

Effect Of *Ascaris Lumbricoides* On Some Hematological Parameters And The Concentration Levels Of Interleukin-10 And Interleukin-22

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ABSTRACT

Background: The parasite *Ascaris lumbricoides* modifies the host's immunological response. This study aims to determine the interleukin-10 (IL-10) and interleukin-22 (IL-22) serum levels in specific patients and their associations with the severity of infection. The present study also requires to study a few blood markers in *Ascaris lumbricoides*-infected patients. Patients were referred to the laboratory for testing from Al Sader General Hospital in AL-Najaf Province, Al Furat General Hospital, AL-Zahra maternity and pediatrics, and AL-Hakeem Hospital. Samples Collected 32 samples were taken from patients and 20 healthy individuals who attended clinics at the AL-Sadder Teaching Hospital and AL-Hakeem Hospital in the province of AL-Najaf between July 2021 and June 2022. Male and female patients between the ages of 10 and 50 had their stool samples taken and put in clean, wide-mouth specimen bottles. The same patients' veins were also punctured to get five milliliters of blood, four milliliters of which were then deposited in specimen tubes. After 30 minutes at room temperature, stool samples were examined using the Formol-ether concentration and Kato-Katz thick smear procedures. According to the findings, ascariasis patients had significantly higher serum levels of interleukin-10 and interleukin-22 than the healthy group (P0.05). The findings showed that the iron level concentration in ascariasis patients decreased significantly (P0.05), and that the Hb, PCV, and RBC count also decreased significantly (P0.05).

Keywords : Ascariasis , Interleukin 10&22 , Hematological Parameters

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INTRODUCTION

Human pathogen *Ascaris lumbricoides* is a big roundworm with a widespread range. In tropical nations around the world, gastrointestinal parasite infection has been highlighted as a severe public health hazard (1,2,3). An estimated 1.5 billion infections are brought on by *A. lumbricoides* alone. These infections are linked to significant morbidity(4). According to research, children are more likely than adults to contract soil-transmitted helminth (STH) parasites in environments with low hygiene and sanitation. (6) Through oral ingestion of infectious eggs, *A. lumbricoides* infects the mammalian host. (7,8) Ascariasis is prevalent in regions where feces are dumped carelessly into open latrines. (9,10).

As a result, food and water contamination are very common (11). Malaria and hookworm infections are two parasitic illnesses that are frequently associated with anemia (12).

Ascariasis is more prevalent in places with poor hygiene and is associated to malnutrition, iron deficiency anemia, and problems with cognition and growth. (13)

One of the most frequent reasons for a patient's referral to a gastroenterologist is iron deficiency anemia (IDA). Reduced nutritional intake, reduced absorption, and blood loss are common causes of IDA, albeit low absorption is typically the least frequently mentioned among these factors. In countries with abundant resources, malabsorption is a very uncommon cause of iron deficiency, and only some of those few cases can be linked to parasite infections. (1). *Ascaris* infection is one such instance where an infection is being demonstrated to affect the nutritional status of the host. In locations with plentiful resources, malnutrition raises concerns about physiological conditions that hinder nutritional absorption or, in rare instances, opportunistic infections that feed off the nutrients the patient consumes. Although there are 819 million instances of *Ascaris* worldwide, it is uncommon in resource-rich nations and more frequently associated with areas of poverty and hunger. *Ascaris* is also particularly surprising if one does not go to endemic places (12,13). IL-22 is an indicator of the cytokine family IL-10, which also produces IL-19, IL-20, IL-24, and IL-26 (15). Regulatory T cells and even TH 1 cells have been linked to immune control and inflammation (14). A heterodimeric receptor complex consisting of the IL-22R1 and IL-10R2 subunits is how IL-22 interacts. (16). IL-22R1 is only present on the surfaces of non-hematopoietic cells, such as epithelial cells, hepatocytes, and keratinocytes, whereas IL-10R2 is present on nearly all cell types (17). IL-22 can particularly target innate cell populations in organs such the gastrointestinal tract, liver, skin, kidneys, and lungs because to the restricted expression of IL-22R1 on non-hematopoietic cells (18). In light of the fact that tumor necrosis factor alpha (TNF-) is an early mediator involved in the production of IL-6, chemokines, and CRP as well as the recruitment of leucocytes during

inflammatory reactions, we conducted this study to illustrate the immunological milieu of *A. lumbricoides* (19,20), and is a member of cytokines that stimulate the acute phase reaction; its main function is the regulation of immune cells; it can also cause apoptotic cell death to cause inflammation (21); and Th2 cytokines such as IL-10 and IL-22; to determine whether there is any relationship between these cytokines and various well-known clinical symptoms of ascariasis, such as cramps in the abdomen, diarrhea, and atopy. It was also noted how these cytokines' concentrations and the age, illness severity, and age all relate to one another

The aim of the study :

1- The aim of the study is to determine the interleukin-10 (IL-10) and interleukin-22 (IL-22) serum levels in some patients and how they relate to the severity of diseases.

