

Immunological and Molecular Characterization of Leishmania Parasite in Kirkuk, Iraq

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Abstract

The strains characterization of leishmanial parasite were investigated using immunological and molecular methods. The mean concentration of cytokines interleukin 10 (438.5pg/ml) and interleukin 7 (18.06 pg/ml) were significantly increased in sera of patients with cutaneous leishmaniasis as compared to control healthy groups (85.05 pg/ml and 10.8 pg/ml) respectively. Hematological investigation revealed decrease in level of hemoglobin and platelet and an increase in the level of leukocytes, neutrophils, and lymphocytes in patients with cutaneous Leishmaniasis. The use of PCR system and DNA sequences provided evidence that *Leishmania tropica* and *L. major* are the only etiological agents of cutaneous leishmaniasis in Kirkuk governorate.

Key words: Leishmania parasite; Immunological; molecular method; Interleukin 7 and 10; PCR; Kirkuk, Iraq

1. Introduction

Leishmania cause a wide spectrum of human disease that ranges from localized cutaneous lesions to disseminated systemic infections [1]. The leishmanial parasites infect macrophages and may thereby be shielded from many immune defense mechanisms [2]. In certain instances, notably infections with *Leishmania* cutaneous strains, intracellular parasites are destroyed by host responded and the disease resolves usually without treatment [3]. Interleukins are known to play a role in inflammation and have multiple effects, acting both in the induction of proinflammatory cytokines and in the recruitment and activation of leukocytes [4]. Here we evaluated the role of IL-7 and IL-10 in the pathogenesis of cutaneous leishmaniasis. In addition, we investigated the validation of kDNA amplification for the diagnosis of cutaneous leishmaniasis as part of an epidemiological surveys confirmed in Kirkuk province, Iraq

2. Materials and Methods

Patients: The sera from patients (41) and healthy donors (30) were collected for IL-7 and IL-10 dosage. Assessment of IL-7 and IL-10 serum levels: The assessment was carried out by using two ELISA kits, IL-7 (Boster, USA) and IL-10 (Bioassay Technology, China) with reference standard curves using known amounts of the respective murine recombinant cytokines [5].

Extraction of DNA: DNA was extracted from promastigotes of *L. tropica* by using the Genomic Prep cells and Tissue DNA isolation kit (Bioneer, Korea) according to the protocol of the manufacturer instructions. The purity and concentration of extracted DNA samples were analysed by Nanodrop.

Polymerase chain reaction amplification: The entire 760bp minicircle kinetoplastid DNA (kDNA) of *Leishmania* species was amplified using primers forward (5' ATTTTCGCGATTTCGAGAAACG-3') and reverse (5' CGAGTAGCAGAACTCCCGTTCA-3'). The PCR amplification was conducted using PTC-100 thermo cycler (MJ Research Inc., Waltham, MA) following the thermal

profile previously used [5] as indicated in Tables (1) and (2)

Table (1): Pre-Mix components	
Size	Components
12.5 ml	Taq PCR Pre Mix
1 ml of 10 pmol/ml	Primer Forward
1 ml of 10 pmol/m	Primer Revers
2 ml	DNA template
8.5 ml	Nuclease free water
25	Total

Table (2) PCR program			
Number of cycles	Time	Temp. C°	Steps
1 cycle	5 min.	94°C	Initial Denaturation
30 cycle	30 sec	94°C	Denaturation
	30 sec	55°C	Annealing
	30 sec	72°C	Extension-1
1 cycle	5 min.	72°C	Extension-2
	10 min.	4°C	Hold

The amplified PCR products were subjected to electrophoresis on 1% agarose gel using X TBE running buffer (0.045 M Tris borated, 1 mM EDTA) and PCR product bands visualized by staining with Red safe (0.4 mg/ml).

Standard sequencing: The purified PCR product was sequenced by Macrogen Corporation, Korea using Sanger sequencing (ABI 3730XL automated DNA sequencer). The results were received by email then analysed using Geneious software.

Phylogenetic analysis: The Phylogenetic analysis were performed based on Bio Edit programs and NCBI BLAST (Basic Local Alignment Search Tool) that available at NCBI (National Center for Biotechnology Information) website at (<http://www.ncbi.nlm.nih.gov>).

C-Reactive protein: was assessed using Dutch Diagnostic kit according to the protocol of the manufacturer instructions.

The total count of leukocytes, erythrocytes, platelets and hemoglobin were estimated according to procedures indicated by Powers [6].

3. Results and Discussion

The result as shown in table (3) revealed significant increase in the IL-10 level in patients suffering with cutaneous leishmaniasis (438.5 pg/ml) as compared to the healthy control (85.04 pg/ml). The level of IL-10 in females (411.3 pg/ml) was more than in males (281.8 pg/ml) suffering with cutaneous leishmaniasis. Interleukin 10 is one kind of multi cell derived and multifunctional cytokine with potent anti inflammatory properties that plays a central role in limiting host immune response to pathogens thereby preventing tissue damage and immune pathology [7]. The elevated IL-10 in sera of patients with cutaneous leishmaniasis presented in this investigation, is in agreement with [8] who observe that the lesion progression infection with *L. major* preferentially induce the production of high amount of IL-10. Thus this study point to an important role for IL-10 in regulating immune response to this intracellular pathogens.

Table (3) Comparison of IL-10 levels between sera of patients with cutaneous leishmaniasis and healthy control groups.

Serum level mean (Pg/ ml) ± Standard Error	Groups
438.5 ± 12	Infected patients
85.04 ± 4	Control
281.8 ± 9	Infected males
411.3 ± 14	Infected female
There are significant differences at the level of probability ≤0.05	

Table (4) Comparison of IL-7 levels between sera of patients with cutaneous leishmaniasis and healthy control group.

