



# جامعة البصرةكلية التربية \القرنة

# قسم علوم الحياة

# Protozoa

أ.د.علي ضرب شعبان

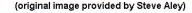
# **General fetures**

- One-cell animal monocellular or unicellular organisms with full vital functions
- Species total named species:65,000; parasitic: around 10,000
- Locomation
- Feeding
- Secretion

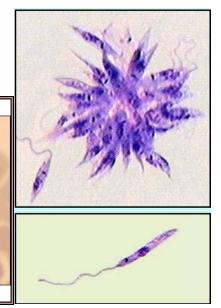




(by P.W. Pappas and S.M. Wardrop)

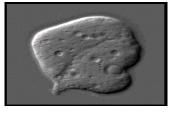


Plasmodium falciparum



# Classification of protozoa

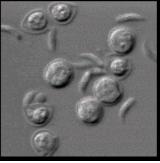
# Amoebae



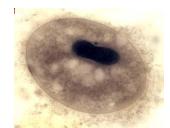
## Flagellates



# Sporozoa



#### Ciliates



# Life cycle patterns

#### One-host form

- 1. One stage form Trophozoite
- Two stage form Trophozoite & Cyst
  Two-host form
- 2. Mammals <----> insect vectors

# **Mode of Reproduction**

- Asexual Reproduction
  - Binary fission result in 2 daughter cells
  - Schizogony multiple fission result in multiple cells
  - Budding
    - Exogenous budding by external budding result in multicells
    - Endodyogony by internal budding result in 2 cells
- Sexual Reproduction
  - Conjugation exchange of nuclear material of 2
  - Gametogony sexually differentiated cells unite -zygote

# Pathogenesis

- Host Resistance
  - Innate immunity
  - Acquired immunity
- Parasite Invasion
  - Toxin
  - Mechanically damage
  - Immune impair
    - Immune inhibition
    - hypersentivity

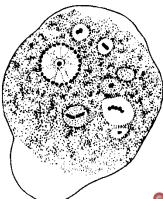


# **Opportunistic parasites**

Opportunistic infection

 An infection by a microorganism that normally does not cause disease but becomes pathogenic when the body's immune system is impaired and unable to fight off infection

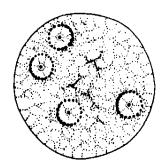
# Amoebic Infections Atrial amoeba Intestinal amoebae



## Entamoeba histolytica

**X**Acanthamoeba



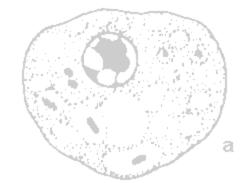


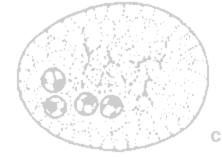
# Entamoeba gingivalis



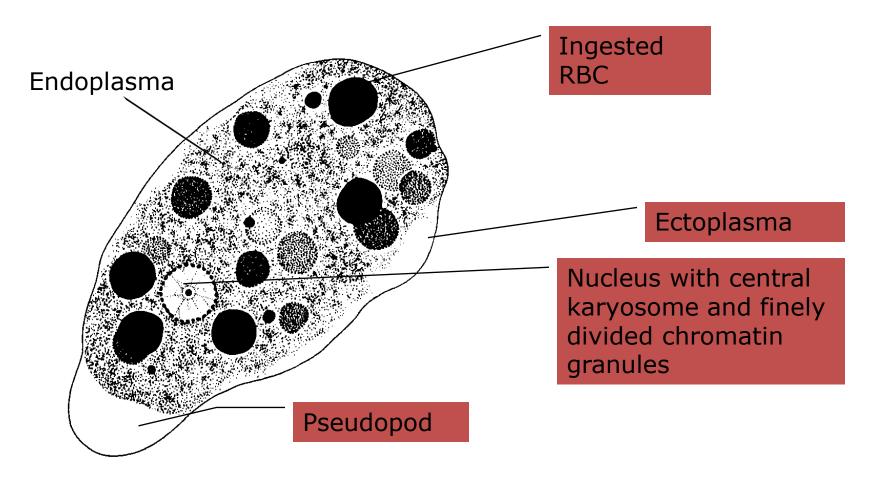
## Amoeba in alimentary tract

- Entamoeba
  - E. histolytica (pathogenic)
  - E. dispar (non-pathogenic)
  - E. coli (big sister)
  - E. hartmani (little brother)
  - E. gingivalis (oral)
- Endolimax nana (occasionally pathogenic)
- Iodamoeba butschlii

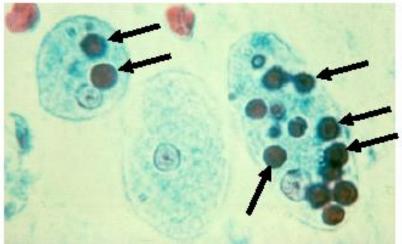




#### Morphology Entamoeba histolytica **Trophozoites** Cysts Thick wall Plasmalemma (thin) 1-4 ring-like nuclei 1 ring-like nucleus **Chromatoid body** (blunt) Lacking Round, 10-16 µm Irregular, 10-60 µm Labile Concentratable