2-Study some blood parameters of patients infected with the *Ascaris lumbricoides*

MATERIALS AND METHODS

Samples Collected 32 samples were taken from patients and 20 healthy individuals who attended clinics at Al Furat General Hospital in the AL-Najaf Province, Al Sader General Hospital, AL-Zahra maternity and pediatrics, and AL-Hakeem Hospital between July 2021 and June 2022. Male and female patients between the ages of 10 and 50 had their stool samples taken and put in clean, wide-mouth specimen bottles. Five milliliters of blood were also drawn from the same patients via vein puncture, four milliliters were placed in specimen tubes, and 30 minutes were spent at room temperature. The serum was then separated from the samples using a centrifuge (Backman/counter, Germany) at 3000 rpm for 5 minutes, and the serum was then collected in additional sterile tubes. Each serum sample was then split into two parts to be placed in a

deep freezer at -20°C until it was time to determine the levels of iron and ferritin. To evaluate the haematological parameters Hb, PCV, and RBCS, the final one milliliter of blood was collected into a tube containing anticoagulated EDTA (Abott/Jordan).

2-Iron Serum (Colorimetric Test) To determine serum iron levels using RANDOX reagents, code HB012, (RANDOX Kit, U.K.), the Cypress Diagnostics Biochemistry Analyzer using the colorimetric test method.

3-Parasitological stool examination

On alternate days, three stool samples preserved in 10% formalin were used to investigate helminth eggs using the spontaneous sedimentation method (Hofmann). The Kato-Katz method was applied to determine the number of eggs per gram of feces (OPG).

4- The examination of IL-10,22 in supernatant fluids

Using a sandwich ELISA carried out in accordance with the manufacturer's

instructions, the levels of IL-10 and IL-22 were assessed. 19.5 pg/mL was the assay's detection limit, and data below this threshold were given the detection limit value.

STATISTICAL ANALYSIS

The information was entered into the Microsoft Excel program. The prevalence of intestinal parasite infections and risk variables were examined and analyzed using the Chi-square (2) test in order to identify correlations between the two in both infected and uninfected children. The threshold for statistical significance was established at 0.05

RESULT

The Relationship Between Ascariasis Patients' IL-10 and the Control Group

Figure 1 shows a comparison of ascariasis patients and a healthy group, with a significant increase ($P < 0.05$) in serum interleukin-10 (IL-10) concentration in ascariasis patients (355.23 $\pm$ 0.221 vs. 64.54.21 Ug/dl in the healthy group).

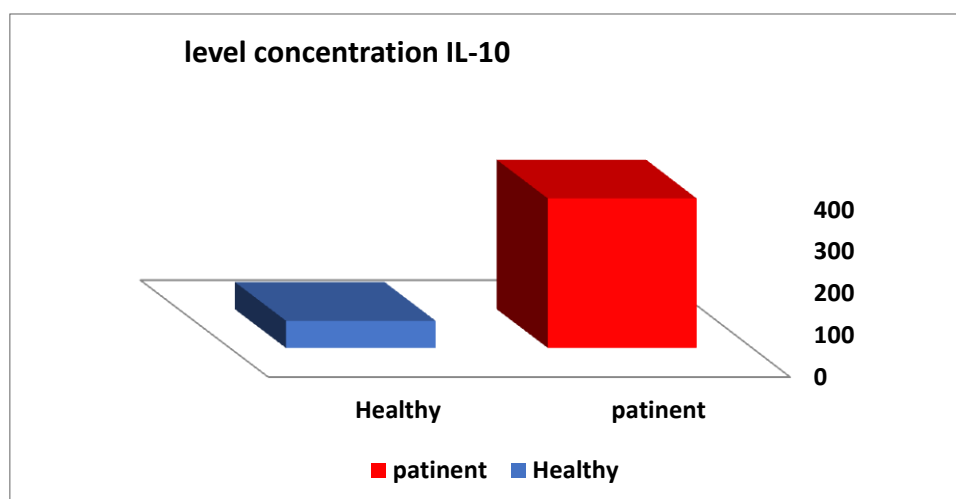


Fig.1. comparison between level concentration of IL-10 of ascariasis patients and Healthy group

Interlukin-22 (IL-22) levels in Ascariasis patients and healthy controls

Figure 2 shows a comparison of ascariasis patients and a healthy group, with a significant increase ($P < 0.05$) in serum interleukin-22 concentration in ascariasis patients (562.564 $\pm$ 2.791 vs. 100.88 $\pm$ 0.923 in the healthy group.)

