# STUDY OF INTERLEUKIN-2 RECEPTORS AND TUMOUR NECROSIS FACTOR SERUM LEVELS IN SCHISTOSOMIASIS AND THEIR ANALOGOUS CHANGES IN COLLAGEN DISEASES AND SCHISTOSOMAL ARTHROPATHY

#### Thesis

Submitted for Partial Fulfilment of M.D. In Basic Medical Science (Parasitology)

By

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1994





#### **ACKNOWLEDGEMENT**

First, I would like to thank Professor Dr. Tosson A. El-Morsy, Professor of Parasitology and Head of Parasitology Department, Faculty of Medicine, Ain Shams University, for his paternal emotions, providing me with the will to complete this work.

It is a great pleasure to express my sincere appreciation and deep gratitude to my Professor Dr. Hamed M. Khalil, Professor of Parasitology, Faculty of Medicine, Ain Shams University, for dedicating part of his valuable time guiding me to put this study in its complete form. His great help, precious advice and continuous support has offered me a lot during this work.

I am also deeply indebted to Professor Dr. Fathy A. Tamara, Professor of General Medicine and Head of Rheumatology Department, Faculty of Medicine, Ain Shams University, for the generous help and cooperation, providing me with some of the materials to complete this study.

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Special thanks go to Professor Dr. Adel G. El Missiry, Professor of Parasitology, Faculty of Medicine, Ain Shams University, for careful supervision throughout the work.

I am grateful to Dr. Hoda M. Fahmy, Assistant Professor of Parasitology, Faculty of Medicine, Ain Shams University, for her continuous guidance and encouragement.

I owe special gratitude to Dr. Nadia M. Sabri, Assistant Professor of Parasitology, Faculty of Medicine, Ain Shams University, for her honest assistance, devoting her time and effort to complete this work in its final form.

I truly appreciate Dr. Hanan G. El-Baz, Lecturer of Immunology, Theodor Bilharz Research Institute for her help in conducting part of the practical work of this thesis.

I also wish to offer many thanks to Dr. Nahla M. Zakaria, Lecturer of Clinical Pathology, Faculty of Medicine, Ain Shams University, for facilitating part of the practical work in this study.

Last, but not least, I thank all the staff members in Parasitology and Rheumatology Departments, Faculty of Medicine, Ain Shams Unversity, for their valuable help whenever needed.

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### **ABBREVIATIONS**

ADCC : Antibody dependent cell mediated cytotoxicity

**BAF** : B-cell activating factor

**BCDF**: B-cell differentiation factor

**BCGF**: B-cell growth factor

**CAA** : Circulating anodally migrating antigen

**cAMP** : Cyclic adenosine monophosphate

**CCA** : Circulating cathodally migrating antigen

**CFU-e** : Colony forming unit-erythroid

**CFU-GM**: Colony forming unit-granulocyte/macrophage

**CSF** : Colony stimulating factor

**ECF-L**: Eosinophil chemotactic factor for lymphocytes

**ESP** : Eosinophil stimulation promotor

**GASP**: Gut associated proteoglycon

**IFN**: Interferon

IL : Interleukin

LAP : Lymphocyte activating factor

LGL: Large granular lymphocytes

LPS : Lipopolysaccharides

LT : Lymphotoxin

MHC : Major histocompatibility complex

MSA : Major serological antigen

NK-cells: Natural killer cells

**PEG**: Polyethylene glycol

PHA: Phytohaemagglutinin

SDIF : Schistosome derived inhibitory factor

**SEA** : Soluble egg antigen

**SWAP** : Soluble adult worm antigenic preparation

T<sub>3</sub>: Immature T-cells

T<sub>4</sub> : Helper/inducer T-cells

T<sub>8</sub> : Suppressor/cytotoxic T-cells

TCGF : T-cell growth factor

 $TGF_{\beta}$ : Transforming growth factor-beta

TNF : Tumour necrosis factor

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# Introduction

#### INTRODUCTION

Schistosomiasis is one of the serious endemic parasitic infections in Egypt due to its major complications and its affection of a large category of Egyptians (Khalil et al., 1977).

Chronic infections (like schistosomiasis) and autoimmune conditions (like collagen diseases) are settings in which the body's immune system is more or less continuously bathed in antigenic stimuli. The antigenic sources can be invading organisms (in schistosomiasis), or altered and normal cross-reacting self components (in collagen diseases). The result of these long-term interactions between a person's immune system and antigens can be immunopathogenic, resulting in severe morbidity and mortality (George and Colley, 1992).

Human intestinal and hepatic schistosomaisis is associated with characteristic alterations of T-cell mediated immune responses (Feldmeier et al., 1985). Among the most critical features of the immune response is the secretion of the T-lymphocyte derived growth factor interleukin-2 (IL-2) and the expression of receptors for this lymphokine (Smith, 1989). Since soluble interleukin-2 receptors (sIL-2R) could be detected in vivo, and the preliminary observations of certain diseases associated increase in serum levels of this molecule, the applicability and relevance of

sIL-2R determination in a broad spectrum of disease conditions (Nelson et al. 1987).

Another aspect about immune system in human intestinal and hepatosplenic schistosomiasis is the role of macrophages and the macrophage mediator tumour necrosis factor-alpha (TNF- $\alpha$ ) in granuloma formation which is the key pathogenic event in this disease (Payman et al., 1992 and Joseph and Boros, 1993). Beside the possible role of TNF- $\alpha$  in host defense against parasitic infection and tumour cell growth, it appears to have a more general role as an effector molecule in various inflammatory processes. The gene coding for human TNF- $\alpha$  has been cloned (Wang et al., 1985) and mapped to the short arm of chromosome six, and is in close linkage with genes of the major histocompatibility complex (MHC) (Speis et al., 1986). Since, some haplotypes of the MHC are associated with certain diseases, the possibility of abnormal TNF gene expression as a factor in various disease mechanisms has been proposed (Maury and Teppo, 1989).

The association between schistosomiasis and arthritis was reported by Mousa and El-Garem (1956) and the term "bilharzial arthropathy" was introduced by Bassiouni (1962). However, the term bilharzial or schistosomal arthropathy is still in need for further research to add more in its pathogenesis and more in its criteria for diagnosis and discrimination of it from other types of arthritis or arthropathies.