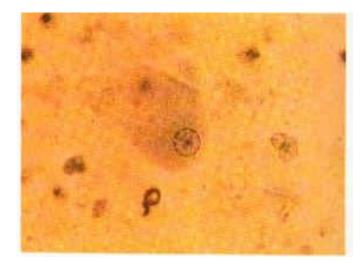
E. histolytica trophozoite

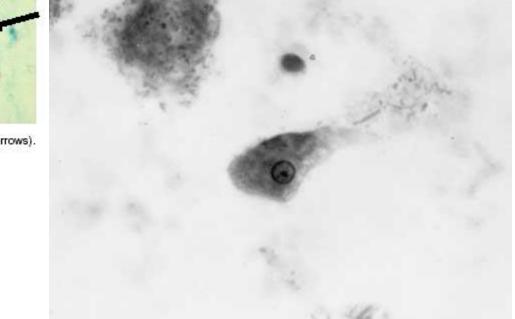


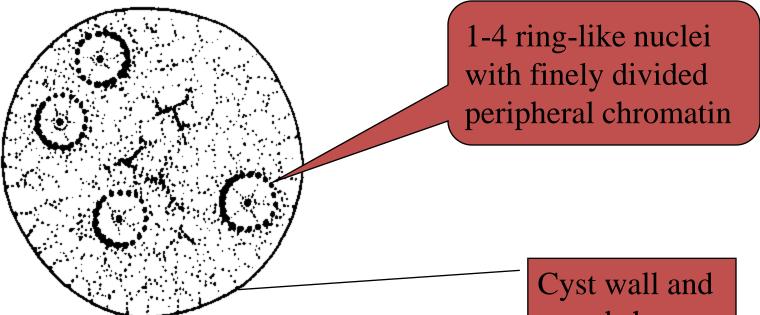
Three Entamoeba histolytica trophozoites, two with ingested RBCs (arrows).

# **Trophozoites**

Single nucleus with a central, dot-like karyosome

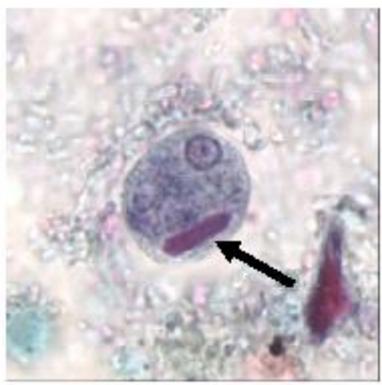




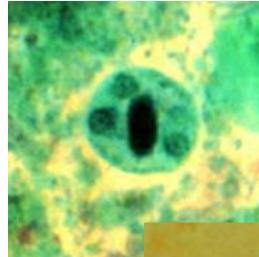


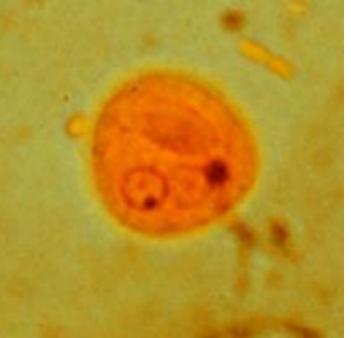
round shape

Mature *E. histolytica* Cyst



Entamoeba histolytica/dispar cyst showing a chromatoid body with bluntly rounded ends (arrow)





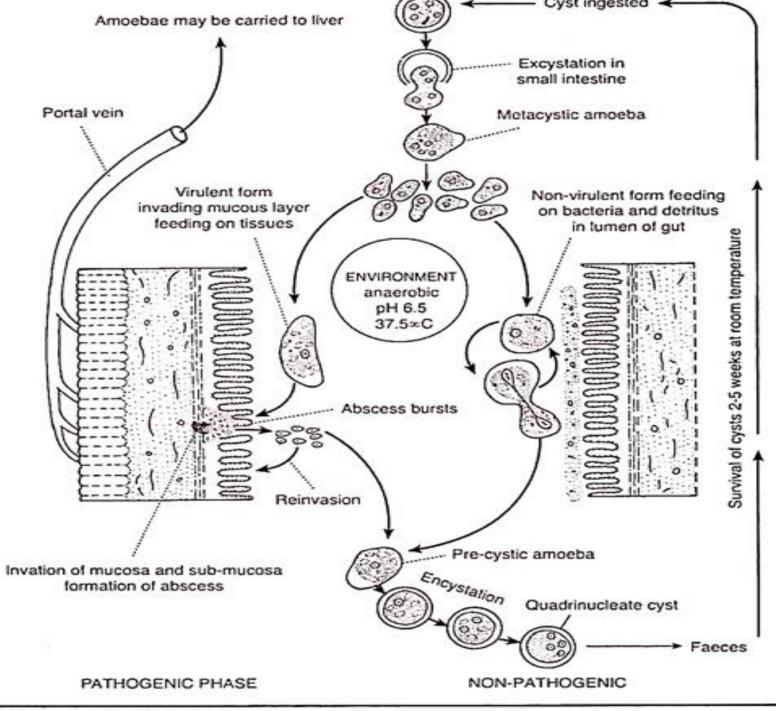
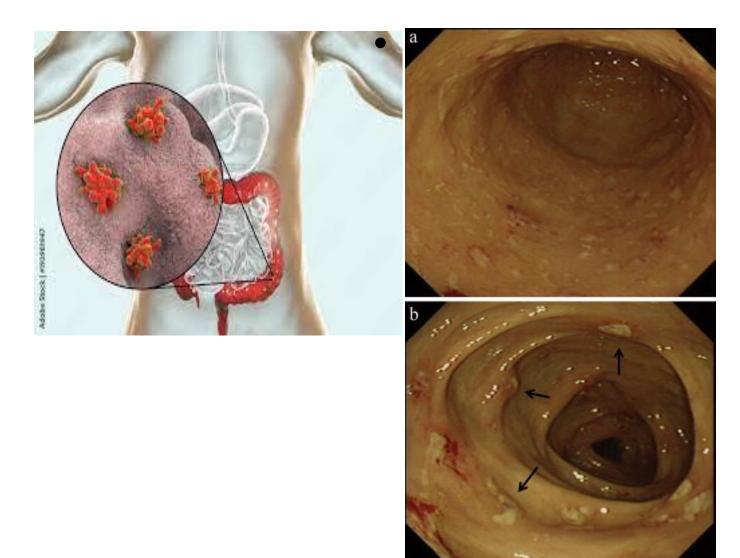


Fig. 6.2: Life cycle of E histolytica in man

# التاثير المرضي والاعراض Pathology and symptomalogy



阿米巴痢疾病人肠病理切片

肠溃疡呈烧瓶状,溃疡区可见

坏死组织, 嗜酸性粒细胞及大量

滋养体。

#### Clinical manifestation

- **Pinpoint lesion on** mucous membrane
- Flask-shaped crateriform ulcers



Pathological changes in large intestine

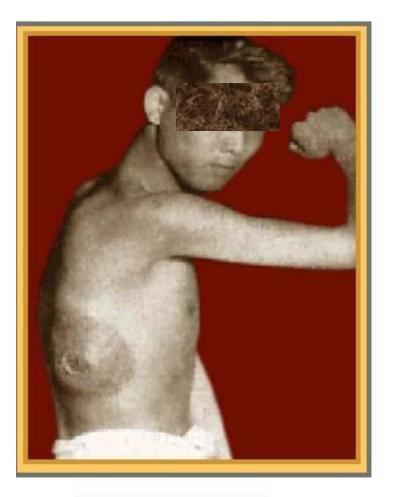
放大

#### Clinical manifestation



Ulcers caused by invasion of *E. histolytica* into the liver.

