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THE ROLE OF TOXOPLASMOSIS IN FAETAL WASTAGE

THESIS

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

”قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا
إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ“

صَدَقَ اللَّهُ الْعَظِيمُ

”سورة البقرة آية ٣٢“



TO THE SOUL OF :

MY MOTHER
AND MY FATHER

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INTRODUCTION

INTRODUCTION

Toxoplasmosis is an infection caused by the obligate intracellular protozoon, *Toxoplasma gondii*, one of the most common infection of animal and man (Anderson, 1980). The genus *Toxoplasma* was established by Nicolle and Manceaux, (1908) for an organism they have discovered in a small African rodent (*ctendactylus gondi*) at the institute of Pasteur in Tunis, . They named it *Toxoplasma gondii*. *Toxoplasma* is named from a Greek *toxos*, meaning arc. (Beaver et al. 1984).

The species was soon found to have a cosmopolitan distribution with records of infection in over 200 species of birds and *mammals* including man (Wright, 1957, Jacobs, 1967, Joint 1967).

More than 20 other species of *Toxoplasma* has been discovered, but according to Levine (1977) only seven are valid , the remainder are synonymus of *T.gondii*. Of the six species other than *T.gondii* , five are found in the reptiles and amphibians . the sixth , *T. hammondi* (*Hamondia hamondi*, 1975) is a parasite of the house mouse and cat, and was recognized as a distinct from *T. gondii*. only recently (Frenkel and Douby, 1975).

The first description of human toxoplasmosis has been credited to (Janku, 1923) Who described an infant who had chorioretinitis and hydrocephalus. He described the organism but was unable to identify it. The first isolation of *T.gondii* from a human patient (newborn infant) was reported by Wolf et al. 1939. Pinkerton, and Weinman described in 1940, The first adult patient with toxoplasmosis recorded in United States. Since then an increasing number of cases of toxoplasmosis in infants, juveniles and adults have been added to the literature (Kalderson et al 1964).

AIM OF THE WORK

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Aim Of The Work

The aim of this work is to find the incidence of toxoplasma infections in cases of repeated abortions, intrauterine fetal death and congenital malformations, aiming to find a possible relation between the disease and such complications.

REVIEW OF THE LITERATURE

Etiology

T. gondii is considered to be coccidian because of enteroepithelial cycle and is presently classified among the sporozoa in the suborder eimerina. (Luft, Remington 1983).

Morphology & Biology:

Three forms exist in nature :

1) Tachyzoites (Trophozoites) . Fig 1.

