OST SUSCEPTIBILTY LEVELS TO LEISHMANIA MAJOR EGYPTIAN STRAIN

THESIS SUBMITTED

BY

MAHA ALY GHAREIB

TO

THE FACULTY OF SCIENCE

AIN SHAMS UNIVERSITY

IN

68588

591.0924 M.A.

PARTIAL FULFILLMENT OF

THE REQUIREMENTS

FOR

THE DEGREE

OF MASTER OF SCIENCE

1996



Special appreciation is due to Prof. Dr. Bahira M. El Sawaf, Head of Entomology Department and Director of "The Research and Training Centre on Vectors of Diseases", Ain Shams University for her generous assistance and continuous encouragement throughout the whole period of the study.

I am also greatly indebted to the staff members at the Department of Joology, Taculty of Science, Sin Shams University, particularly Prof. Dr. Abdalla M. Ibrahim, the Head of the Department for their kind support and sincere encouragement.



The Hamster	67
The Skin	67
Histology	67
Histopathology	67
Skin specimens of hamster injected intradermally with the amastigote stage of Leishmania major	67
Skin specimens of hamster injected intramuscularly with the amastigote stage of Leishmania major	74
The Liver	79
Histology	79
Histopathology	79
Liver specimens of hamster injected intradermally with the amastigote stage of <i>Leishmania major</i>	79
Liver specimens of hamster injected intramuscularly with the amastigote stage of Leishmania major	86
The Spleen	92
Histology	92
Histopathology	92
Spleen specimens of hamster injected intradermally with the amastigote stage of <i>Leishmania major</i>	92
Spleen specimens of hamster injected intramuscularly with the amastigote stage of <i>Leishmania major</i>	y 99
The Cat	105
The Skin	105

Histology	105
Histopathology	105
Skin specimens of cats injected intradermally with the amastigote stage of <i>Leishmania major</i>	105
Skin specimens of cats injected intramuscularly with the amastigote stage of <i>Leishmania major</i>	112
The Liver	118
Histology	118
Histopathology	118
Liver specimens of cats injected intradermally with the amastigote stage of Leishmania major	118
Liver specimens of cats injected intramuscularly with the amastigote stage of <i>Leishmania major</i>	th 126
The Spleen	132
Histology	132
Histopathology	132
Spleen specimens of cats injected intradermally wit the amastigote stage of <i>Leishmania major</i>	h 132
Spleen specimens of cats injected intramuscularly with the amastigote stage of Leishmania major	139
DISCUSSION	145
General concepts	145
The Skin	145
The Liver	149

The Spleen	155
SUMMARY AND CONCLUSIONS	160
REFERENCES	164
ARABIC SUMMARY	

LIST OF ABBREVIATIONS

BV Blood vessels

CT Connective tissue

CV Central vein

D Dermis

ED Oedema

EP Epidermis

F Fibrosis

Fc Fibrocytes

Fb Fibroblasts

HF Hair follicles

HS Hepatic sinusoids

IC Inflammatory cells

Kc Kupffer cells

LD Lower dermal layer

Lym Lymphocytes

M Macrophages

N Nuclei

Pc Plasma cells

RP Red pulp

SG Sweat gland

SL Sinusoidal lumen

T Trabeculae

UD Upper dermal layer

V Vacuoles

WP White pulp

LIST OF FIGURES

Histology and Histopathology

MICE

The Skin

Fig.1. Skin of control mouse.

Fig.2-5 Skin of mice injected intradermally with L. major

Fig.6-9 Skin of mice injected intramuscularly with L. major

The Liver

Fig.10 Liver of control mouse.

Fig.11-14 Liver of mice injected intradermally with L. major

Fig.15-18 Liver of mice injected intramuscularly with L. major

The Spleen

Fig. 19 Spleen of control mouse.

Fig. 20-23 Spleen of mice injected intradermally with L. major

Fig. 24-27 Spleen of mice injected intramuscularly with L. major.

HAMSTERS

The Skin

Fig.28 Skin of control hamster.

Fig.29-32 Skin of hamsters injected intradermally with L. major.

Fig. 33-36 Skin of hamsters injected intramuscularly with L. major.

The Liver

Fig.37 Liver of control hamster.

Fig.38-41 Liver of hamster injected intradermally with L. major.

Fig. 42-45 Liver of hamsters injected intramuscularly with *L. major*.

The Spicen

Fig.46 Spleen of control hamster.

Fig.47-50 Spleen of hamsters injected intradermally with L. major.

Fig.51-54 Spleen of hamsters injected intramuscularly with *L. major*

THE CAT

The Skin

Fig.55 Skin of control cat.

Fig. 56-59 Skin of cat injected intradermally with L. major.

Fig.60-63 Skin of cat injected intramuscularly with L. major.

The Liver

Fig.64 Liver of control cat.

Fig.65-68 Liver of cats injected intradermally with L. major.

Fig.69-72 Liver of cats injected intramuscularly with L. major.

The Spleen

Fig.73 Spleen of control cat.

Fig.74-77 Spleen of cats injected intradermally with L. major.

Fig. 78-81 Spleen of cats injected intramuscularly with L. major.