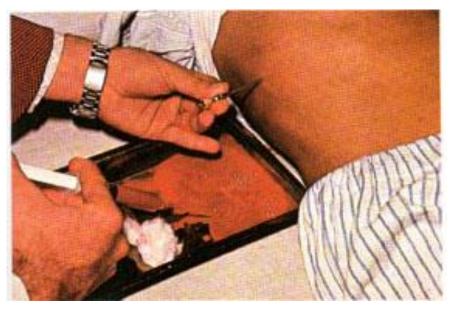
Clinical manifestation



阿米巴肝脓肿破溃 部位的皮肤可出现炎症 反应,皮肤红肿,甚至 破溃。

阿米巴肝脓肿病人照片

#### An Amoebic Liver Abscess Being Aspirated.



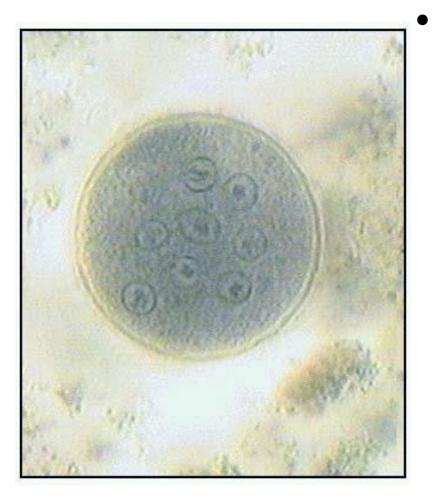
Note the reddish brown color of the pus ('anchovy-sauce'). This color is due to the breakdown of liver cells.

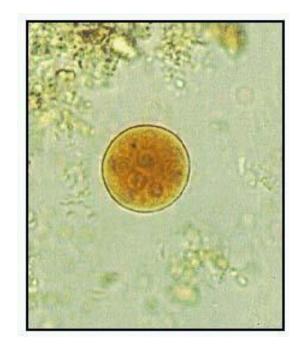
Gross pathology of amoebic abscess of liver. Tube of "chocolate" pus from abscess.

