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Serological Diagnosis of North American Paragonimiasis by Western Blot Using Paragonimus kellicotti Adult Worm Antigen

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Abstract. We studied the value of an IgG Western blot (WB) with Paragonimus kellicotti (Pk) antigen for diagnosis of North American paragonimiasis. The test was evaluated with sera from patients with Pk and Paragonimus westermani infections, with control sera from patients with other helminth infections, and sera from healthy Americans. All 11 proven Pk infection sera and two samples from suspected cases that were negative by P. westermani WB at the Centers for Disease Control and Prevention (CDC) contained antibodies to antigens at 34 kDa and at 21/23 kDa. Seven of 7 P. westermani sera contained antibodies to the 34 kDa antigen, but only 2 recognized the 21/23 kDa doublet. No control samples were reactive with these antigens. Antibody reactivity declined after praziquantel treatment. Thus, the P. kellicotti WB appears to be superior to P. westermani WB for diagnosing Pk infections, and it may be useful for assessing responses to treatment.

INTRODUCTION

Most human Paragonimus infections occur in the Far East, but Paragonimus species are also present in other parts of Asia, in sub-Saharan Africa, and in the Americas. North American paragonimiasis (NAP) caused by Paragonimus kellicotti, is a rare human infection, but the zoonosis appears to be emerging in the United States. Only six cases of endemic paragonimiasis were reported from Colorado, Iowa, Michigan, Missouri, and Oklahoma between 1965 and 2007. Since then nine additional cases have been published from Missouri alone, all of them after the consumption of raw or undercooked crayfish during canoeing or camping trips. Laboratory diagnosis of NAP by parasitology is difficult, because most infected individuals do not have eggs detected in stool, sputum, bronchoalveolar lavage fluid, pleural effusions, or lung biopsies. Paragonimus kellicotti parasites require about 6 to 8 weeks in the mammalian host before they begin producing eggs. Previous case reports showed that months or years may pass between the onset of the illness and parasitological diagnosis. Diagnosis was often delayed for many months. Antibody responses to antigen as a diagnostic tool for NAP. We also examined the timing of antibody responses to P. kellicotti antigen in experimentally infected gerbils and assessed the persistence of antibodies in patients with NAP after praziquantel treatment.

MATERIAL AND METHODS

Infection and treatment. Patients were 25 suspected and 17 proven cases of NAP. Patient sera. The study protocol was approved by the Human Research Protection Office at Washington University School of Medicine. De-identified patient samples were obtained from Barnes Jewish Hospital in St. Louis, Missouri, the Centers for Disease Control and Prevention (CDC) in Atlanta, and Heartland Regional Medical Center in St. Joseph, MO. The serum samples were classified according to infection status as shown in Table 1. The panel of sera included samples from individuals with proven P. kellicotti infection, samples from suspected P. kellicotti cases, samples from patients with P. westermani infection, samples from individuals with other helminth infections, and samples from healthy Americans. In addition, sera of Americans with a rheumatoid factor were tested, because it is possible that this could lead to false positive results. Paragonimus kellicotti infection cases were considered to be proven if they had a history of crayfish ingestion with an illness consistent with NAP plus a positive P. westermani serology at CDC and/or P. kellicotti eggs or DNA in their sputum, lung tissue biopsies, or stool. In addition, these patients had no recent history of international travel and their symptoms improved promptly after praziquantel treatment. Suspected NAP cases had compatible case histories with negative P. westermani serology at CDC and no DNA or parasitological evidence of infection.

Animal sera. The animal study protocol was approved by the Animal Studies Committee at Washington University School of Medicine. Mongolian gerbils were infected with P. kellicotti metacercariae as previously described. Venous blood was collected from infected Mongolian gerbils at various time points after infection (p.i.). Plasma was separated and preserved at –20°C until use.

