

Introduction to Trematodes

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Helminthes

- Three groups of helminthes
 - Cestodes (tapeworm)
 - Trematodes (fluke)
 - Nematodes (roundworm)

Parasites :
1-protozoa
2-helminthes
3-tick: used as a vector

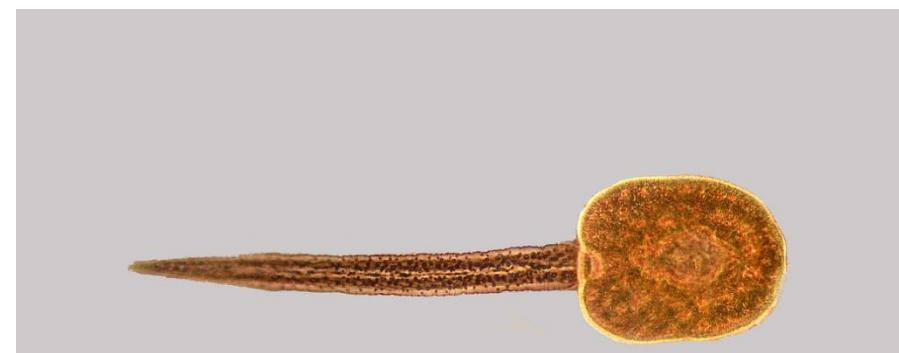
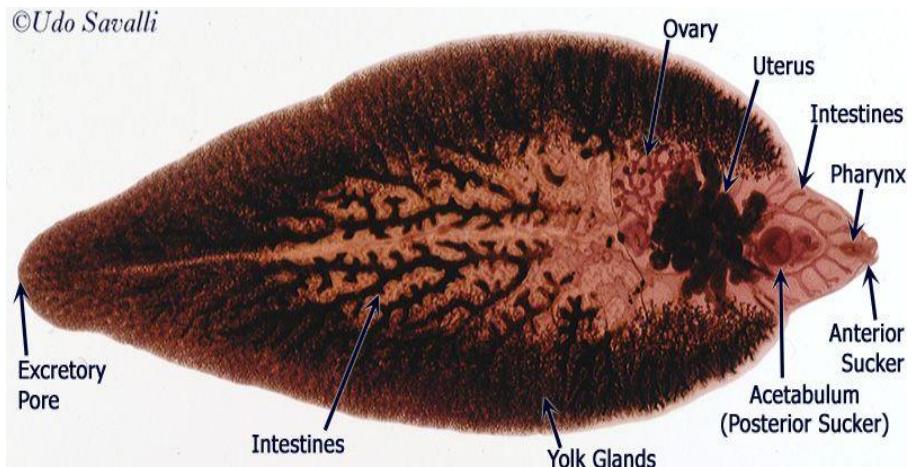


Trematodes (flukes)

- Flat, unsegmented and covered with a cuticle.
- Leaf-like (except *Schistosoma* females).
- Ranging from few millimeters to ~8 cm.
- Have two muscular suckers (organs of fixation):
 - i. Oral sucker around mouth opening.
 - ii. Ventral sucker.
 - * a 3rd “genital sucker” may be present around genital opening.
- Hermaphrodites (except *Schistosoma*).

Schistosoma : It causes bilharzia, not leaf like (long), also not hermaphrodites(it has separate sex).