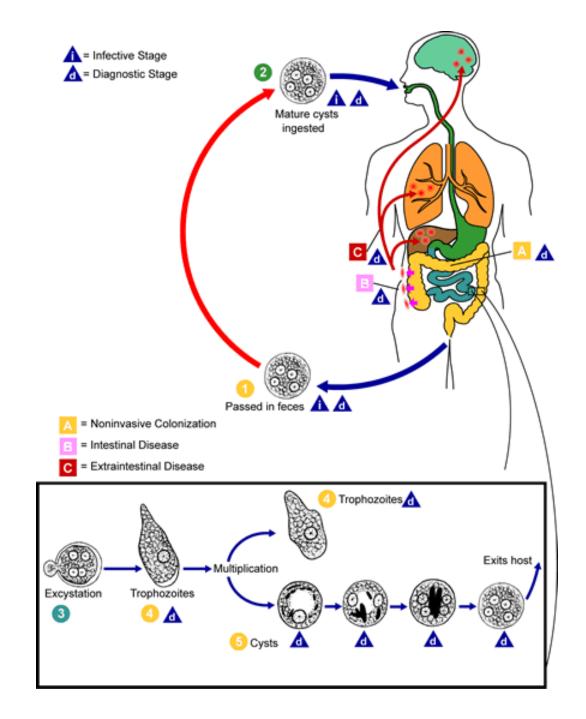




## *E. Coli* **Cysts** Morphology

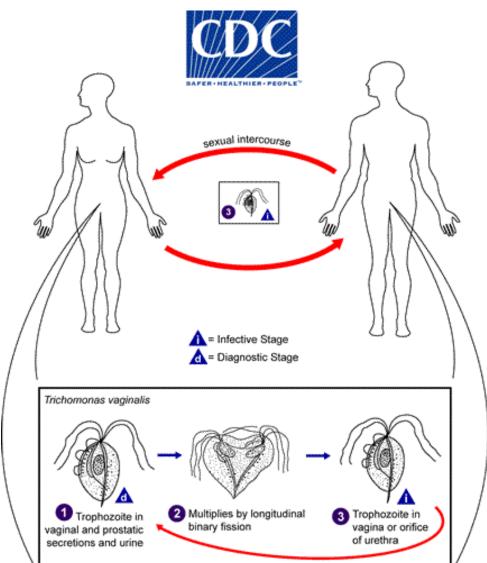




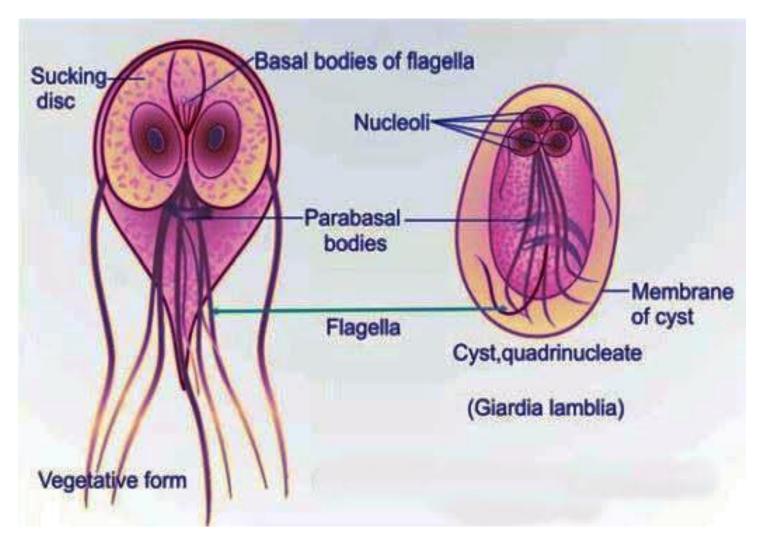


# Life cycle

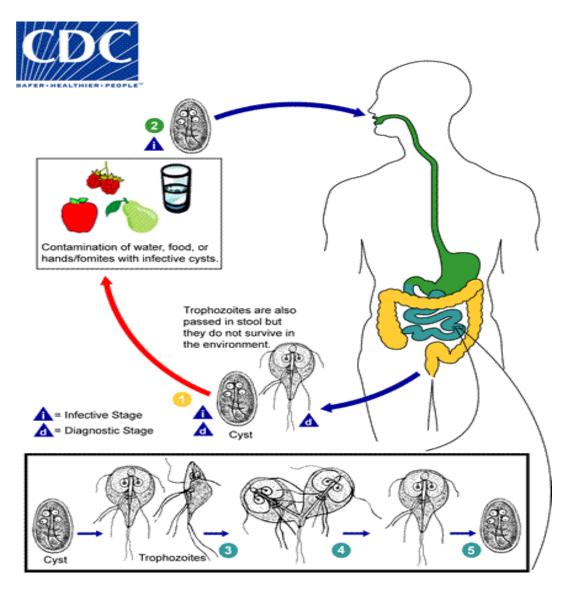
# Parasitic flagelates *Trichomonas vaginalis*

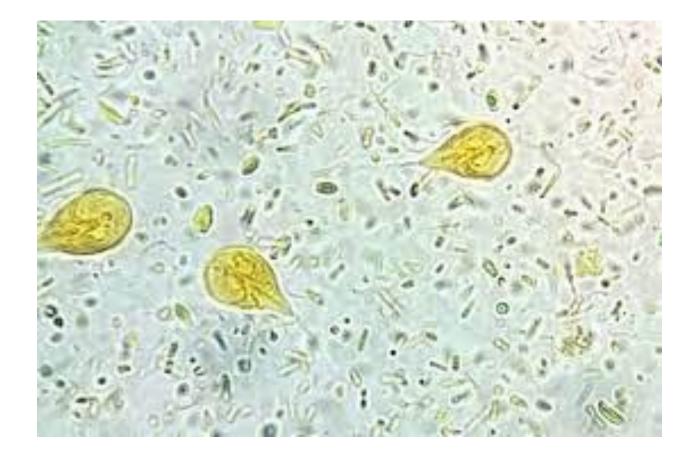


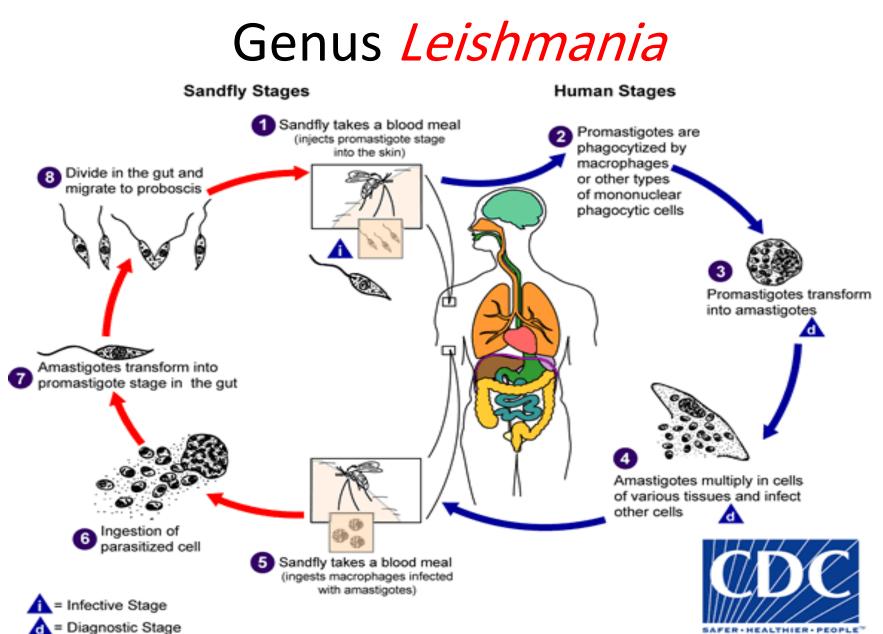
## Giardia lamblia



# Lyfie cycle







SAFER · HEALTHIER · PEOPLE

## Leishmania donovani



## Leishmania tropica



## Leishmania baraziliensis

## Mucocutaneous Leishmaniasis



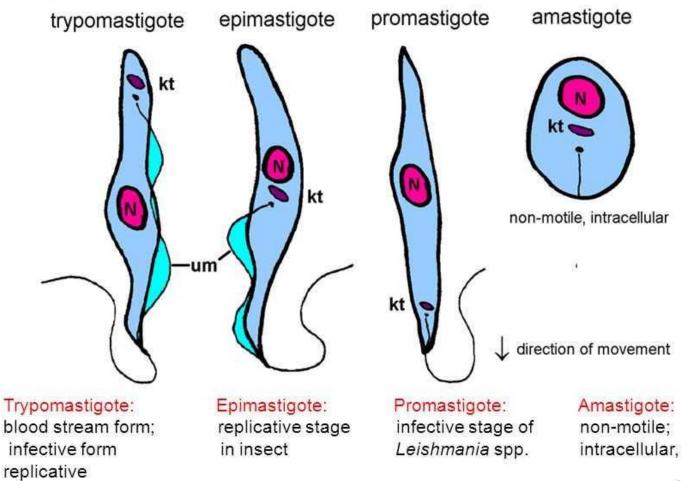
nasal mucosa and septum are involved Leishmania braziliensis



