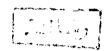
TOXOPLASMOSIS IN PREGNANCY

An essay
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by

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INTRODUCTION

INTRODUCTION

Toxoplasmosis is a common infection and a rare disease. Most acute toxoplasma infections are asymptomatic and only a small number gives rise to a brief illness that usually remains undiagnosed. Because of its rarity as illness, few general physicians are sufficiently familiar with toxoplasmosis and its diagnosis to requisite the appropriate tests. However, even an asymptomatic or mild first infection in a pregnant woman may be transmitted to her fetus in utero.

The fate of placental transmission has been calculated to be between 17 and 25 % when maternal infection develops during the first and second trimesters and 65% when infection develops in the third trimester, (Desmonds and Couvreur, 1975). Toxoplasmosis may lead to spontaneous abortion, stillbirth, or congenital infection of the fetus. Transmission of the parasite to the fetus occurs most often when maternal infection has been acquired during the last trimester, but the disease in the neonate is almost always subclinical. If the mother is infected early in the pregnancy, transmission to the fetus occurs less frequently, but the disease in the neonate is more severe (McLeod and Lee, 1988).

This work demonstrates the parasite, its epidimiology, pathophysiology, clinical manifestations of both acquired and congenital toxoplasmosis, diagnosis, treatment and prevention. Special recommendations to the pregnant woman is also discussed.

REVIEW OF LITERATURE

THE ORGANISM .

[1] Taxonomy:

Kingdom: Animalia.

Subkingdom: protozoa.

Phylum : Apicomplexia .

Class : Sporozoea .

Subclass : Coccidia .

Order : Eucoccidiida .

Suborder : Eimeriina .

Toxoplasma gondii (Levine et al., 1980)

[2] MORPHOLOGY

Toxoplasma gondii is a coccidian parasite which exists in three forms: the trophozoite or the tachyzoite, the tissue cyst and the oocyst (Levine 1973; Frenkel, 1973).

The tachyzoite (Fig. 1) is crescent shaped with one end pointed and the other rounded, being about 3-4 microns in breadth by 6-7 microns in length (Remington et al., 1960). Evident in Giemsa stained preparations are a delicate azure cytoplasm and a reddish, spherical or ovoid nucleus that is usually nearer to the blunt end of the parasite. Electron micro graphs reveal a complex system of organelles that clearly demonstrate the taxonomic relationship of toxoplasma to the Apicomplexa (Sheffield and Melton, 1988; Beaver et al., 1984). The ultra structure of toxoplasma gondii has been described (Sheffield and Melton, 1986; Levine 1985), (Fig. 2). The organism has a 3 membraned complex at the surface, each membrane is consisting of 2 electron dense layers separated by electron - light material. It has an apical complex consisting of 2 polar rings at the anterior end (and a similar ring at the posterior end) a short truncated hollow conoid 0.2_0.36X 0.15X0.36 um composed of 6-7 micro tubules spirally coiled at an angle of 45-50 degrees; 20 to perhaps 30 cylindrical or clubshaped rhoptries of variable length, which apparently open to the outside at the anterior end after passing through the conoid; about 50 curved rodlike micronemes anterior to the nucleus and 22 longitudinal subpellicular micro tubules arising from a ring at the level

of the conoid and running posteriorly for about one-fifth to two-thirds of the body length. Just in front of the nucleus is the golgi

Fig. (1): Toxoplasma gondii Tachyzoites. [From Yamaguchi, T.; Inatomi, S.; Kamo, H.; Otsuru, M.; Suzuki, T.; and Yoshida, Y. (eds): A Colour Atlas of Clinical Parasitology. Wolfe Medical Publication, Ltd, 1981.]

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Fig. (2): The Ultrastructure of <u>T. Gondii</u>: ↓ polar ring, c: conoid, po: paired organelles, G: Golgi complex, M: mitochondria, N: nucleus, ER: endoplasmic reticulum, HCV: host cytoplasmic vacuole, HC: host cell, ↓: pillicle. [From Sheffield and Melton, 1968.]

apparatus. There are one or more micropoles in the pellicle. The cytoplasm is somewhat vacuolated and contains numerous ribosomes, rough endoplasmic reticulum, and one to several mitochondria. The nucleus is about 1-2 um in diameter and contains a large nucleolus; the nuclear membrane has a double layer that is interrupted. During acute infection, groups of proliferative stages may be seen in a wide range of host cell types. These aggregations of parasites bound to the plasma lemma of the host cell are called pseudo cysts (Frenkel, 1971). The pseudocyst is small and contains up to 100 endozoites (Kreier and Baker, 1987), (Fig. 3).

The second form of the parasite, the tissue cyst, is formed within the host cell cytoplasm and may vary in size from small cysts containing only few cystozoites or bradyzoites to those containing approximately 3000 organisms (Lainson, 1958), (Fig.4). The cyst wall is produced by the parasite and is distinct from the membrane of the host cell (Hogan et al., 1960). The wall of intact toxoplasma tissue cysts within the brains of mice with congenital toxoplasmosis was investigated by Sims et al (1989). The contained cystozoites were shown by ultra structural examination to be surrounded by a layer of micro tubules which was found to be of neuronal origin, (Fig.5). Interior to this layer was a much convoluted parasitophorous vacuole membrane; exterior was the host cell membrane. The cyst wall is eosinophilic, argyrophilic, and weakly PAS positive; the organisms within the cyst are strongly PAS positive (Beaver et al., 1984).

The third form of the parasite, the oocyst, (Fig. 6), is produced in the epithelial cells of the small intestine of cats and other felids

, but not, so far is known , in other animals (Work and Hutchison 1969; Frenkel et al., 1970). When freshly passed

Fig. (3): T. Gondii pseudocyst: intracellular and liberated trophozoites. [From Yamaguchi et al., 1981.]