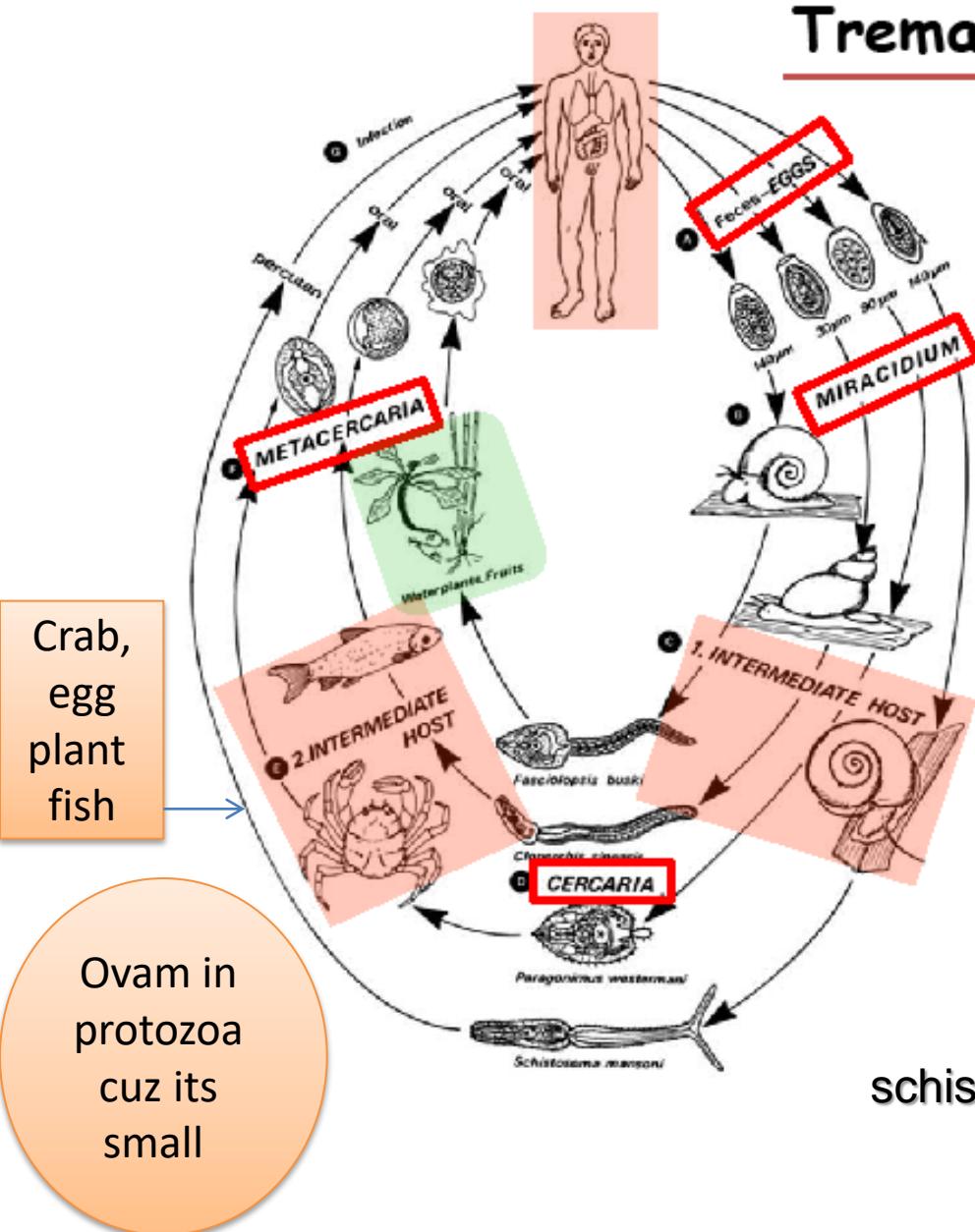
Schistosoma vs Fasciola



Fasciola : has operculum on eggs (cap) , cercaria without branches in its tale converted to metacercaria in reservoir host that infect human *indirectly*

schistosoma : has spines on eggs , cercaria with furca tale (2 branches) that infects human *directly* without reservoir host

Trematodes general life cycle



Life cycle stages:

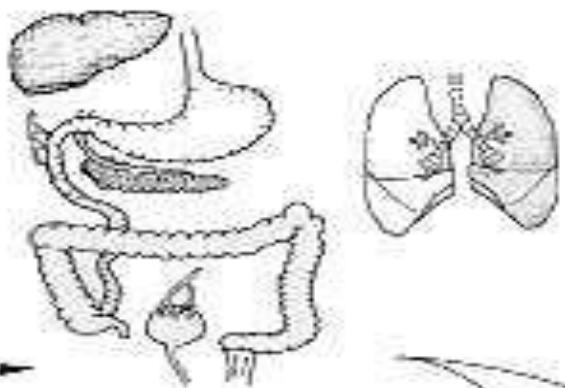
- Egg:** usually diagnostic stage. imp
- Miracidium:** hatches from egg. Has cilia so they can swim
- Cercaria:** infective in *Schistosoma*.
- Metacercaria:** infective stage in other species.
- Adult worms:** in DH and RH.

Trematodes' life cycles involve:

- Snail: intermediate host (IH) in which asexual generations occur.
- Some, involve a 2nd IH.
- Definitive host (DH): ? Human
- Reservoir host (RH): ?

schistosoma has only 1 intermediate(host)
But other fasciola has 2 hosts

Adult:
Blood, Intestine
Liver, Lung



Metacercaria



Cercaria

C. sinensis

F. hepatica
F. buski

P. westermani

H. heterophyes

(Egg)