- Amastigota
- Promastigota(leptpmonad)
- Choanomastigot(Crithidial)
- Trypmastigota (Trypanosomal)

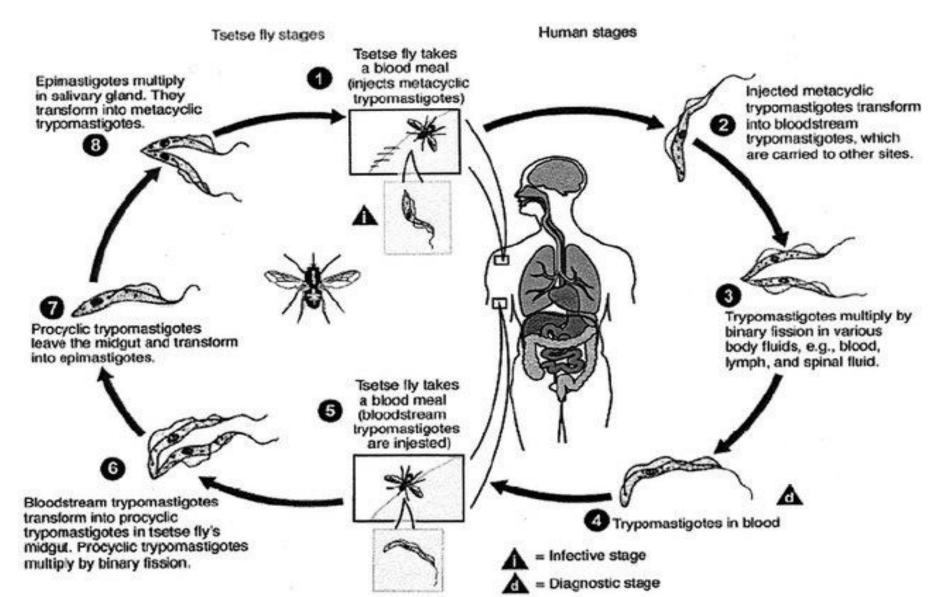
#### Trypanosomatidae

Stages:



stage in wheeherdy.com

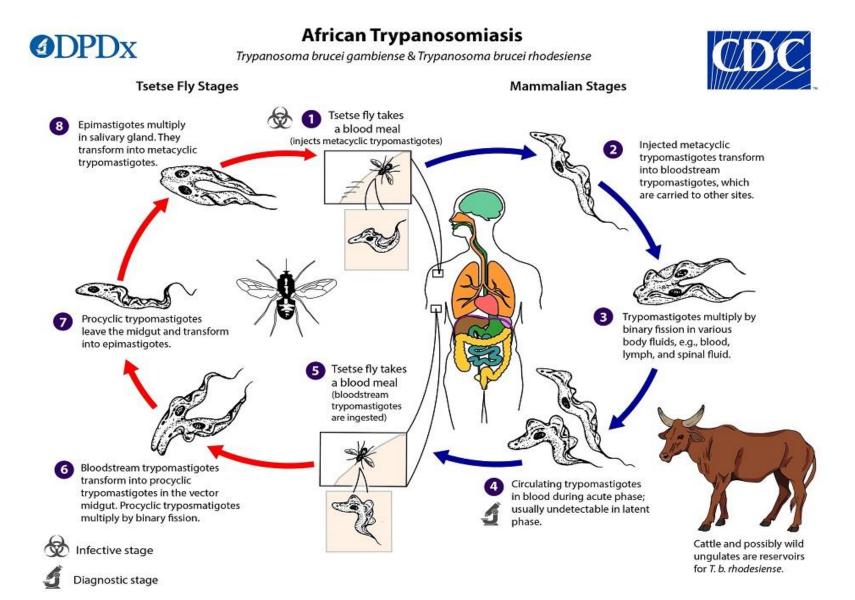
# Trypanosoma gambiense



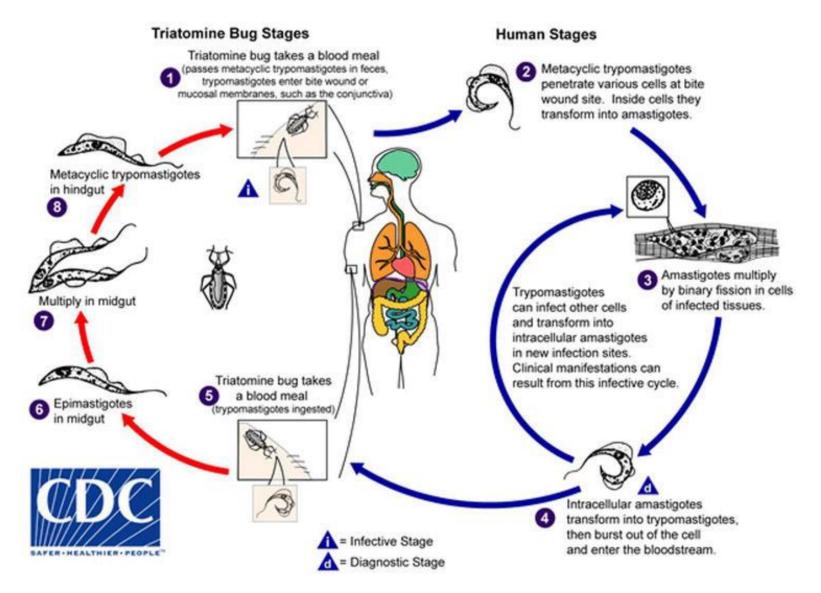
العلاج

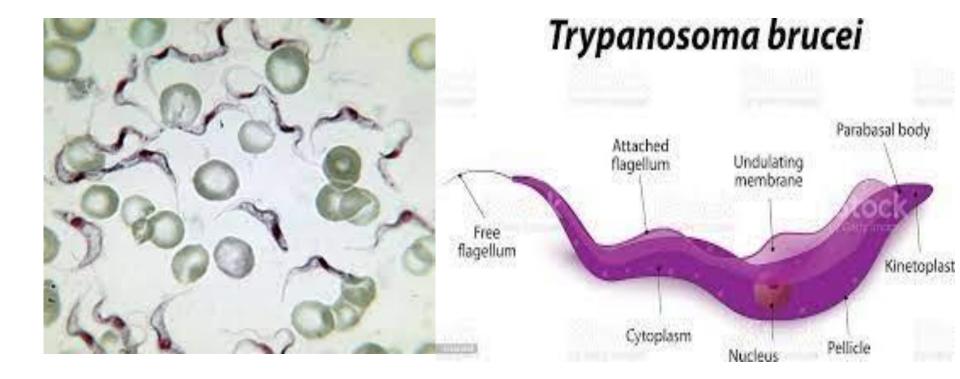
- Suramin sodium
- Berenil
- Tryparsmide

