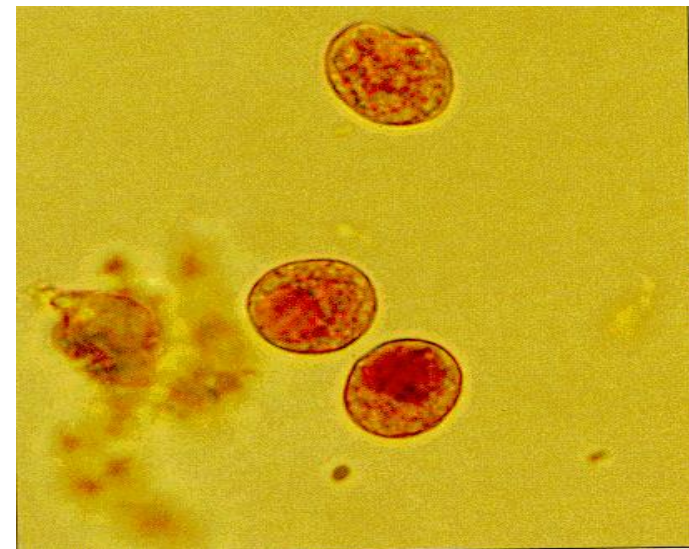
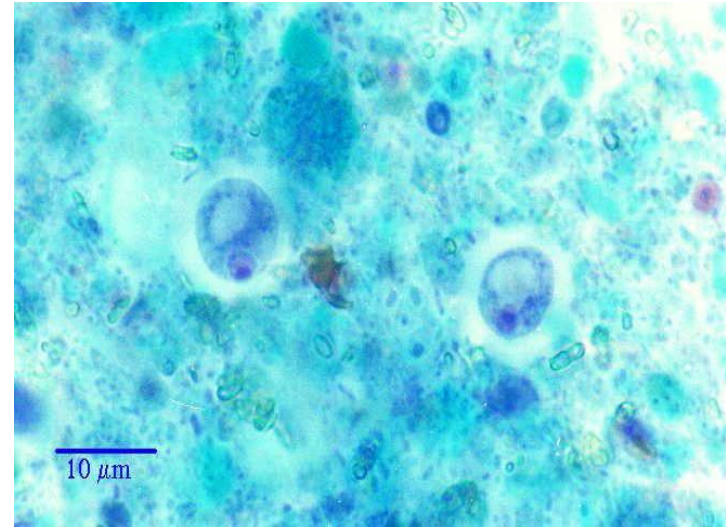
Cyst is small in size, oval or spherical in shape contain four nuclei



Iodomoeba butschilii

The natural habitat is the lumen of the large intestine ,troph. contain nucleau with large karyosome,feeding on bacteria

Cyst : uninuclatyed and spherical with large glycogen



Dientamoeba fragilis
Only troph. found
binucleate Trophozoite
Size 6 – 25 Mm



E. gingivalis

- All species oral,
- troph. stage present
- Troph. 5 – 35 Mn