S. japonicum

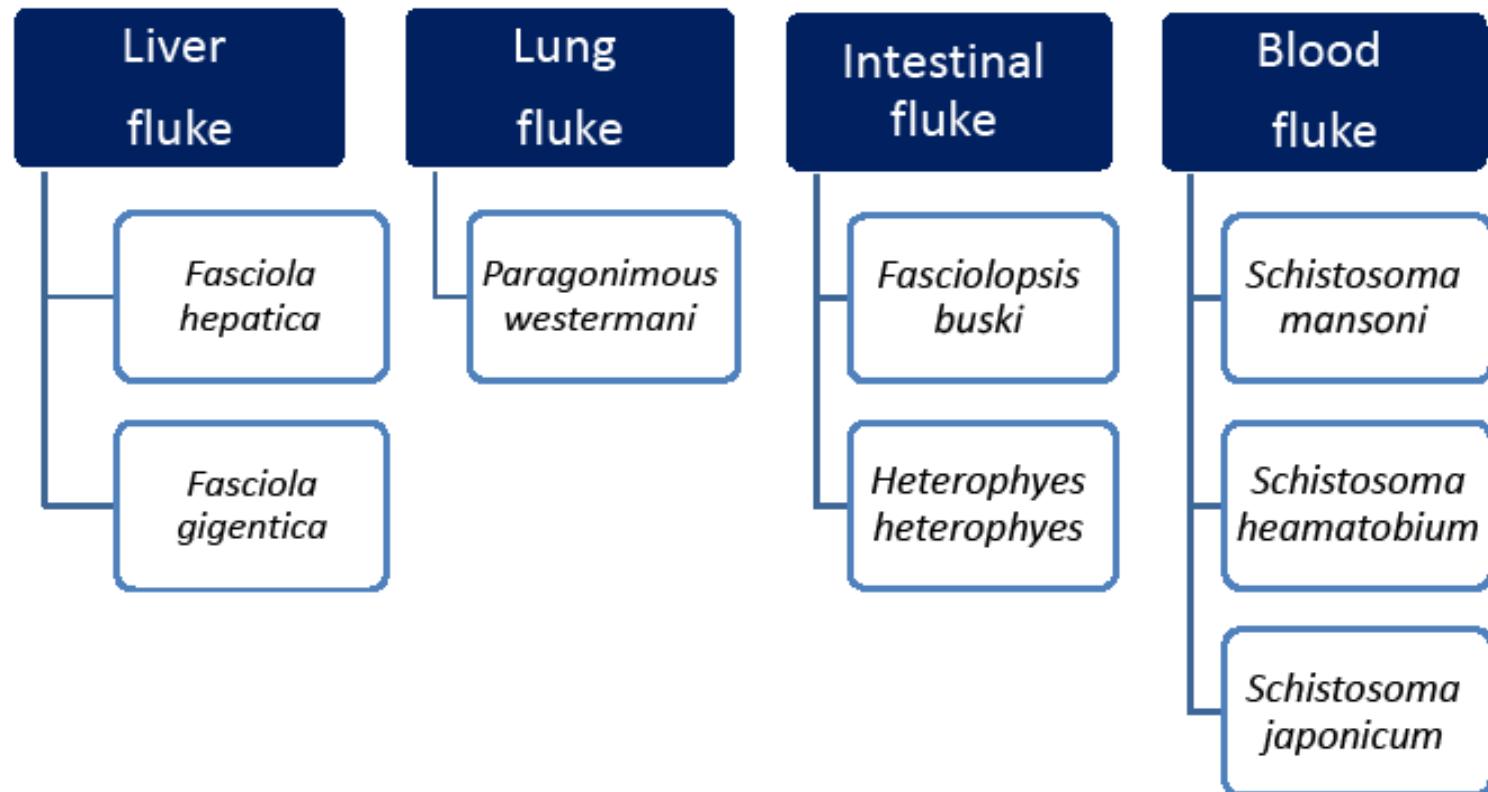
S. mansoni

S. haematobium

Sporocyst-Redia

Miracidium

Medically Important flukes



They go to skin directly then blood

Diagnostic stage

- Egg
 - Mostly large sized eggs (exception *Heterophes*)
 - Ovoid
 - Operculum (exception of that of *Schistosoma*) spines
 - Content: ovum , vitelline cells, or miracidium

Vitelline cells (yolk cells) develop
into miracidium

Operculated eggs



*Fasciola
hepatica*



*Paragonimus
westermani*



*Fasciolopsis
buski*

Non operculated eggs



*Schistosoma
japonicum*



*Schistosoma
Mansoni*



*Schistosoma
haematobium*

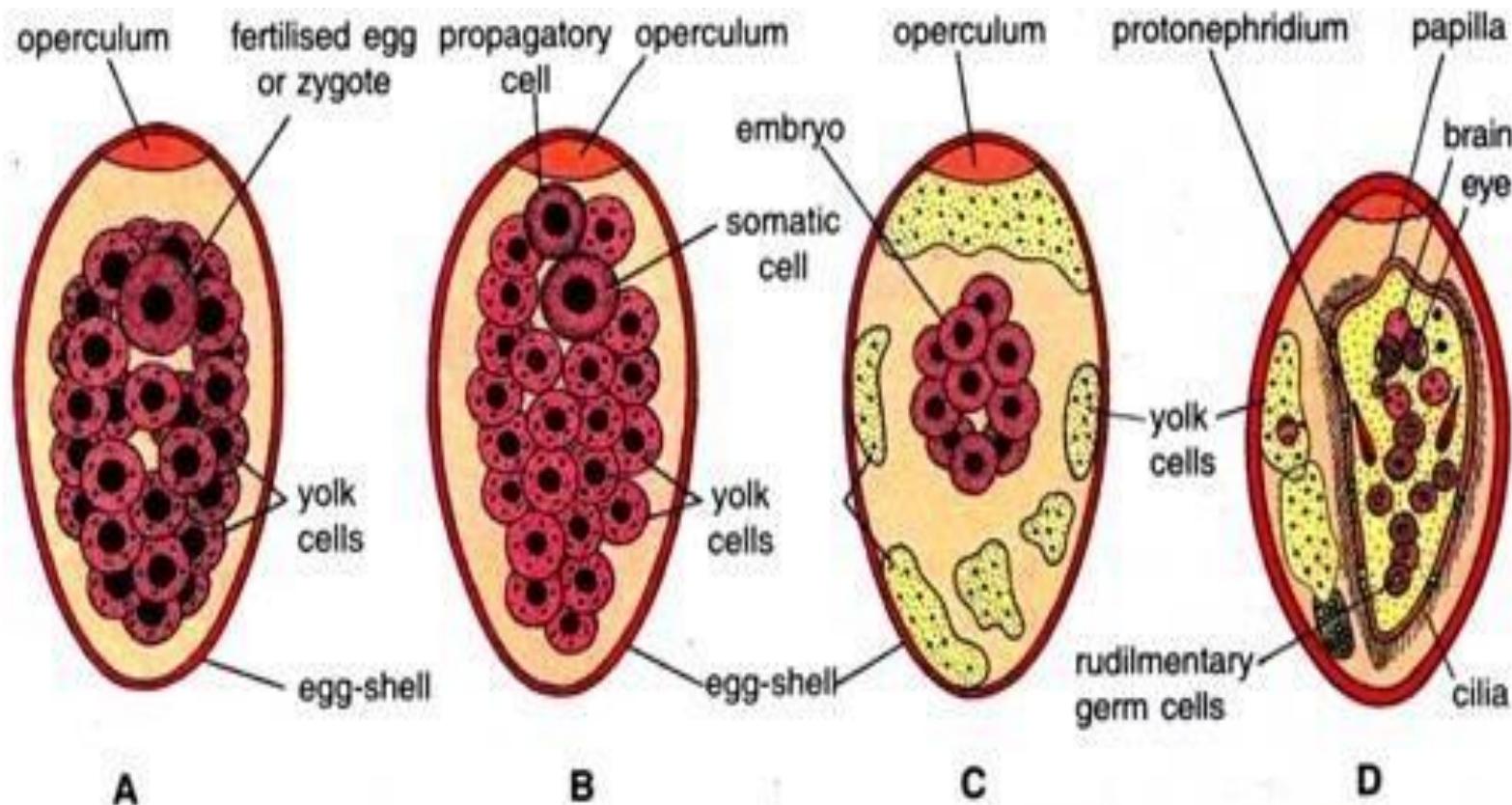


Fig. 41.14. *Fasciola hepatica*. Early stages of development. A—Fertilised egg; B—Two cell stage; C—Many cell stage; D—Miracidium in capsules.