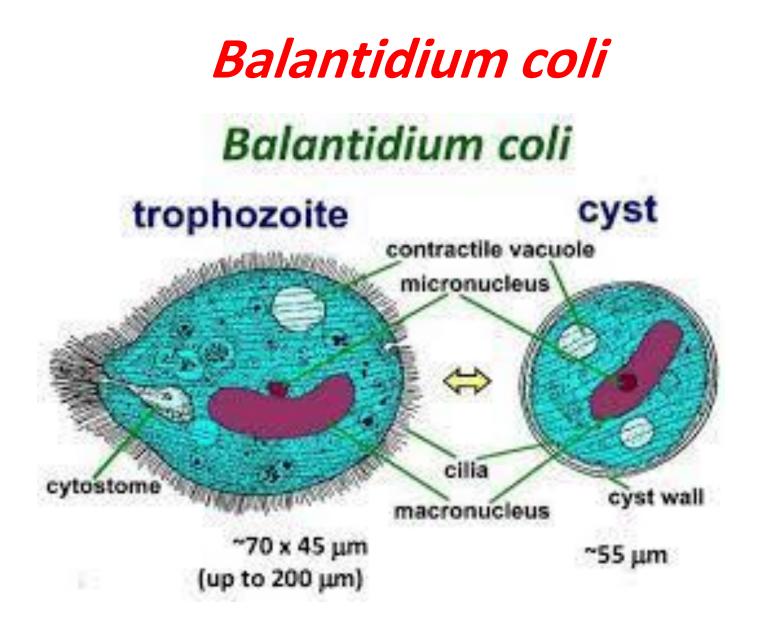
# Trypanosoma rhodesiense

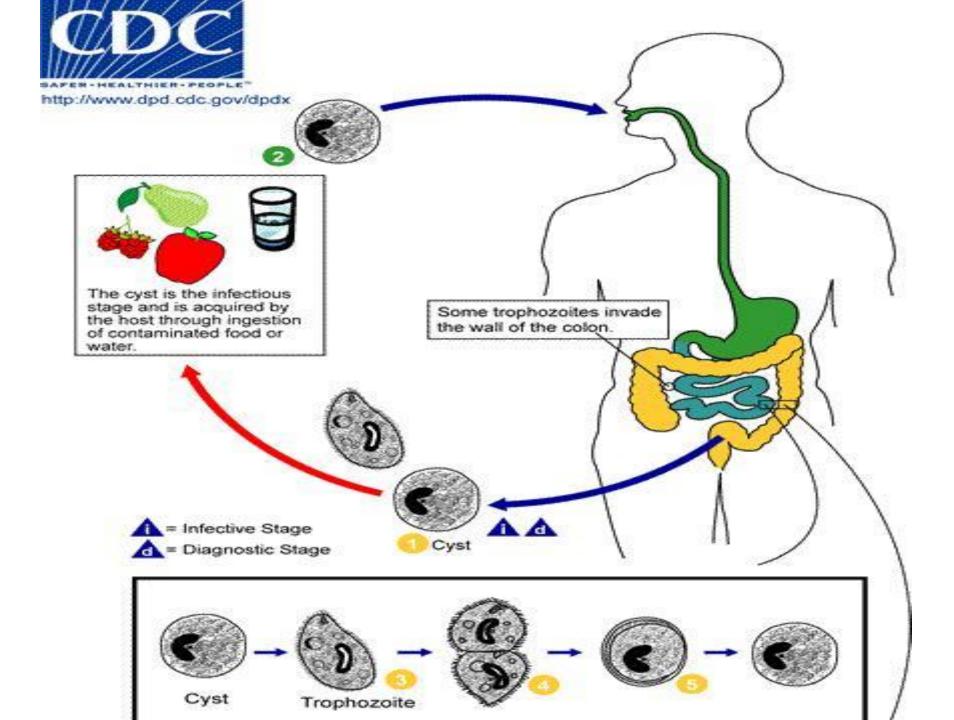


#### Trypanosoma cruzi

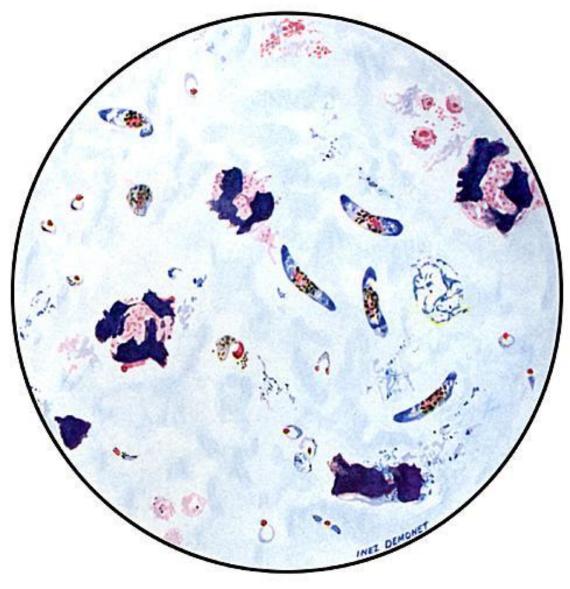








### **Plasmodium**(疟原虫)





## History

Malaria is an old infectious disease. The first documentation about it is at 1500BC.