Paragonimus antigens. Adult P. kellicotti worms were obtained from experimentally infected Mongolian gerbils, and soluble total worm antigen was prepared as described previously. A P. westermani Chafee extract of adult worms was provided by CDC. Excretory/secretory (e/s) antigens of P. kellicotti were obtained by culturing two adult flukes (65 days p.i.) overnight in 500 μL phosphate buffered saline (PBS) at room temperature. After removal of the living flukes, the eggs were removed (~2,000 eggs) by sedimentation for 3 h at 4°C. The supernatant was centrifuged at 19,000 × g for 15 min, and the protein concentration of the supernatant was

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Table 1

<table>
<thead>
<tr>
<th>Serum group</th>
<th>No. of samples</th>
<th>Characterization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pk cases</td>
<td>11</td>
<td>Sera from patients with clinical signs of paragonimiasis, positive IgG Western blots with P. westermani antigens at CDC; positive history of crayfish consumption, no travel outside the United States.</td>
</tr>
<tr>
<td>Suspected Pk cases</td>
<td>2</td>
<td>Sera from North American patients with clinical signs of paragonimiasis who had negative IgG Western blots with P. westermani antigens at CDC; positive history of crayfish consumption, no travel outside the United States.</td>
</tr>
<tr>
<td>Potential Pk exposure</td>
<td>11</td>
<td>Sera from individuals from Missouri without clinical signs of paragonimiasis who may have eaten raw crayfish.</td>
</tr>
<tr>
<td>P. westermani cases</td>
<td>7</td>
<td>Sera from patients from the Philippines with proven P. westermani infection; eggs were detected in stool, positive Western blots with P. westermani antigens at CDC.</td>
</tr>
<tr>
<td>P. kellicotti treated cases</td>
<td>7</td>
<td>Sera from patients with P. kellicotti infections (see above) collected 4–28 weeks post treatment with praziquantel.</td>
</tr>
<tr>
<td>Healthy Americans</td>
<td>14</td>
<td>Sera from Americans with no reason to suspect paragonimiasis (WUSM).</td>
</tr>
<tr>
<td>Rheumatoid factor</td>
<td>4</td>
<td>Sera from Americans with rheumatoid factor (titers ≥ 1:64, WUSM).</td>
</tr>
<tr>
<td>Schistosoma infection</td>
<td>21</td>
<td>Sera from patients with proven Schistosoma mansoni, S. haematobium, or S. japonicum infection (CDC, Uganda).</td>
</tr>
<tr>
<td>Fasciola hepatica infection</td>
<td>10</td>
<td>Sera from patients with proven fasciolasis (CDC).</td>
</tr>
<tr>
<td>Echinococcus granulosus</td>
<td>2</td>
<td>Sera from patients with clinical echinococcosis (CDC).</td>
</tr>
<tr>
<td>Strongyloides stercoralis</td>
<td>6</td>
<td>Sera from African patients with parasitologically proven strongyloidiasis (Uganda).</td>
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</table>

Table 2

<table>
<thead>
<tr>
<th>Serum group</th>
<th>Molecular mass, kDa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Pk cases (N = 11)</td>
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</tr>
<tr>
<td>Suspected Pk cases (N = 2)</td>
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<tr>
<td>Potential Pk exposure (N = 11)</td>
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<td>P. westermani (N = 7)</td>
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<tr>
<td>Healthy North Americans (N = 14)</td>
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</tr>
<tr>
<td>Rheumatoid factor (N = 4)</td>
<td>0</td>
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<tr>
<td>Schistosoma infections (N = 21)</td>
<td>0</td>
</tr>
<tr>
<td>Fasciola hepatica (N = 10)</td>
<td>0</td>
</tr>
<tr>
<td>Echinococcus granulosus (N = 2)</td>
<td>0</td>
</tr>
<tr>
<td>Strongyloides stercoralis (N = 6)</td>
<td>0</td>
</tr>
</tbody>
</table>

*Numbers refer to the number of sera reactive with various antigens.
to the 34 kDa protein, but only two reacted with the 21/23 kDa doublet proteins.

Specificity of the *P. kellicotti* diagnostic proteins. None of the 57 sera we tested from parasite-free individuals or from individuals with other helminth infections reacted with the 21/23 or 34 kDa proteins in the soluble *P. kellicotti* adult worm antigen extract (Table 1). Some of the sera reacted with other proteins (for example, see lanes 11 and 12 in Figure 1). However, these patterns were easily differentiated from those produced by sera from paragonimiasis patients. The use of anti-IgG4 as a secondary antibody did not significantly reduce nonspecific reactivity with other antigens in control samples or enhance reactivity of positive samples with the diagnostic antigen bands (data not shown).

Reactivity to excretory/secretory *P. kellicotti* antigens. The e/s antigen was tested by Western blot with sera from confirmed *P. kellicotti* cases. The sera strongly recognized a 21/23 kDa doublet and had weak reactivity with a more diffuse band at 34 kDa (Figure 2). These results suggest that the 21/23 kDa doublet antigen and possibly the 34 kDa antigen are excreted or secreted by living adult *P. kellicotti* worms.