Intestinal Flukes



(~1.5x0.5 mm)



(up to 8 cm)

1- Large sized intestinal fluke

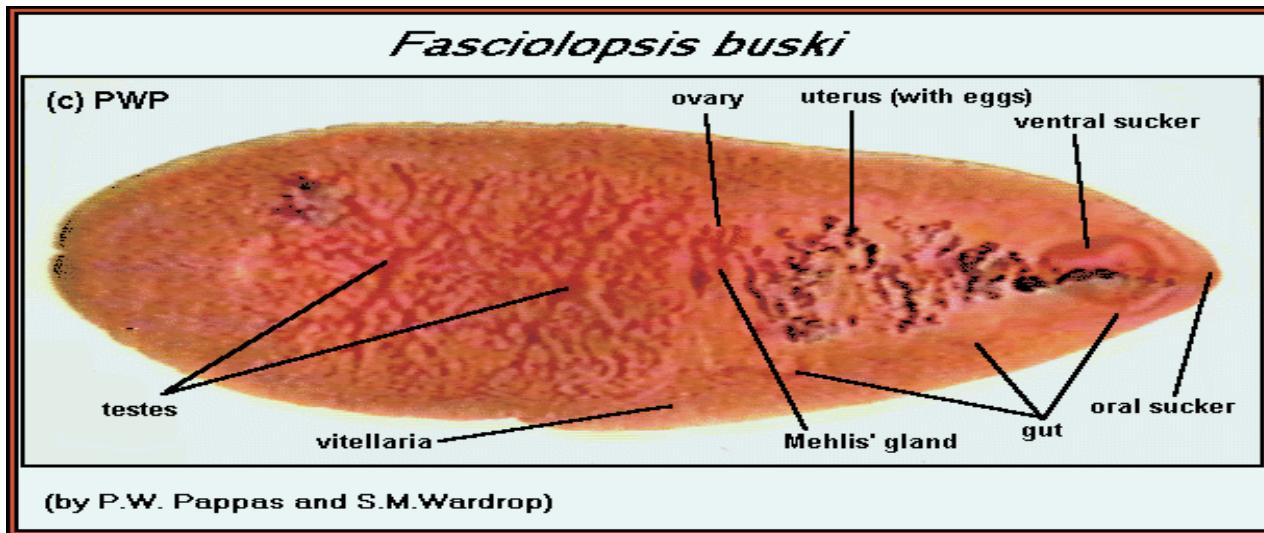
Fasciolopsis buski

(Fasciolopsiasis)

Fasciolopsis buski

- called the giant intestinal fluke
- **Habitat:** small intestine but in heavy infestations can also be found in the stomach and lower regions of the intestine.
- **cause :** fasciolopsiasis

Morphology



which may range in size from 20 to 75 mm by 8 to 20 mm. flat, leaf-shaped, blunt anterior end, undulating, tandem, dendritic testes, poorly-developed oral and ventral suckers, branched ovaries, vast vitelline follicles, can be distinguished from other fasciolids by a lack of cephalic cone or "shoulders" and the unbranched ceca

Morphology

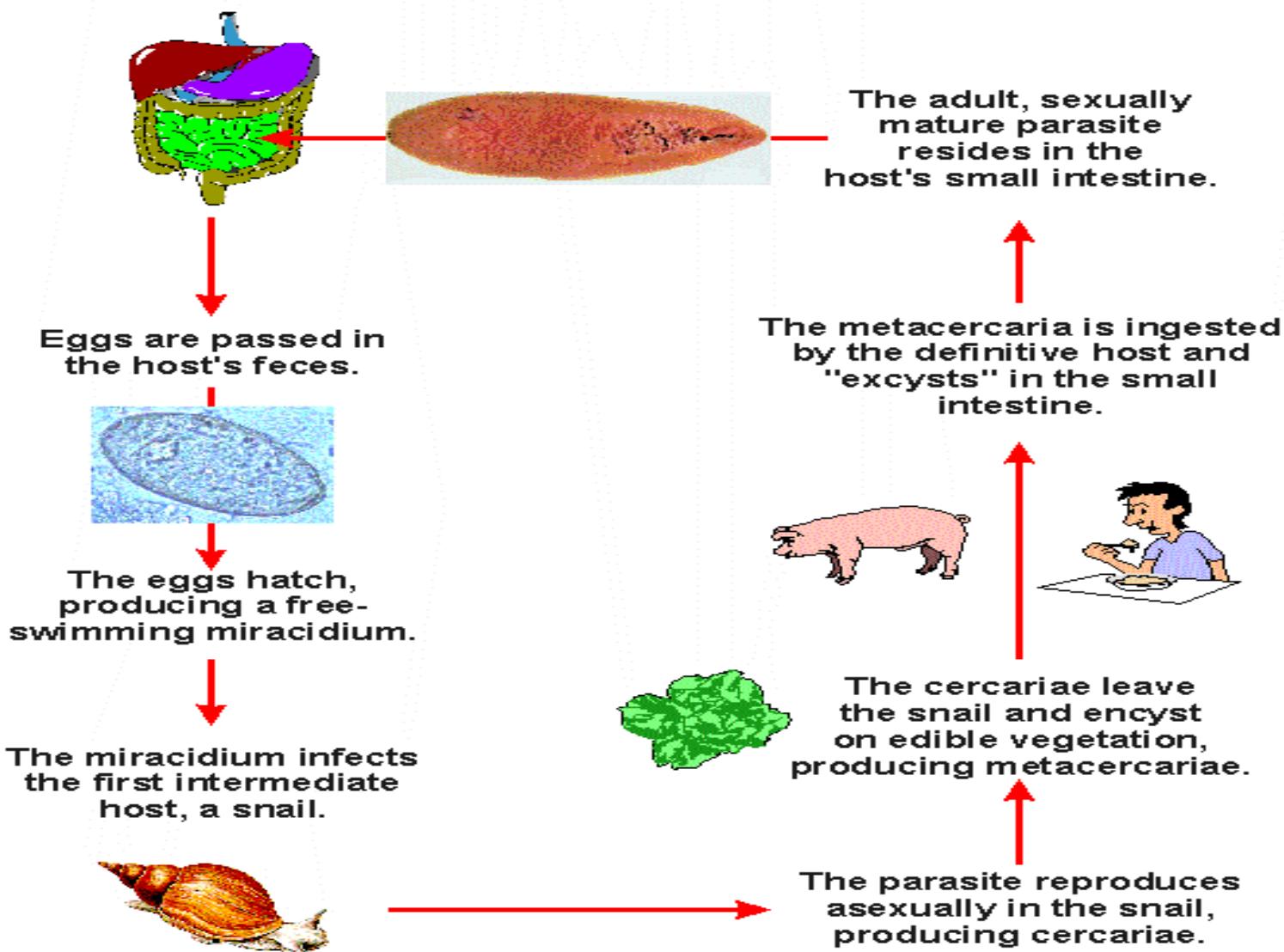
- yellow-brown, ellipsoidal, thin shell, operculated, filled with yolk cells, microscopic, about 130–160 micrometers (μm) long