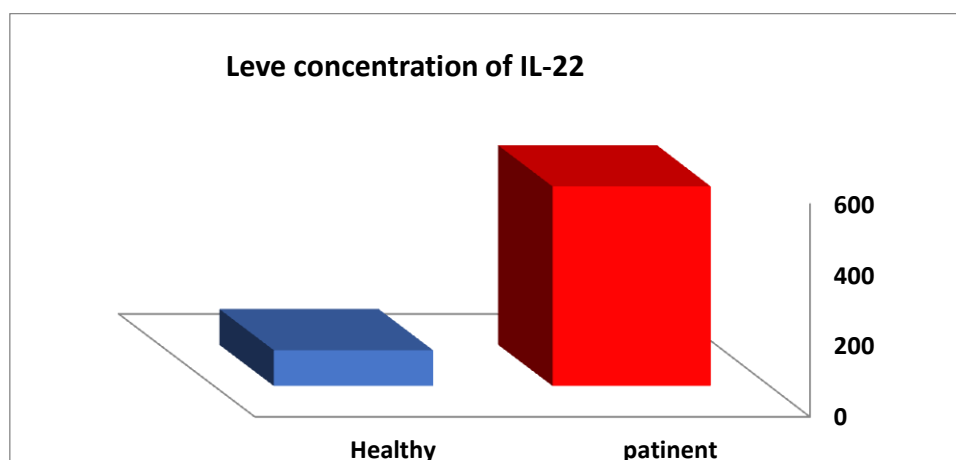


Fig.1. comparison between level concentration of IL-22 of ascariasis patients and Healthy group

comparison of the iron levels in Ascariasis patients and the healthy group

Ascariasis patients had significantly lower levels of iron than the healthy group (22.793 $\pm$ 0.322 Ug/dL versus 266.321 $\pm$ 4.113 Ug/dL, $P < 0.05$) in the comparison between the two groups of patients.

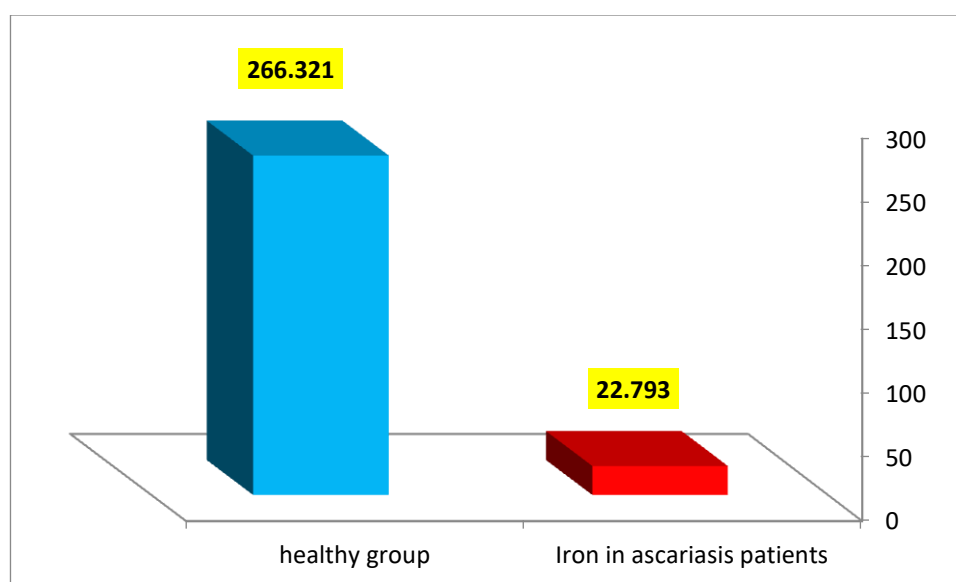


Figure (3) comparison Levels of Iron in Ascariasis Patients and the Control Group

Hematological parameters

When compared to individuals in the healthy group, ascariasis patients' Hb, PCV, and RBC counts significantly ($P < 0.05$) decreased, with ascariasis patients' values being 9.548 $\pm$ 0.581 g/dL, 13.548 $\pm$ 0.160 g/dL, 29.871 (%), and 3.755 $\times 10^6$ respectively, compared to participants in the healthy group.

