



Extra-intestinal

Tissue cestodes

(extra-intestinal)

- Echinococcus granulosa
- Echinococcus multilocularis
- Diphyllobothrium spp
- Taenia solium

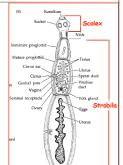
Disease

- Hydatid disease (6k)
- Hydatid disease (rare)
- Sparganosis (?)
- Cysticercosis (?)



Cestode Morphology

- Scolex small anterior hooked attachment organ
- Strobila division of body into segments immediately following the scolex/neck
- Proglottid each individual segment
- Most cestodes are long can occupy the entire length of the small intestine
- How large is the small intestine?

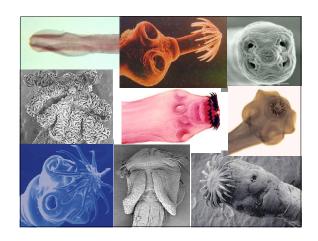


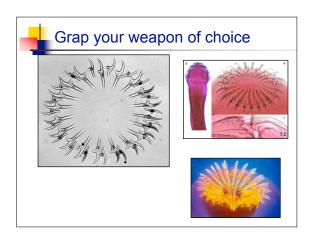


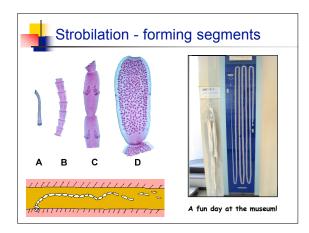
Scolex Diversity

- Typically referred to as the head
- Holdfast organ to resist peristaltic contractions
- Includes adhesive suckers and spines





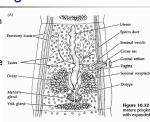






Proglottids - segments

- Proglottids grow in series from the scolex.
- Proglottid close to the scolex are the immature segments
- Middle segments contain male Ter and female reproductive structures
- Simultaneous hermaphrodite with cross-fertilization also can self-fertilize
- Proglottids break free and are excreted in host feces
- Later segments are gravid
 - Filled with eggs!





Developmental Stages



- Many invertebrates and vertebrates are parasitized as intermediate hosts
 The embryonated egg contains the
- oncosphere a larva that will penetrate the intestinal wall after eggs are swallowed by intermediate host
- The oncospheres of cestodes have three pairs of hooks which makes it easy to identify them





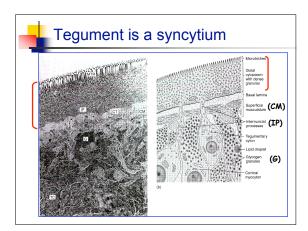
Cestode Nutrients

- No digestive tract absorb all nutrients directly through the tegument
- Microtriches
 - outward projections
 - Similar to microvilli of our gut mucosal cells
 - Increase the surface area for nutrient absorption
 - Interdigitate with host microvilli





Cestode tegument structure is similar





Diphyllobrothrium latum

- A.K.A Broad Fish Tapeworm
- <u>Definitive Host:</u> Fish-eating carnivores, including dogs, bears, humans, weasels, seals, etc.
- First Intermediate Host:
 Crustaceans, including copepods
- Second Intermediate Host: Fish, particularly pike and salmonids (trout, salmon) Geographic Distribution: northern Europe,

 - Russia, Scandinavia, Baltic Republics.
 May be different species in U.S.







Diphyllobrothrium latum

- $\underline{\text{Transmission:}}$ for all three hosts, the parasite is eaten.
 - Copepod eats coracidium
 - Fish eats copepod with procercoid larvae
 - D.H. eats fish with plerocercoid.
- Symtoms and Pathology:
 - Diphyllobothriasis caused by adult tapeworm.
 - Most cases are asymptomatic.
 - Symptoms include nausea, diarrhea, and weakness.
 - Also causes anemia because worm absorbs large amounts of B-12.