Life cycle

- **Infective stage:** metacercaria
- **Definitive hosts:** humans
- **Intermediate hosts:** snails, water plant
- **Diagnostic stage:** egg
- **Transmission:** eating raw water plants with metacercariae
- **The adult remain in intestine, attaching to the mucosa of the duodenum and jejunum.**

THE LIFE CYCLE OF *FASCIOLOPSIS BUSKI*

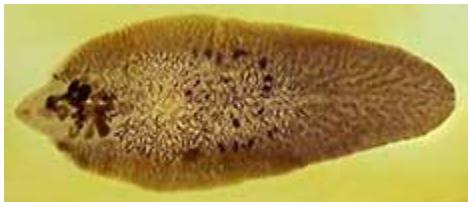


1- Liver flukes

Fasciola hepatica

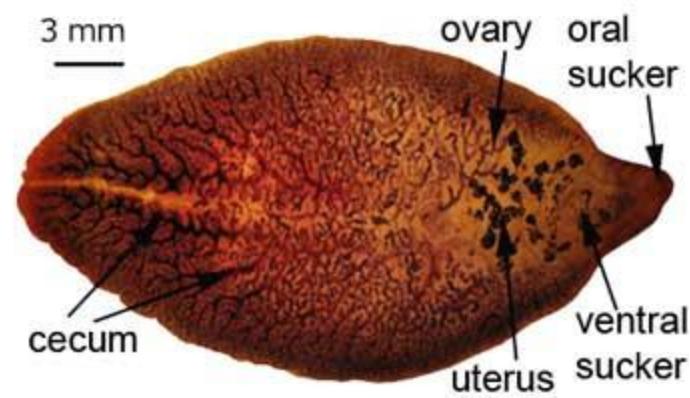
Fasciola gigantica

(Fascioliasis)



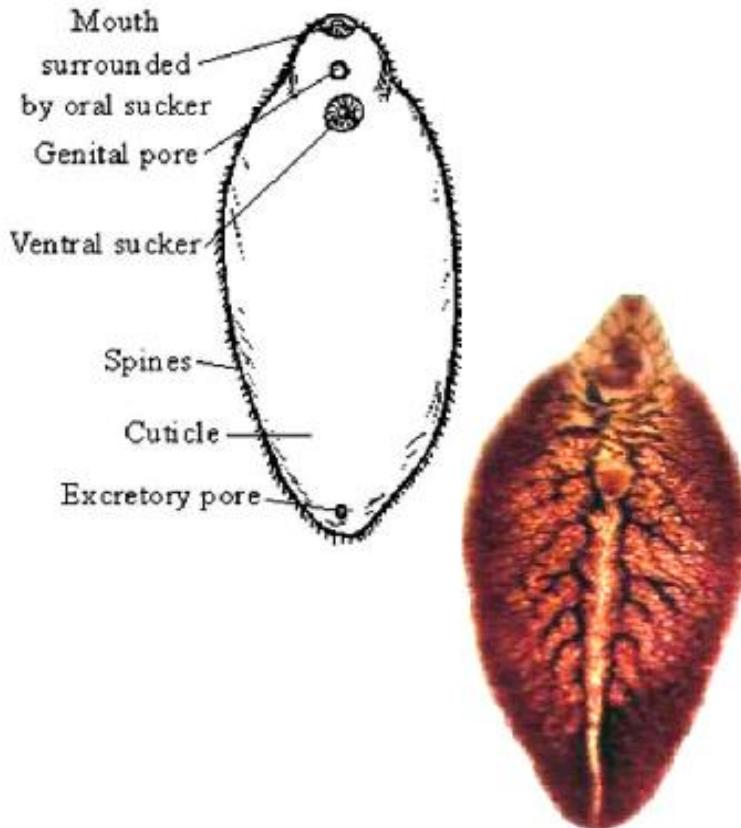
Fasciola hepatica

- known as the **common liver fluke** or **sheep liver fluke** (*can be ingested by animal first then we get infected by eating its meat*)
- In addition to humans it infects cows and sheep
- **Cause:** fascioliasis
- have indirect life cycles
- **Transmission:** occurs through the ingestion of raw, fresh-water vegetation