Emergence and persistence of antibodies to *P. kellicotti* antigens. Serial serum samples from *P. kellicotti*-infected gerbils were tested by Western blot to determine the timing of antibody responses to *P. kellicotti* antigens in the soluble *P. kellicotti* adult worm antigen extract. Specific IgG antibodies were detected as early as 2 weeks p.i., and all infected gerbils had detectable antibody responses 5 weeks after infection. Sera from infected gerbils did not recognize the same antigens in *P. kellicotti* extract as human sera; the two most prominent antigens recognized by gerbil sera have molecular masses of ~28 and 55 kDa (compare with Figure 2B in Reference 5). The reason for the differential antigen recognition of gerbils and humans is not known.

To determine the persistence of *P. kellicotti* antibodies after successful treatment with praziquantel, we tested sera from five confirmed *P. kellicotti* cases before and after treatment. Although all sera were still positive 5 to 9 weeks after treatment, two post-treatment sera produced weaker
reactions than pretreatment sera from the same individuals (Figure 3, compare lanes 5, 6, and 7, 8). One serum from a confirmed \textit{P. kellicotti} case (with positive \textit{P. kellicotti} and \textit{P. westermani} Western blots before treatment) was collected 28 weeks after treatment, and this was negative for antibodies to \textit{P. kellicotti} by Western blot (data not shown). These results suggest that antibodies to \textit{P. kellicotti} decrease after praziquantel treatment and that they might be useful as a test of cure for the infection.

**Comparison of Western blot results obtained with \textit{P. kellicotti} and \textit{P. westermani} adult worm antigens.** The two antigen preparations were studied by SDS-PAGE (Figure 4). The silver stain showed that both antigen preparations contained a large number of strong, distinct bands. Some of these protein bands were apparently shared between the two antigen preparations (e.g., antigens at \( \sim 25 \text{ kDa}, \sim 13 \text{ kDa}, \) and \( \sim 5 \text{ kDa} \)). Overall, bands were stronger and more distinct in the \textit{P. kellicotti} antigen extract. None of the proteins in the \textit{P. westermani} antigen extract was clearly identifiable as one of the diagnostic proteins in the \textit{P. kellicotti} Western blot.

To compare the suitability of the \textit{P. kellicotti} and \textit{P. westermani} antigens for the Western blot diagnosis of NAP, we performed blots with both antigens using the same set of patient sera. Both antigens showed almost no background with sera of healthy Americans or other individuals without \textit{Paragonimus} infection (Figure 5). Sera from confirmed \textit{P. kellicotti} cases recognized the diagnostic proteins at 34 and 21/23 kDa. Sera from confirmed \textit{P. westermani} cases reacted strongly with the \textit{P. kellicotti} antigens at 34 kDa but in 5 of 7 cases not with those at 21/23 kDa. In addition, some of these serum samples strongly reacted with high molecular weight proteins (see lanes 3 and 4 in Figure 5). Sera from \textit{P. kellicotti} and \textit{P. westermani} patients tended to react more weakly with \textit{P. westermani} antigens than with \textit{P. kellicotti} antigens; they reacted most strongly with \textit{P. westermani} antigens between 38 and 42 kDa and between 21 and 25 kDa. Analysis of 13 sera from \textit{P. kellicotti} cases and 7 sera of \textit{P. westermani} cases using both antigens showed that all 20 sera were positive for antibodies to \textit{P. kellicotti} antigen, whereas 18 (90\%) were positive with the \textit{P. westermani} antigen. Two sera from suspected \textit{P. kellicotti} cases were reactive by Western blot with \textit{P. kellicotti} antigen but not with \textit{P. westermani} antigen.

**DISCUSSION**

To improve the serological diagnosis of NAP, we developed a simple and reliable Western blot assay using soluble \textit{P. kellicotti} adult worm antigen. All sera from patients with NAP had positive antibody tests, and the assay appears to be highly specific for infection with \textit{Paragonimus} species.

