Republic of Iraq
Ministry of Higher Education and Scientific Research
Muthanna University
College of Science
Biology Department



Study Of Comparison Between Traditional Methods And Molecular Diagnosis Of Cutaneous Leishmaniasis In Al- Muthanna Province

A Thesis

Submitted to the Council of the College of Science Muthanna
University in Partial Fulfillment of the Requirements for the
Degree of Master Science in Biology/ Microbiology

By

Jamila Obeid Mezher

B. Sc.in Biology Education Collage/Basrah University 1980

Supervised by

Assist. Prof. Dr. Ghada Bassil Ali Dr. Yassir Dekheel Kremsh Alasadiy

2017 A.D 1438 A.H

Abstract

This study aimed to compared the sensitivities and specificities of PCR assays used for parasite identification with leishmanial culture and microscopic detection in order to validate these PCR techniques for the molecular diagnosis of cutaneous leishmaniasis.

Mean age of patients' group was 14.4±11.94 years with a range of (1-45 years) while the mean age of control group was 13.75±11.81 and a range of (2-46 years). Regarding gender, patients group included 45 males (72.58%) and 17 females (27.42%) suggesting that the disease is more common in males with a male to female. Mean age of male patiens was 16.1+12.92 years, while mean age of female patients was 9.91+7.42 years.

The distribution of patients according to residency was as follows: 23 patients (37.15 %) from Al-Warkaa, 10 patients (16.13 %) from Al-Hillal, 9 patients (14.52 %) from Al-Khther, 8 patients (12.9 %) from Al-Salman, 4 patients (6.45 %) from Al-Mamlaha, 3 patients (4.84 %) from Center, 2 patients (3.23 %) from Al-Swir, one patient from Al-Majd (1.61%), one patient from Al-Najmi (1.61%), one patient from Al-Draji (1.61%).

Three methods were used to identify the presence of the parasite for purpose of comparison. These were Light Microscopic examination, culture and PCR.

The Leishmania subtypes in the present study were distributed as follows: L. tropica accounted for 69.35% while L. major accounted for 22.58% of cases.

Contents

Subject	Page No.
Acknowledgements	
Abstract	I
Contents	II-V
List Of Tables	VI-VIII
List Of Figures	IX
List Of Abbreviations	X-XIII
Chapter One: Introduction	
1.1 Introduction	1-2
1.2 Aims Of The Study	3
Chapter Two: Literatures Review	
2.1 History	4-5
2.2. The Leishmania spp.	5-7
2.3 The Life Cycle Of Leishmania	7-9
2.4 Taxonomy	10
2.5 Clinical Symptoms Of Cutaneous leishmaniasis	10-13
2.6 Epidemiology Of Leishmaniasis	13-17
2.7 Diagnosis	17-19
2.8 Multilocus Enzyme Electrophoresis (MLEE)	19-20
2.9 Microsatellites	20-21
2.10 Mutation Mechanism	21-23
2.11 Vector	23
2.12 Reservoir	24-25
2.13 Treatment	25-26

2.14 control	26-27
2.15 Population Genetics Of Leishmania Parasites	27-28
2.16 Genetic Diversity And Bottleneck Theory	29
Chapter Three: Materials And Methods	
3.1 Materials	30
3.1.1 Equipments and Instruments	30
3.1.2 Kits	31
3.1.3 Primers	32
3.1.4 Chemicals	32
3.2 Methods	33
3.2.1 Data collection from patients	33
3.2.2. Samples Collection	33
3.2.3 Direct Giemsa Stain	33
3.2.4 Culture on Novy-MacNeal-Nicolle(NNN) medium	33-34
3.2.5 Hematological parameters	34
3.2.6 Genomic DNA Extraction	34-35
3.2.7 Genomic DNA concentration examination	36
3.2.8 Nested PCR master mix preparation	36-37
3.2.9 Primary thermocycler reaction conditions	37-39
3.2.10 Secondary thermocycler reaction conditions	39
3.2.11 Gel electrophoresis	39-40
3.2.12 Statistics analysis	40
Chapter Four: Results	