Morphology

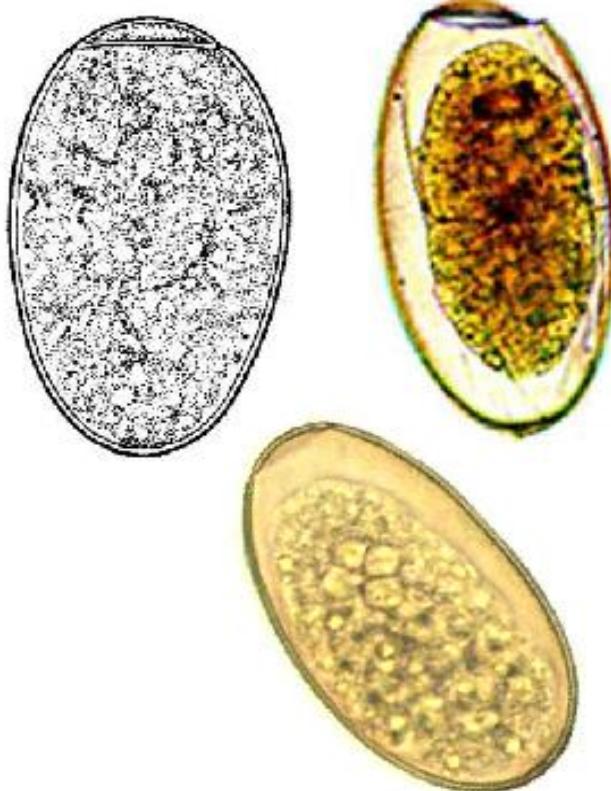
Adult



- Is large, flat and leaf-like.
- Size: about 3x1 cm
- A distinct conical projection at the anterior part.
- A leaf-shaped posterior part with converging sides..
- An oral & ventral suckers equal in size.
- An esophagus divided into two caeca ending blindly.
- Highly branched caeca & testes

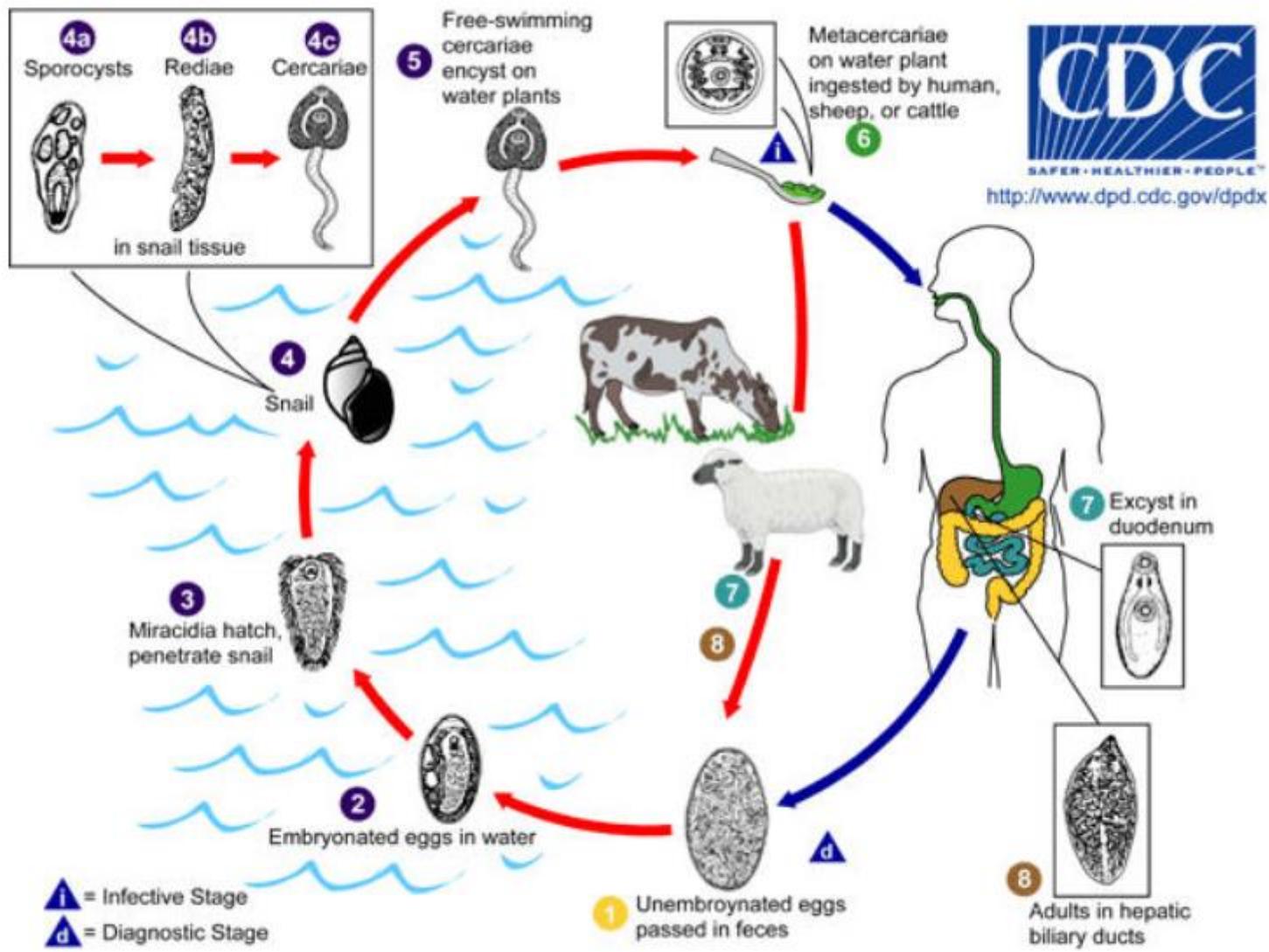
Morphology

Eggs



- Shape: oval.
- Size: about 150x90 µm.
- Shell: operculated.
- Color: light yellowish to brown
- Content: passed in feces unembryonated.