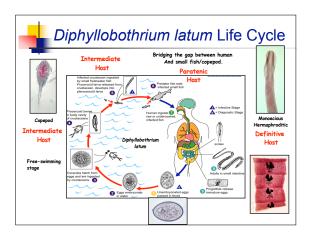


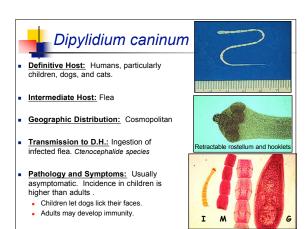
Sparganosis

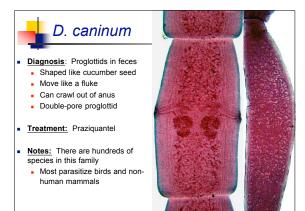
- Related disease cause by larval form of any diphyllobothroid tapeworms, including D. latum.
- Humans cannot be the definitive host, but are accidental hosts.
- Most infections are due to copepods in drinking water or ingestion of eggs accidentally.
 - Especially D. mansonoides of cats
- Some are due to undercooked amphibians, reptiles, birds or mammals.
- Organisms can live up to 20 yrs.
- Other transmission: In east Asia, skin ulcers, eye or vagina inflammation are traditionally treated with poultice made of raw meat. If meat has procercoid, it can crawl in and form plerocercoid.

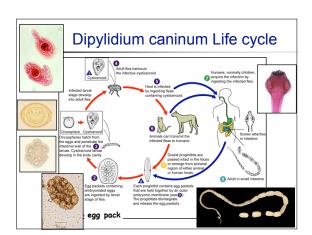


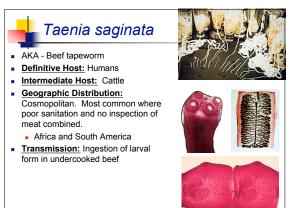














Taenia solium

- AKA: Pork tapeworm
- **Definitive Host:** Human
- Intermediate Host: Pigs
- Geographic Distribution:
 Cosmopolitan
- <u>Transmission:</u> Ingestion of undercooked pork
- Location in D.H.: Small Intestines
- **Pathology and Symptoms:** Minimal pathology from adults.
- Larval forms cause cysticercosis
 - cysticercus develop in humans
 More dangerous than *T. sagniata*.







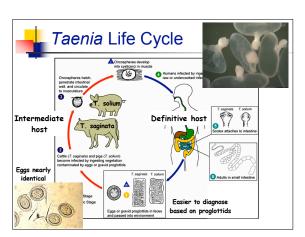


Prevention

- Avoid undercooked pork, beef
- In butcher shops, grinding machines must be cleaned between grinding beef and grinding pork.
- Washing hands before preparing food reduces incidence of cysticercosis
- Proper sanitation









Cysticercosis

- Larval infection T. solium
- Two ways to get it
 - Eat eggs in contaminated food
 - Autoinfection
 - Eggs hatch before leaving D.H. (rare!)
- Any organ and tissue can have cysticerci
 - Muscle most common
- Many cases are asymptomatic
- Severity depends on larval migration





Human cysticercosis: When humans plays the role of the Intermediate Host

- Larval stages develop in the human host
 Humans acquire cysticercosis through faecal-oral contamination with *T. solium*
- The oncosphere in the eggs is released by the action of gastric acid and intestinal fluids
- Cross the gut wall and enter the bloodstream

- They are carried to the muscles and other tissues
 They encyst as cysticerci
 Neurocysticercosis and ophtalmic cysticercosis serious









Cysticercosis

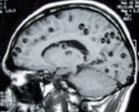
- Symptoms depend on where larvae develop and number of larvae

 Skeletal Muscle little pathology

 - Eye cause blindness
 Heart may cause heart failure
 Brain leading cause of adult onset
- Killing adults reduces risk of cysticercosis.
- Killing larval forms may cause more damage than leaving them alive.

 Dead larvae cause inflammatory response

 - Need to provide steroids to keep inflammation down
- Surgery can be used to remove larvae







Cysticercosis pathology

- Cysts are rounded or oval vesicles from a few mm to 1-2 cm
 Most common location is in the cerebral hemispheres, mainly at the junction of grey and white matter.

 Cysts can be found in the cerebellum, ventricles, brainstem, basal cistems, and spine.

 Viable cysts have a translucent membrane through which the scolex is visible.

 Cysts degenerate: the fluid becomes opaque and dense and edges irregular and shrink.

 Calcification starts in the cephalic portion and leaves a whitish calcified nodule

 Racemose form: high mortality. Large translucent vesicle lobulated without scolex which
 develops in the basis of the brain or in the ventricles. Sometimes several small vesicles
 surround a pedicle like a bunch of grapes.