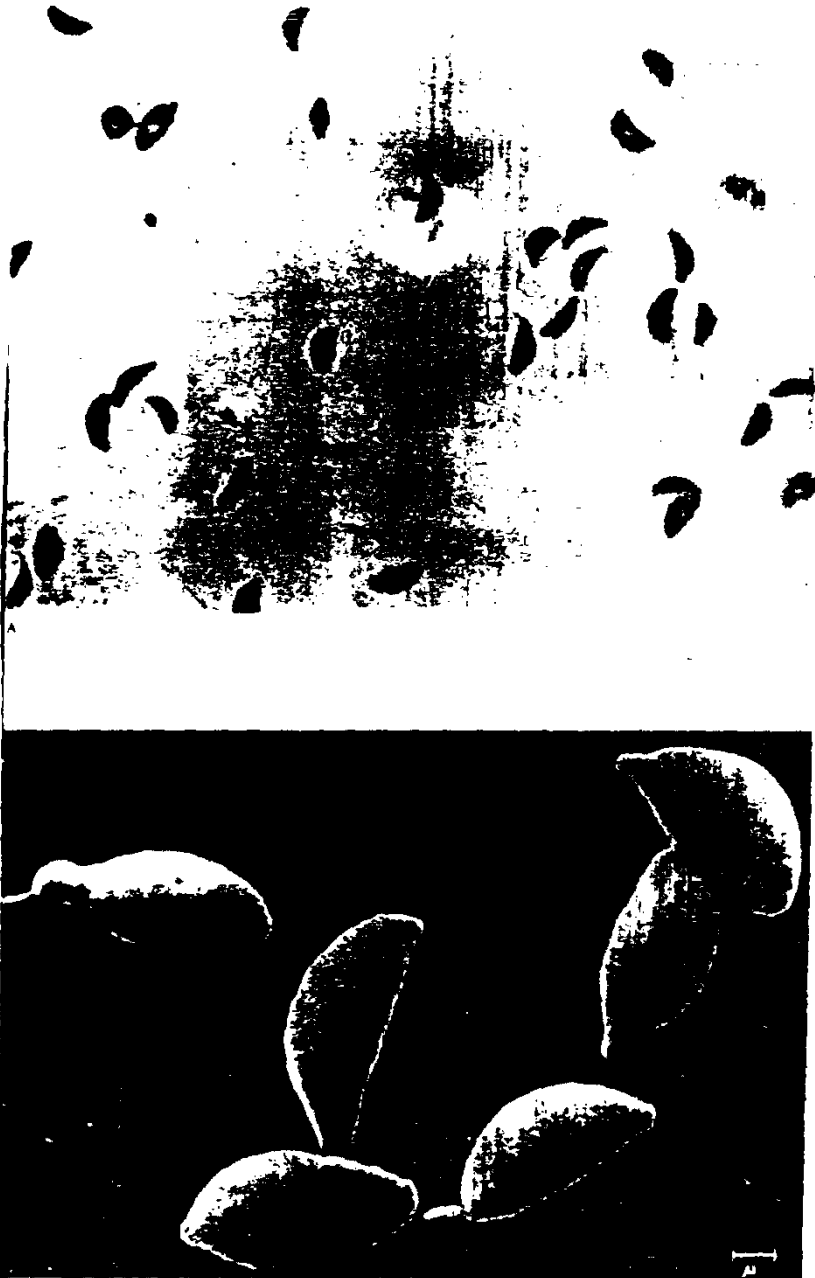
Crescent to oval in shape approximately 3 μ m.x 7 μ m. Tachyzoites stain well with either *wright* or *Giemsa* stain.

This form is seen in the acute stage of infection and invade all mammalian cells except non-nucleated erythrocytes (Luft, Remington, 1983).

The Trophozoites in the stained films are crescentic in shape, 4-8 μ m in length, 2-3 μ m in breadth, and have one end that is more rounded than the other. Evident in *Giemsa* stained preparation of various types of smears are a delicate azury of cytoplasm and a reddish, spherical or ovoid nucleus that is usually nearer the blunt end of the parasite. Electron micrograph reveal a complex system of organelles that clearly demonstrate the taxonomic relationship of this organism to the apicomplexa, one of these structures is a rather short, truncate, hollow conoid that is located at the more pointed anterior end.

In histologic sections, The Trophozoites appear to be ovoid (Beaver et al., 1984).

ig.1 : A. Tachyzoites from peritoneal fluid of an infected mouse.
B. Scanning electron micrograph of toxoplasma tachyzoites from the peritoneal fluid of mice.



After McCabe and Remington, 1984.

The mechanism of infection is controversial. There is evidence suggesting that active penetration occurs as a result of combined mechanical & chemical actions on the cell membrane, and a protein enhancing factor has been extracted from the trophozoites. Other studies suggest that trophozoites induces phagocytosis by the host cell.

Trophozoites can remain viable extracellularly in certain body secretions such as peritoneal fluid, milk, urine, saliva or tears for hours to several days but cannot survive drying, freezing or digestive juices.

Trophozoites are used in the Sabin-Feldman dyetest, the fulton agglutination test, and the fluorescent antibody test, antigen derived from it are used in the complement fixation test, the haemagglutination test and the enzyme linked immunosorbent assay (ELISA).

2) Tissue cysts :

Varying in size from 10 μ m to 100 μ m and containing as many as 300 organisms. They are formed when the parasites multiply and produce a wall within a host cell. The cyst wall is eosinophilic or argyrophilic and weakly PAS - positive. the organisms within the cyst are strongly PAS-positive.

During the acute infection, groups of proliferative stages may be seen in a wide range of host cell types. These have been