Table1: Comparing laboratory test results between ascariasis patients and the healthy group

	Patients	Controls	P-value
Gender(male/female)	32	20	0.730
WBC ($\times 10^9/L$)	6.49 (4.78, 8.86)	6.19 (5.71, 7.48)	0.947
RBC ($\times 10^{12}/L$)	3.67 $\pm$ 0.90	4.63 $\pm$ 0.39	0.000
HGB (g/L)	102.44 $\pm$ 22.95	145.48 $\pm$ 8.51	0.000
MCV (fL)	86.98 (73.32, 91.88)	91.04 (88.51, 91.22)	0.000
MCH (pg)	27.36 (21.96, 31.40)	29.81 (29.02, 30.72)	0.000
MCHC (g/L)	335.05 (322.50, 322.15)	322.70 (329.00, 325.80)	0.000
PLT ($\times 10^9/L$)	265.30 (201.62, 310.20)	222.30 (208.70, 270.90)	0.002
NEU ($\times 10^9/L$)	3.74 (2.69, 5.43)	3.48 (2.83, 4.23)	0.327
LYM ($\times 10^9/L$)	1.26 (1.07, 1.97)	2.25 (1.96, 2.50)	0.000
EOS ($\times 10^9/L$)	0.45 (0.17, 0.62)	0.12 (0.08, 0.30)	0.000

DISCUSSION

According to the current study, patients with *A. lumbricoides* infections had significantly lower RBC counts, Hb concentrations, and PCV concentrations than patients in the control group. This outcome might have been brought on by the *A. lumbricoides* worm hemolyzing RBCs, which might have led to a reduction in the amount of RBCs. A drop in the concentration of Hb might have additionally been brought about by the hemolysis of RBCs. (22). Anemia and parasite infestation are related by a pathogenophysiologic process. (23,24,25) By lowering iron absorption from the gut, directly sucking blood, and interfering with iron metabolism both directly and indirectly,

the helminthic infection leads to anemia shortage. (26,27,28,29) ascaris affect anemia by destroying the intestine's mucosal structure, which affects how well micronutrients like iron are absorbed. These methods all impact the nutritional state of the hosts, which consequently changes their immune system. (30,31). Ascaris infection is one such instance where an infection has been shown to affect the nutritional state of the host. However, especially in middle-aged and older persons, IDA is typically thought to be brought on by blood loss until otherwise demonstrated. Gynecologic issues are another typical IDA etiology in females. A physiological condition that interferes with nutritional absorption or, in rare instances, an

opportunistic infection that feeds off the nutrients the patient consumes can be causes of malnutrition in resource-rich countries. Even though there are 819 million cases of *Ascaris* worldwide, it is a disease that is unusual in resource-rich nations and more frequently occurs in locations where there is malnutrition and low socioeconomic position. It is also particularly unexpected when there hasn't been travel to areas where it is endemic (32,33).

A. lumbricoides infection in humans has been associated with eosinophilia, fever, dyspnea, and cough, sometimes known as Loeffler's syndrome, during the larval migratory phase through the lung and abdominal pain during the intestinal phase. Ascariasis is distinguished by eosinophilia, mast cell hyperplasia, and elevated levels of immunoglobulin E (IgE) in the blood. (34,35) Our findings are consistent with IL-10 and IL-22, with the family having a significant role in helminth infection immunity. IL-10 and IL-22 both stimulate eosinophils. function as a link between the parasite and a neighboring co-activated cell on the parasite's surface. The inhibition of IL-10 upstream in the immunological disease produced by *A. lumbricoides* infection during the lung migration phase has a substantial influence on IL-22 levels in the screened patients(36). In our area, *A. lumbricoides* infection is associated with significantly elevated levels of IL-10 and IL-22. (37,38).

CONCLUSION

In many parts of the world, where poor sanitation makes infection and reinfection more likely, parasitic helminth infestation is a widespread condition affecting billions of people. In individuals with ascariasis, intestinal parasite infection had a deleterious impact on hematological profiles and was a reliable indicator of anemia. In patients

infected with the *Ascaris* parasite, intestinal parasitic infection resulted in a considerable reduction in the levels of HGB, HCT, MCV, MCH, and MCHC. Deworming can be an effective method of getting rid of these worms in ascariasis patients in order to minimize anemia.

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