◦ **Eggs: Diagnostic stage**

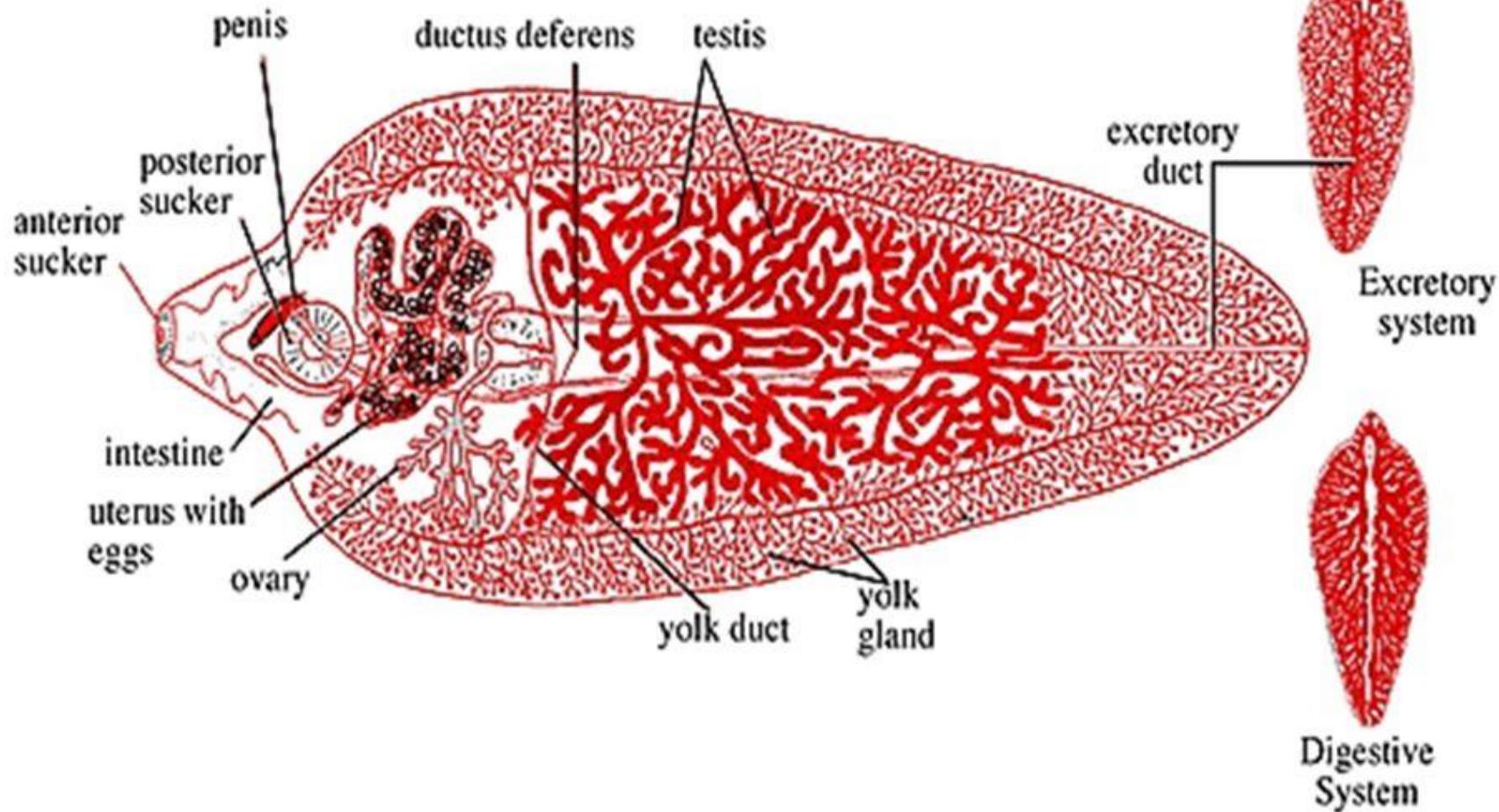


Diagnosis

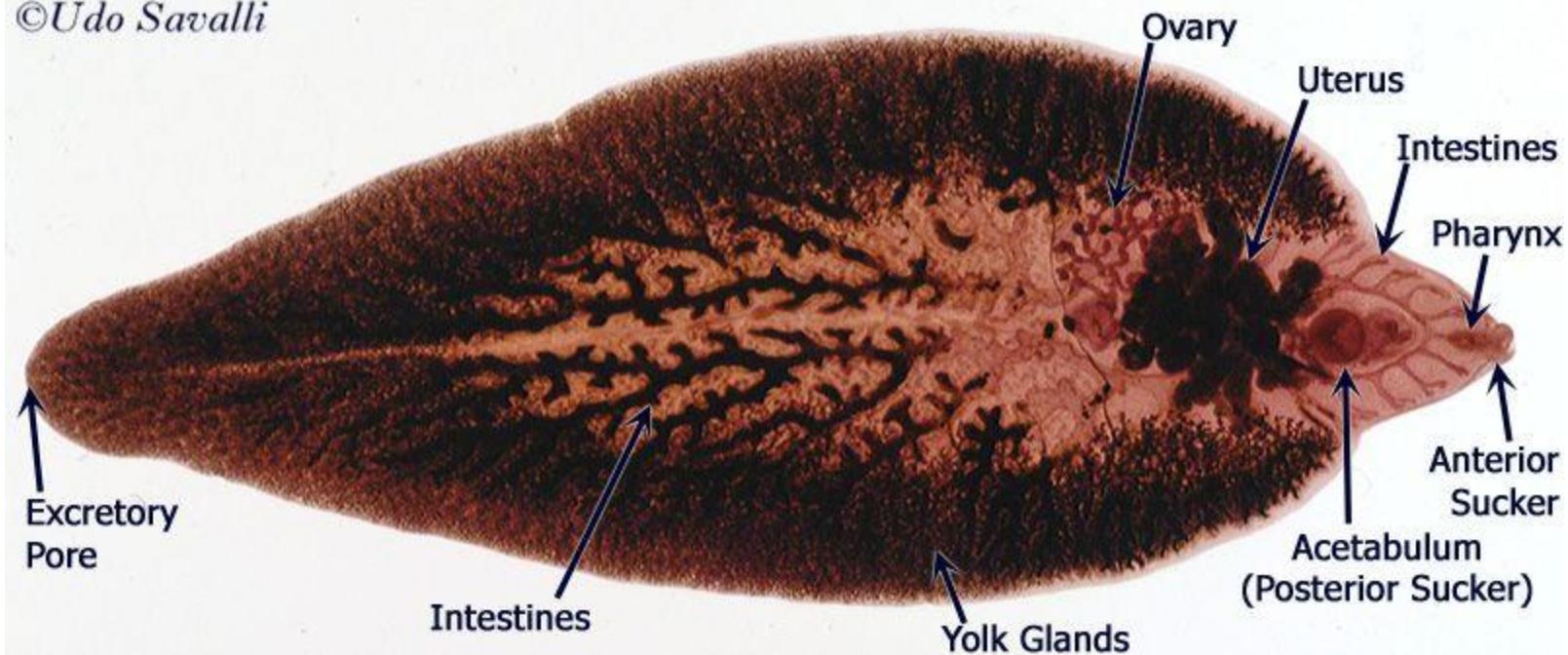
- Eggs in a stool sample.
- Early stage of the infection can be **diagnosed** from a blood sample, if antibodies are found