Serum level mean (Pg/ ml) ± Standard Error	Groups
18.06 ± 3	Infected patients
10.8 ± 2	Control
30.5 ± 4	Infected males
27.58 ± 3	Infected female
There are significant differences at the level of probability ≤0.05	

On the other hand, an increase in the level of IL-7 was observed in patients with cutaneous leishmaniasis (18.06 pg/ml) as compared to the healthy control groups (10.8 pg/ml). The level of IL-7 in females (27.58 pg/ml) was less than in males (30.5 pg/ml) suffering with cutaneous leishmaniasis.

IL7 is a bone marrow-derived cytokine that affects B cells. It enhances the proliferation of Thymocytes, and mature T cells, and proliferation of killer cell [9] Interleukin 7 has been shown to induce secretion of cytokines by human monocytes critically involved in defense against *Leishmania* [10]. The potential role of IL7 as an immune-regulating cytokine during anti-parasite immune response and activation of phagocytes to destroy *Leishmania* parasites was investigated [11]. Consistent with other investigations, our finding of increased level of IL-7 in the sera of patient with cutaneous leishmaniasis represents a promising an stimulatory capacity for different cell types of immune system critically involved in the defense against leishmanial parasite such as macrophages which

are activated for the elimination of the parasite by IL-7. As shown in Table (5) the results confirmed the presence of positive cases of C-reactive protein (19.5%) in patients with cutaneous Leishmaniasis, being (15.7%) in female groups of patient as compared to male groups patient (22.7%), where as no positive cases appeared in uninfected people groups. This protein is one of the main acute phase proteins that are made in the liver and regulated by (IL6, IL1, TNF- α). The increasing in its concentration is an early response to any kind of parasitic and bacterial infections, and tissue damage. The results of current study agreed with the observation of [Nemati et al. \[12\]](#) who indicated that C-reactive protein is an important component during most infections due to its association with nitric oxide (NO) and suggested that NO and C-reactive protein participate in the protective or causative responses to Leishmaniasis.

Table (5) The rate of C-reactive protein in patients with cutaneous Leishmaniasis in Kirkuk governorate.

Positive Casesnmg/L		The Number	Groups
The Number	%		
8	19.5	41	Infected Patients
5	22.7	22	Male
3	15.7	19	Female
0.0	0.0	30	Control

Table (6) shows the average blood components of patients with cutaneous Leishmaniasis

The Control	Infected patients	Test
4.84 x 10 ⁶ ± 0.16	4.43 x 10 ⁶ ± 0.1	RBC (cell/mm ³) ± Standard Error
13.1 ± 0.4	12.1 ± 0.31	Hb (g/dL)
311.48 x 10 ³ ± 23	204 x 10 ³ ± 18	PLT (cell/mm ³ . Blood)
5521 ± 48	6530 ± 66	WBC (cell/mm ³)
1826.03 ± 31	5500 ± 39	Lymphocytes (cell/mm ³ . Blood)
2812.9 ± 49	3700 ± 66	Nutrophilis (cell/mm ³ . Blood)

Hematological studies revealed decrease in the rate of measuring red blood cells, hemoglobin and platelets in patients with cutaneous leishmaniasis. It has been shown that the sequence of CD4 + T cells leads to a defect in the bone marrow environment, which leads to a defect in hematopoietic stem cells and precursor cells [13]. In contrast, there will be high average in the rate of WBC, lymphocytes and neutrophils in patients with cutaneous leishmaniasis.

These increasment are explained by the fact that the neutrophils and other cell types are among the first non-specific defensive elements that head to the site of infection to carry out their defensive function in devouring and killing the parasite [14].

DNA extraction

DNA was successfully extracted and assessed by electrophoresis on the Agarose gel. The extracted DNA was used as templates in PCR reaction. Molecular characterization of the isolates revealed amplification of the characteristic 760 bp minicircle band as shown in [figure \(1\)](#).

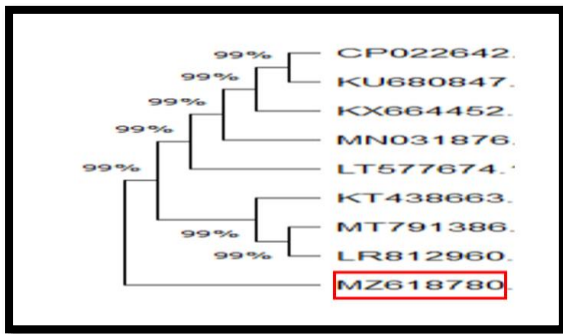


Figure (5) Phylogenetic of the Iraqi isolated of *L. major* compared to other isolates registered in Gene bank.

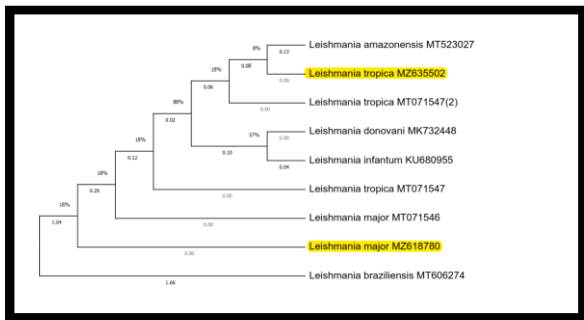


Figure (6) Neighbor joining tree

The Neighbor joining tree shows that the evolutionary history of the similar sequences of the two species recorded in the current study with related species in the NCBI data set. This analysis includes 9 nucleotide sequences, and there were a total of 1146 similar sites in the final data set. *L. braziliensis* was also considered as a comparison group (Figure 6).

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