Until the end of the 19th century, it was commonly thought that malaria was caused by breathing bad air (*mal-aria*) and was associated with swamps

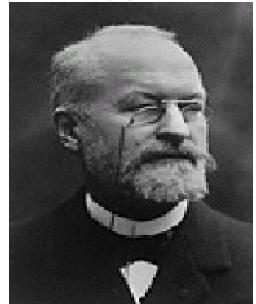


# History

Important application of the knowledge about malaria: W. Gorgas successfully implemented control strategies for malaria and yellow fever during the construction of Panama Canal

#### Important Discoveries in Malaria Research The Nobel Prize in Physiology or Medicine

1907



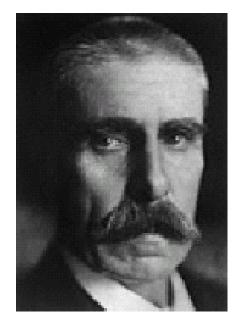
1902

1880: Charles Louis Alphonse Laveran observed parasite development in erythrocytes and the exflagellation of microgametocytes

1897: Ronald Ross observed the mosquito stages of *Plasmodium* (*P. relictum*)

#### Important Discoveries in Malaria Research The Nobel Prize in Physiology or Medicine

1927

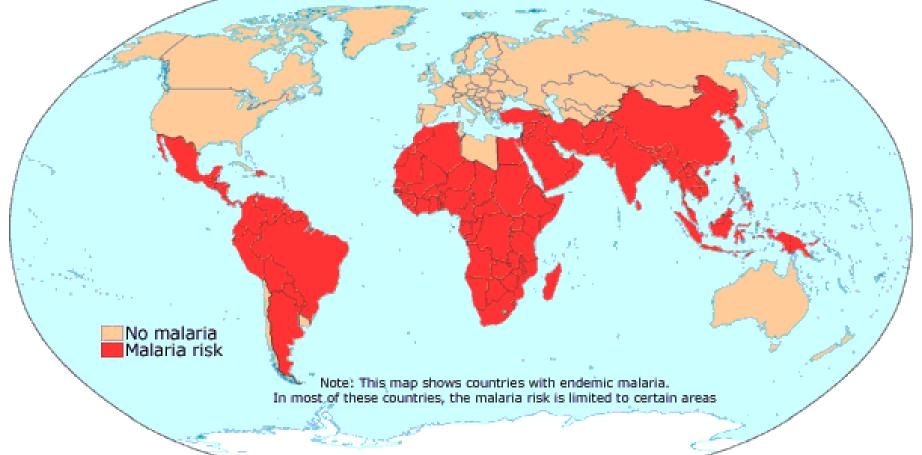


- 1938: James and Tate found excerpt hrocytic stage (EE) for *Plasmodium gallinaceum*
- 1948: Shortt and Garnham found EE for P. cynomolgi and P. vivax
- 1980: W. Krotoski found P. vivax hypnozoites (dormozoites) in liver cells

Early 1900s: Julius von Wagner-Jauregg used malaria to treat late stage syphilis

### **Global distribution**

#### Malaria Endemic Countries, 2000



### Plasmodium that infect human

Human malaria: *P. falciparum*-malignant tertian (48 hr):50% *P. vivax*-benign tertian: 43% *P.ovale*-mild tertian: <1% *P. malariae*-quartan (72 hr): 7%

Simian parasites infecting humans: *P. cynomolgi*-vivax-like *P. knowlesi*-quotidian (24 hr)

#### Trophozoites

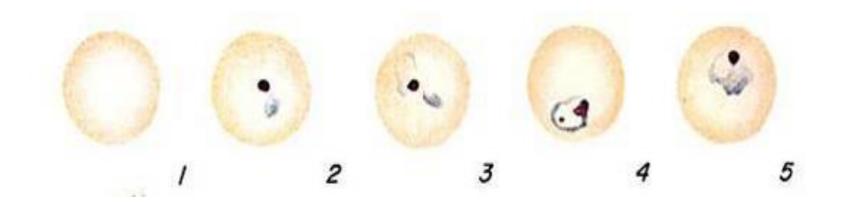
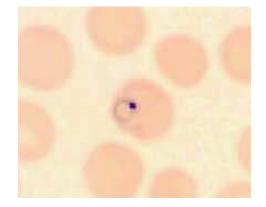
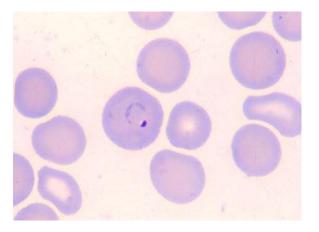


 Fig. 1: normal red cell; Figs. 2-5: ring stage • parasites (young trophozoites)

#### Ring form trophozoites

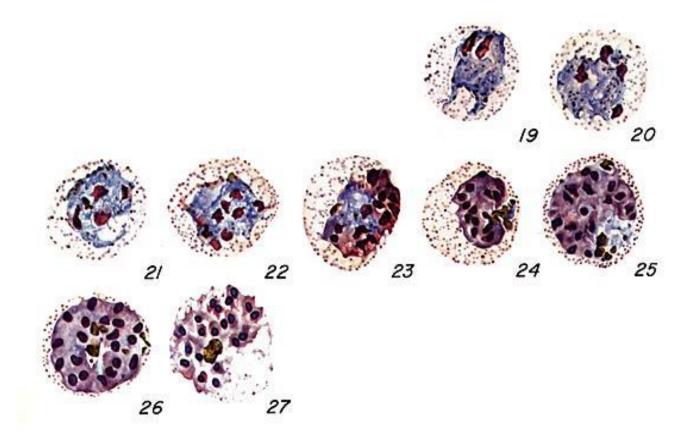




Thin blood film (Giemsa stained)