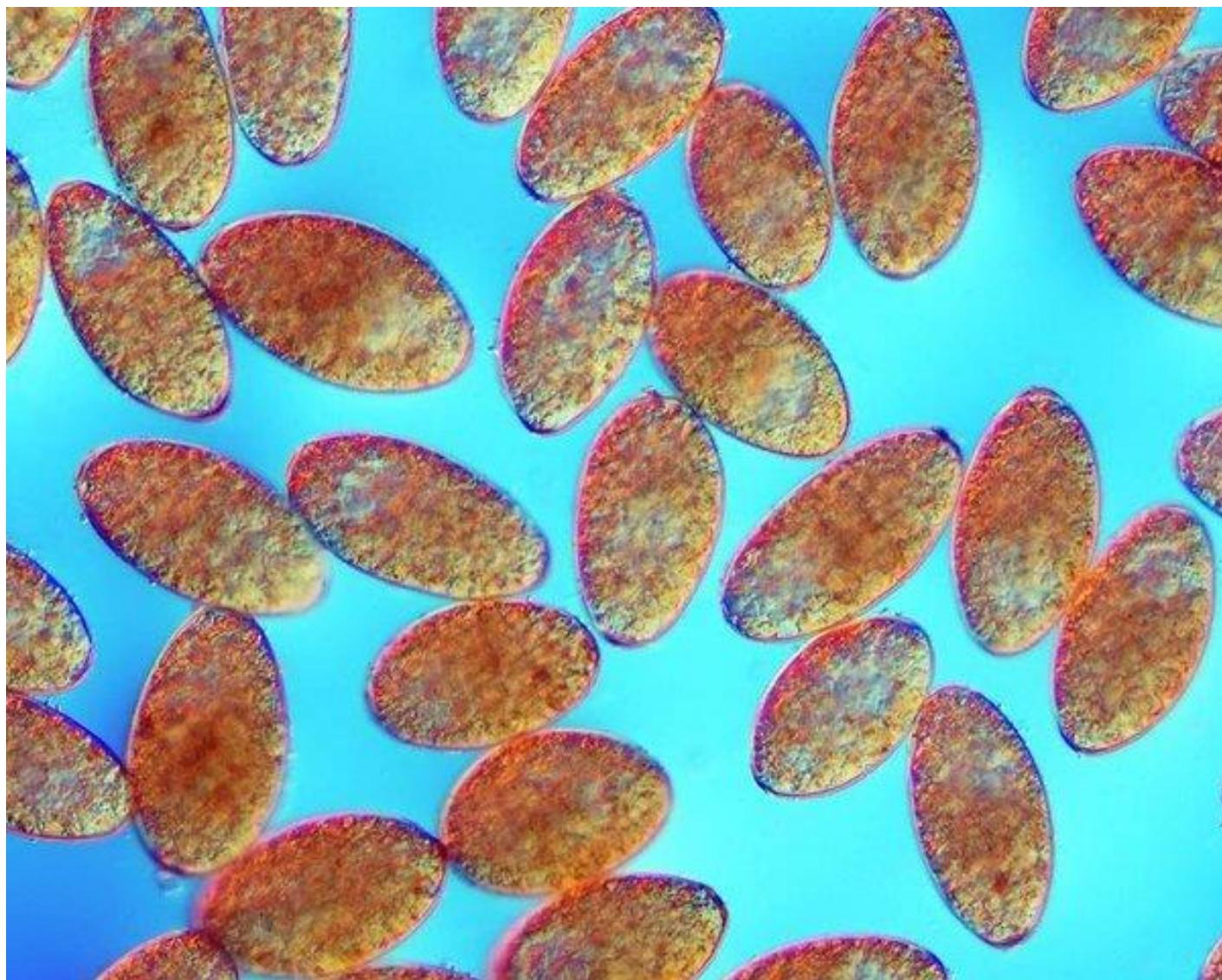
Lab slides

Fasciola Body Plan



©Udo Savalli





Operculated eggs



*Fasciola
hepatica*



*Paragonimus
westermani*



*Fasciolopsis
buski*

Fasciola hepatica Miracidium



Raed Z. Ahmed, Medical Parasitology Lab., 2012

cercaria which is the infective stage



metacercaria which is the infective stage



It takes
this shape
to avoid
gastric
acidity

Schistosoma/cercaria and eggs



Non operculated eggs



*Schistosoma
japonicum*



*Schistosoma
Mansoni*



*Schistosoma
haematobium*

Schistosoma/male and female