Three antigens at 21, 23, and 34 kDa in the \textit{P. kellicotti} adult worm antigen extract were recognized by all 11 proven NAP cases. Although sera from \textit{P. westermani} patients consistently recognized the 34 kDa protein in \textit{P. kellicotti} antigen, none of the sera tested from patients without \textit{Paragonimus} infection contained antibodies that reacted with these three “diagnostic” antigens. These antigens are clearly different from the 8 kDa \textit{P. westermani} antigen that was previously reported to be specific for paragonimiasis. Another study showed that only a 31.5 kDa protein in the \textit{Paragonimus heterotremus} antigen was recognized by all sera from proven paragonimiasis cases. It is possible that this \textit{P. heterotremus} antigen corresponds to the 34 kDa protein recognized by all NAP and \textit{P. westermani} cases in this study. Another study reported a non-protein antigen at 35 kDa as a major diagnostic antigen for that infection. Unfortunately, most serological studies on human paragonimiasis have used the enzyme-linked immunosorbent assay (ELISA) for antibody detection without providing information about the molecular mass of the antigens recognized by antibodies in sera from infected individuals. Although the ELISA format is more convenient than the Western blot, it is not ideal for use with crude native antigen extracts that may contain cross-reactive antigens together with specific diagnostic
antigens. Western blot assays are satisfactory for rare infections like NAP, because the number of sera to be tested is small, and high throughput screening is not required.

The diagnostic 21/23 kDa proteins in the *P. kellicotti* antigen extract are e/s antigens, and e/s antigens have been previously used for the serological diagnosis of *P. heterotremus* infection. The 21/23 doublet antigens were excreted and/or secreted into PBS after a simple overnight culture of a small number of *P. kellicotti* adult worms. Additional work will be required to further characterize these antigens.

Our results showed that gerbils produce IgG antibodies to *P. kellicotti* antigens as early as 2 weeks p.i. Furthermore, some of the NAP sera we tested were obtained shortly after the onset of symptoms and within a few months after crayfish ingestion. Positive antibody tests with these sera contrast with a report that stated that human IgG antibodies are mainly seen in long-standing *P. westermani* infections, whereas only IgM is detected in early stages of infection. Although it is always difficult to directly compare results from naturally occurring infections in humans and experimental infections in animals, our results suggest that humans with NAP generally have positive IgG antibody tests soon after the onset of pulmonary symptoms. It is also important to note that the *P. kellicotti* Western blot can also be used to assess the outcome of treatment. Antibody reactivity decreased within weeks of treatment in several cases. In another case, a patient’s serum became antibody negative 28 weeks after successful treatment. All of the NAP cases who provided sera for this study were successfully treated using praziquantel. The *P. kellicotti* antigen was not only useful for detecting cases of NAP, but sera from patients with *P. westermani* infections acquired in the Philippines also recognized proteins in the *P. kellicotti* extract. The SDS-PAGE analysis suggested that the *P. kellicotti* adult worm antigen extract used in this study contained more proteins that were better resolved than the *P. westermani* antigen extract. The *P. westermani* antigen used in this study was produced many years ago using ether to extract undesirable lipids (Chaffee extract) from the adult *P. westermani* worm preparation. Ether extraction is no longer a preferred method for antigen preparation, so the *P. kellicotti* adult worm antigen extract described in this work may be a useful alternative for diagnosis of paragonimiasis caused by *P. kellicotti* or *P. westermani*. Molecular phylogenetic studies using mitochondrial or non-coding DNA markers indicate that *P. westermani* and *P. kellicotti* are not closely related within the genus *Paragonimus*. However, these studies provide little information about cross-reactivity of diagnostic antigens. In the past, worm extracts or e/s antigens from a number of old-world *Paragonimus* species such as *P. westermani*, *P. heterotremus*, and *Paragonimus africanus* have been used for serological diagnosis of paragonimiasis. Only a few studies identified single antigens of *P. westermani* with diagnostic potential. Since the *P. kellicotti* adult worm transcriptome has been sequenced (Mitreva M, McNulty SN, and others, unpublished data), we were able to compare the amino acid sequences of several of the previously described *Paragonimus* antigens to predicted sequences of *P. kellicotti* orthologues. For example, a cysteine protease (cp2) had only 53% identity with the *P. kellicotti* orthologue and a major egg antigen had 86% identity. These results are in line with our observations that show that sera of NAP cases show stronger reactions with homologous *P. kellicotti* antigens than with *P. westermani* antigens.

In conclusion, we have developed and evaluated a Western blot assay for the detection of IgG antibodies to *P. kellicotti* adult worm antigens for the serological diagnosis of NAP. This test appears to be sensitive and specific for human paragonimiasis. Antibodies to *P. kellicotti* appear within a few weeks after infection in animals and are present when pulmonary symptoms develop in humans. Antibody reactivity wanes over a period of months after successful treatment with praziquantel.

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