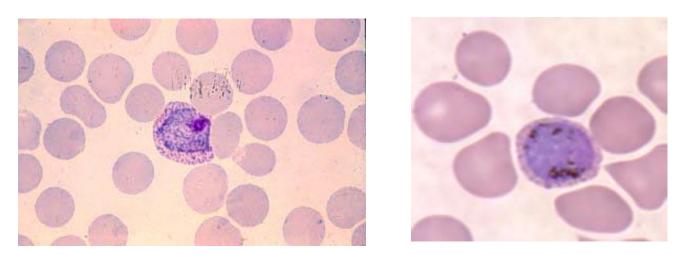
Ring like plasma with one nucleus at one side •

### Schizonts



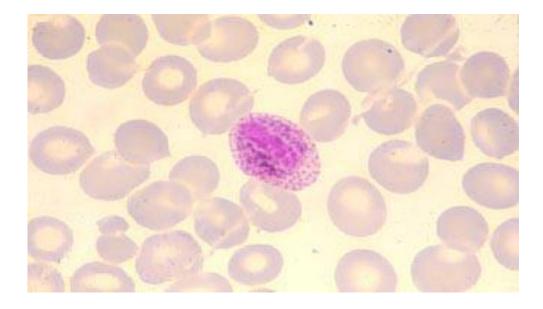
Figs.: increasingly mature schizonts •

# Macrogametocyte (female gametocyte) of *P.v*



- Giemsa staining •
- compact nucleus, usually at edge of the parasite
  - scattered pigment granules •
- The gametocyte is completely filling its host cell •

#### Microgametocyte (male gametocyte) of *P.v*

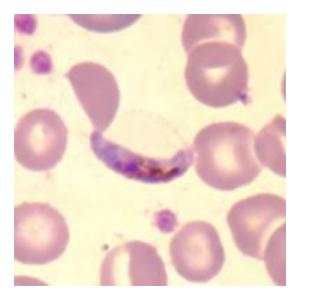


Giemsa stainin

- large nucleus at the center of the ce
  - scattered pigment granules

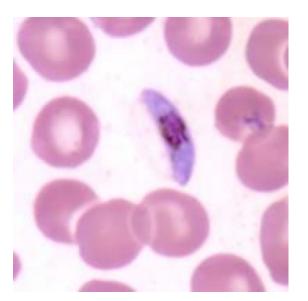
### Macrogametocyte of P. f

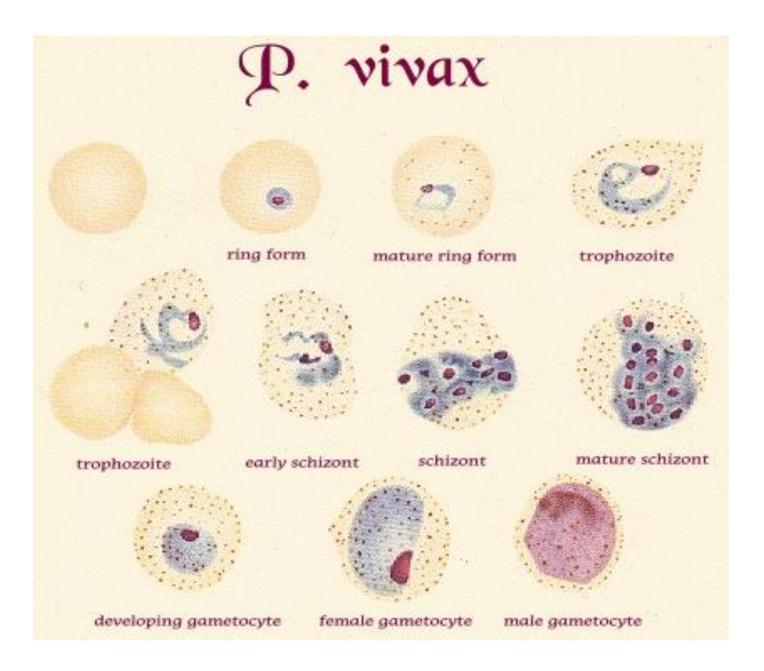
- The crescent-shaped gametocytes of *P. falciparum* are very distinctive, but tend to only appear late in the infection
  - Compact nucleus, red, usually at the center of the cell
  - Malarial pigments around the nucleus •



### Microgametocyte of P. f

- Sausage-shaped with two blunt end
- Large nucleus at the center •
- Sometimes hard to distinguish from the female gametocytes





P. falciparum



marginal form



ring form



double dotted rings



ring form



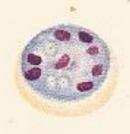
young trophozoite

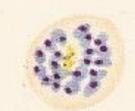


trophozoite



early schizont





schizont

mature schizont

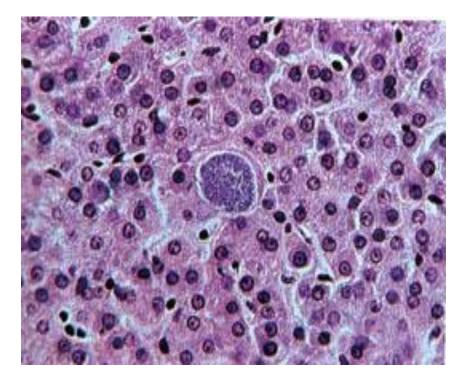




female gametocyte

male gametocyte

exo-erythrocytic stage—



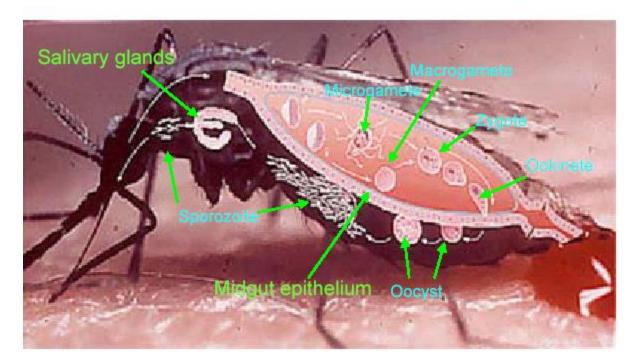
#### merozoites in liver cells

#### The vector – female *Anopheles*





#### **Development in the vector**



# Gametocytes → zygote → oocyst → sporozoites

### Life Cycle