ABSTRACT

The present work has aimed principally at detecting the hazardous consequences evoked in some principle body organs of certain mammals as a result of infection with Leishmania major. This study had also headed toward defining which one of these mammals could be recommended as a satisfactory model in the field of experimental leishmaniasis. The used mammals comprised mice, hamsters, and cats, and the selected organs were the skin, liver and spleen. The animals were injected either intradermally or intramuscularly with the amastigote stage of Leishmania major. At the end of the period of treatment, the sacrificed, rapidly dissected, and suitable parts of the aforementioned organs were taken and processed for paraffin sectioning in the Sections of 6-8 µ thickness were stained with hematoxylin and usual manner. counterstained with eosin. The examined specimens have brought into vision consequences pathological alterations comparable to the crossponding normal In the skin, certain lesions were recorded, including thickening and compactness of the epidermal layer, damage of the dermis and widening, as wel as marked injury of the blood vessels. The liver of the infected animals has also suffered from tissues disorganization, cloudy swelling and hydropic degeneration of the liver cells in addition to nuclear pyknosis. Besides, severe inflammatory infiltration was clearly noticed in those tissues. In the spleen, cell proliferation and abundance of necroinflammatory cells were conspicuously prevailing in the Leishmania infected animals. The severity of such pathological changes occurred in case of these selected groups of animals were time-dependant. Moreover, such pathological consequences were relatively more stricking in case of intramuscula treatment with the parasite than in case of intradermal infection. Furthermore, the cats' organs had clearly reflected the pathological responses to parasitic infection in a more pronounced manner than other mice or hamsters. In turn such advers consequences were comparatively more prevailing in hamsters in comparison t mice.

AIM OF THE WORK

This part of work was carried out on three species of mammalian animal comprised mainly of mice, hamsters and cats aiming at finding out which of then is most selective for *Leishmania* infection. Such aspects are of special importance for any successful experimentation. Needless to recall in these concern the three varieties of animals were adults.

In view of the aforrmentioned introductory remarks, the presen investigation was constructed aiming at following the dissemination o *Leishmania major* in some laboratory animals. It is worthy of mentioning in thi respect that this protozoan organism is regarded as the main causative agent o cutaneous leishmaniasis.

Another intended goal in this study has entailed the examination of the adverse affects of the parasite on some essential body organs of such animals.

The animal models selected for this study have comprised mice, hamster and cats. Thus, a conclusion could be obtained regarding the levels c susceptibility of such animals to infection with the parasite, which could be the selected as a successful model in the research areas of experimental infectio induced by the parasite.

Hopefully, the obtained results could be of some value in providing more information on this injurious parasite, which could in turn help in its control of rather complete eradication for maintaining the health of man and his useful animals.

INTRODUCTION

Leishmania major is one of the common protozoan parasitesof the Old World. Its vector is the sandfly, *Phelobotomus papatasi*. Man is an incidental host of this parasite in which cases the parasite usually causes straightforward cutaneous leishmaniasis (**Bray, 1974**). The systematic position of the parasite is thereafter represented:

Subkingdom: Protozoa (Goldfuss, 1918 emend. Von Siebold, 1845).

Phylum : Sarcomastigophora (Honigberg and Balamuth, 1963).

Subphylum: Mastigophora (Diesing, 1966).

Class: Zoomastigophora (Calkins, 1909).

Order : Kinetoplastida (Honiberg, 1963).

Family: Trypanosomatidae (Doflein, 1901 emend. Grobben, 1905).

Genus : Leishmania

Species : Leishmania major

According to Molyneux and Killick-Kendrick (1987), there are two stages of *Leishmania* which are the amastigote stage (unflagellated form) and the promastigote stage (flagellated form).

The initial stage of the parasite is the amastigote stage which is easily detected in the blood meal of the sandfly. This stage undergoes active division in the midgut of the sandfly; the resulting amastigotes are then transformed into free swimming promastigotes. When these promastigotes reach the thoracic midgut they become infective. Ultimately, these freely moving stages are easily observable in the sandfly proboscis.

Concerning the life cycle of *Leishmania* within the mammalian host; firstly, when the infected sandfly bites the mammalian host, the promastigotes penetrate the macrophages and start to transform from this falgellated promastigote to the unflagellated amastigotes. These stages undergo active division, and thus, become increased in number. Then they migrate to certain organs in the infected mammal such as the skin in case of cutaneous leishmaniasis.

Leishmania designates an acute and chronic tropical infectious disease of humans and animals, prevailing in the old world as a result of infection with sandfly borne protozoal parasites of the genus Leishmania (Adler., 1964).

Leishmaniasis was mentioned to provoke a variety of clinical forms in the skin in addition to affection of the mucous membrane of the new world. However, the clinical presentation of cutaneous leishmaniasis was noticed to vary in the different geographic regions of the old world, being correlated with the different infective species of *Leishmania*. In urban areas in the neareast symptoms of leishmaniasis are usually reflected by the appearance of dry skin ulcerations, commonly referred to as "Oriental sore" being particularly produced by *L. tropica*. From another angle, *Leishmania major* is more frequent in rural areas and is borne to ulcerate earlier as indicated in a report issued by **WHO** (1990).

Leishmaniasis may also be present in a systemic lifethreatening form known as visceral leishmaniasis or "Kala azar" produced by *Leishmania donovani*. In the Near East and Mediterranean Basin, a disease of children was discovered, being induced by *L. infantum*.

In a report offered rather recently by Gramiccia et al. (1992), it was mentioned that leishmaniasis has recently been recognized in France, Spain and Italy as an opportunistic infection in patients infected with human immunodeficiency type-I virus (HIV-I) which is the causative agent of the acquired immunodeficiency syndrome (AIDS)

The sandfly vectors, which transmit *Leishmania* species, are also divided into old world and new world types.

According to Morsi et al. (1989), cutaneous leishmaniasis was particularly widespread in the middle east, being recognized with a rather high frequency in Egypt due to infection of returning workers from the near east and Sinai. The same authors added that El-Agamy district in Egypt has been widely attacked by this disease since 1983. Thus, leishmaniasis has been gaining wider spread in human being in different parts of the world especially in Egypt. Worthwhile is that infection with Leishmania is closely correlated with irrigation and urbanization in the near east. Thus, a growing interest is marked nowadays concerning the impacts of Leishmania infections on the mammalian body organs.