4.1 Demographic characteristics of the study groups	41-4
4.2 Hematological parameters in patients and control groups	45-4
4.3 Detection Of The Parasite	47-5
4.4 Location And Number Of Lesions	50-5
4.5 Leishmania Subtypes	53-5
Chapter Five : Discussion	+
5. Discussion	55
5.1 Method Comparison	55
5.1.1. Microscopy , Culture Method And Molecular Methods	55-5
5.2 Demographic Characteristics Of The Study Groups	56-5
5.3 Hematological Parameters In Patients And Control Groups	58-5
5.4 Methods Of Parasite Detection	59-6
5.5 Location And Number Of Lesions	60-6
5.6 Leishmania Subtypes	61-6
Chapter six: Conclusions & Recommendations	
6.1 Conclusions	63
6.2 Recommendations	64
References	65-8
Appendix	86-9

4.8	Comparison of mean hematological parameters between male and female patients	46
4.9	Rate of parasite detection by different methods	47
4.10	Comparison of sensitivity rate of the microscope and culture method in reference to PCR	49
4.11	Number of lesions	50
4.12	Location of lesions	50
4.13	Effect of age on number of lesions	51
4.14	Association between patient's gender and number of lesions	51
4.15	The association between number of lesion and hematological parameters	51
4.16	Mean age in relation to location of lesion	52
4.17	Association between location of lesion and gender	52
4.18	Association between hematological parameters and location of lesion	52
4.19	Leishmania subtypes	53
4.20	Association between L. subtypes and mean age	53
4.21	Association between L. subtypes and gender	53
4.22	Association between L. subtypes and mean hematological parameters	54
4.23	Association between L. subtypes and number of lesions	54
4.24	Association between L. subtypes and lesion location	54

List of Figures

Figure No.	Title	Page No.
2-1	Leishmania amastigotes in collected samples of the liver tissue from Mays libycus, Zarqan County, Fars Province, South of Iran, 2012	6
2-2	Promastigotes: flagellated motile forms found in the vector and in culture (x1000)	7
2-3	Scheme of the life cycle of Leishmania	9
4.1	Bar chart showing mean age in patients and control groups	42
4.2	Rate of parasite detection by different methods	47
4.3	showing leishmanial amastigotes in a Giemsa-stained smear made from aspirates fluid of Cutaneous lesions	48
4-4	Promastigotes: flagellated motile forms found in culture (x1000).	48
4.5	Agarose gel electrophoresis image that show the Nested PCR product analysis of kinetoplast DNA (kDNA) in <i>Leishmania</i> samples. Where M: marker (2000-100bp), lane (1, 2, 4, 7, 8, 9,11, and 12) some positive samples of <i>Leishmania tropica</i> isolates at (750bp) Nested PCR product, lane (3, 5, 6, and 10) some samples of positive <i>Leishmania major</i> isolates at (560bp) Nested PCR product	49

List of Abbreviations

A Adenine

APS Ammonium peroxodisulfate

ARF Annual Rainfall

bp Base pair

BLAST Basic Local Alignment SearchTool

BM Bone marrow

BSA Bovine serum albumin

C Cytosine

CA Central Asia

CE Capillary Electrophoriesis

CL Cutaneous leishmaniasis

DAT Direct agglutination test

DCL Diffuse cutaneous leishmaniasis

ddH2O Double distilled water

Dμ2 (δμ2) Ddm Delta mu squared

DNA Deoxyribonucleic acid

dNTP Deoxynucleotide triphosphate

DMSO Dimethyl-sulfoxid

Dps Proportion of shared alleles

EDTA Ethylenediamine-tetra acetic acid

fg Femtogram Filter papers FP In-breeding coefficient Fis F-statistic Fst G Guanine HCL Hydrochloric acid Expected heterozygosity He Observed heterozygosity Ho Infinite Allele Model IMM Internal transcribed spacer ITS K Number of population Khazakistan KZ Kbp Kilo base-pair Kinetoplast DNA KDNA MAJ L. major Middle East indicating South West Aisa ME MCL Mucocutaneous leishmaniasis Markov chain Monte Carlo MCMC Multilocus enzyme electrophoresis MLEE Messenger RNA mRNA Mitochondrial DNA mtDNA

NNN Novy-MacNeal-Nicolle medium

NW New World

NJ Neighbor-joining tree

NWA North West Africa

OIF Oil immersion field

OW Old World

PBS Phosphate buffered saline

PCR Polymerase chain reaction

PAGE Polyacrylamide gel electrophoresis

PKDL Post kala-azar dermal leishmaniasis

Pg Picogram

PS Palestine

RFLP Ristriction fragment length polymorphism

RNA Ribonucleic acid

RR Relative risk

rRNA Ribosomal RNA

RT-PCR Reverse-transcriptase PCR

SDS Sodium dodecyl sulphate

SMM Stepwise Mutation Model

sp. Species

ssU RNA Small sub-unit RNA

T Thymine

Taq Thermus aquaticus

TBE Tris borate EDTA

TE Tris EDTA

TEMED NNNN- Tetramethylene diamine

TM Turkmenistan

U Unit

U Uracil

UPGMA Unweighted Pair Group Method with Arithmetic Mean

UV Ultra violet

UZ Usbekistan

VL Visceral leishmaniasis

WHO World Health Organization

1.1- Introduction

Leishmanias are infection of parasites attributable to a range of Leishmania parasites supported by a broad variety of vectors and reservoirs spread on all occupied continents and caused by more than 20 species of Leishmania and a in nature common severe infection, it includes cutaneous leishmaniasis, visceral leishmaniasis and mucocutaneous leishmaniasis (Herwaldt, 1999). Adler and Theodor, (1957) showed that 350 million citizens are at hazard in 88 countries, (66-22) of which are in the Old World and the New World respectively, and 72 in the emergent countries, with generally rate of (1–1.5) million cases of cutaneous leishmaniasis and 500,000 cases of visceral leishmaniasis.

Cutaneous leishmaniasis is attributable to Leishmania braziliensis complex and Leishmania mexicana in the New World and by Leishmania tropica, Leishmania major and Leishmania aetiopica complex in the Old World (Ashford,1996 and 1999 and 2000). It has been expected that 350 million people are at danger with 500,000 new visceral leishmaniasis cases each year, definite cases of visceral leishmaniasis have been reported from 66 countries, 90% of the world's visceral leishmaniasis load occurs on the East Africa (Sudan, Ethiopia and Kenya), Indian sub continent (India, Bangladesh and Nepal) and Brazil (WHO1991, 1996 and 1998). About 90% of cases occur in Iraq, Iran, Syria, Saudi Arabia, Algeria, Afghanistan, Peru, and Brazil (Al-Jawabreh et al., 2003).

Cutaneous leishmaniasis is a polymorphic disease, its symptoms ranging from asymptomatic infection to mild nature - limited cutaneous ulcer or to more delayed and common lesions (Al-Majali et al., 1997). This scientific polymorphism may result from changeability either in the parasite pathogenic variety or in the host immune response. This heterogeneity is reflection to result in regular accumulation of different

mutations, sexual recombination, genetic replace and hybridization (Arda and Kamal, 1983).

Finding of Cutaneous leishmaniasis is hazardous because of the high cost and major toxicity of recent treatment regimens (Vega-Lopez, 2003). As well, for in cooperation epidemiological and clinical reasons, it is main to recognize the *Leishmania* species in each area, even though different species need various administrative methods, different *Leishmania species* can cause also appearing cutaneous lesions in the like ecological region, unfortunately, the traditional investigative techniques for Cutaneous leishmaniasis have some limits (Al-Rai, 2005).

Microscopic examinations are inexpensive and rapid, but they have short compassion mostly in chronic lesions (Al-Rai, 2005). At the same time as, cultures of *Leishmania* are more sensitive, they are vulnerable to microbiological corruption and difficult attributable to exacting growth supplies of special strains (Anis *et al.*, 2001). Also, some strains grow fine over than others *in vitro* and this detail causes careful growth of essential strains through culture in varied infections (Ashford, 1999).

Molecular techniques, for example polymerase chain reaction (PCR), permit strict recognition and description of parasites in isolates obtained from patients (Barker, 1989). Molecular techniques designed for species resolve, PCR-RFLP is proved to be the most susceptible and specific practice (Ayala, 1998). Skin biopsy and as well materials obtained by skin cut/exudates have been used for PCR in different studies (Ben-Ismail et al., 1997).

1.2 Aims of the study:

The aim of this study was to isolate and identify the cutanoeus leishmaniasis and compare several methods of diagnosis of parasites.