

## Seroepidemiological Study of *Toxoplasma gondii* in Patients with Multiple Sclerosis in Ahvaz, Southeastern Iran

**Marjan Sabzevari (MSc)**

Department of Medical Parasitology,  
Ahvaz Jundishapur University of  
Medical Sciences, Ahvaz, Iran

**Mehdi Tavalla (PhD)**

Department of Medical Parasitology,  
Ahvaz Jundishapur University of  
Medical Sciences, Ahvaz, Iran

**Corresponding author:** Mehdi  
Tavalla

**Tel:** +98-9386617317

**Email:** am.tavalla@gmail.com

**Address:** Ahvaz Jundishapur  
University of Medical Sciences,  
Ahvaz, Iran

**Received :** 11 Nov 2015

**Revised:** 01 Dec 2015

**Accepted:** 22 Dec 2015

**ABSTRACT**

**Background and Objective:** Toxoplasmosis is a common parasitic infection worldwide. The infection can be caused via consumption of contaminated meat and mother-to-child (congenital) transmission, causing changes in central nervous system tissue, eye irritation and sometimes death. The human form of the disease is often asymptomatic and may be accompanied with general discomfort and swelling of the lymph nodes when associated with chorioretinitis. Acute infection in immunocompromised individuals could lead to mortality. The purpose of this study was to determine the prevalence of anti-*Toxoplasma gondii* antibodies in serum of patients with multiple sclerosis (MS) referred to the MS Center in city of Ahvaz, southeastern Iran.

**Methods:** Blood samples were taken from 100 patients with MS and 100 healthy control participants. After separating the serum, presence of anti-*Toxoplasma* antibodies (IgG, IgM) was evaluated by enzyme-linked immunosorbent assay.

**Results:** Frequency of anti-*Toxoplasma* IgG was 38% and 21% in the patients and controls, respectively. *Toxoplasma* IgM antibodies were not detected in any of the study groups. Pearson correlation coefficient showed a significant association between *Toxoplasma* antibodies and MS.

**Conclusion:** Due to high prevalence of toxoplasmosis in MS patients, it is recommended to measure serum titers of the patients regularly, and placed them under antiparasitic therapy when necessary.

**Keywords:** *Toxoplasma*, Multiple sclerosis, MS, Ahvaz.

## INTRODUCTION

*Toxoplasma gondii* is an obligate intracellular protozoan and the most common cause of toxoplasmosis in humans and other warm-blooded animals (1, 2).

The parasite mostly causes infection in immunocompromised individuals including cancer patients receiving chemotherapy, organ transplant recipients, and HIV patients (3, 4). Studying toxoplasmosis is important due to its global prevalence, various risk factors, and the increasing incidence of immunodeficiency disorders (5, 6).

Empirical studies of patients with autoimmune diseases and toxoplasmosis have shown a somewhat significant increase in antibody titer compared to normal individuals (7, 8). Serologic testing is the routine method of diagnosis. Comprehensive studies have been performed on the level of *Toxoplasma* antibodies in autoimmune diseases. Since *Toxoplasma* induces activation of inflammatory mediators, TH2 immune response is examined in autoimmune diseases. Therefore, it seems necessary to study the immune response to *T. gondii* infection in immunocompromised patients with MS.

MS is a chronic progressive disease of the central nervous system that damages myelin-forming cells and myelin, leading to nerve damage and axonal injury (9, 10). In the US, more than 500,000 people are estimated to have MS, with 8,000 new cases each year (11). It is also the third leading cause of disability in the US (12). The disease often affects young adults between the ages of 20–40 years (median age of 27 years) (13-15).

MS is often characterized by vague symptoms including visual disturbance, fatigue, tremor, impaired balance and pain (9, 16, 17). The purpose of this study was to determine the prevalence of anti-*T. gondii* antibodies in serum of patients with MS.

## MATERIAL AND METHODS

This cross-sectional study was conducted to measure the level of anti-*Toxoplasma* antibodies. Presence of anti-*Toxoplasma* IgM and IgG antibodies was evaluated in the samples obtained from 100 patients with MS (66 men and 34 women) and 100 healthy control individuals. The control participants were selected from healthy individuals with no symptoms of the disease. Diagnosis of patients with MS was made by a physician.

Demographic data including age, gender and place of residence and living conditions were collected from all participants.

Blood samples were taken and transferred to the serology laboratory at the Department of Parasitology, Ahvaz Jundishapur University of Medical Sciences. Serum was separated by centrifugation at 2000 rpm for 10 min at 37°C. The serums were then stored in a freezer at -20 °C. Enzyme-linked immunosorbent assay (ELISA) kits (Biocompare, Abcam, USA) were used for the evaluation of anti-*Toxoplasma* IgG and IgM antibodies according to the manufacturer's instructions. Results were obtained by comparing the absorbance values at 450 nm with a cutoff value. Amount of *Toxoplasma*-specific IgG and IgM antibodies were measured in IU/ml. Pearson's correlation coefficient was used to analyze the data at significance level of  $P < 0.0001$ .

## RESULTS

Among the 100 patients with MS, 13 were living in rural areas, while 87 were living in urban areas. The results of the ELISA showed that 38% of the patients were positive for *Toxoplasma* IgG antibody, while none of the patients was positive for anti-*Toxoplasma* IgM antibody. In addition, 21% of the healthy controls were positive for anti-*Toxoplasma* IgG antibody. None of the controls had anti-*Toxoplasma* IgM antibody (Table1).

Table 1- Frequency of anti-*T. gondii* IgG and IgM in patients with MS and control subjects

Group	Frequency of anti- <i>T. gondii</i> IgG (%)		Frequency of anti- <i>T. gondii</i> IgM (%)	
	Positive	Negative	Positive	Negative
Case	38	62	0	100
Control	21	79	0	100

## DISCUSSION

Toxoplasmosis is a common parasitic disease that can infect most warm-blooded animals and humans. The prevalence of toxoplasmosis is associated with several factors including age, eating habits, diet, culture, and place of residence (18). In this study, 38% of the patients with MS and 21% of the healthy controls had the anti-Toxoplasma IgG antibody. *T. gondii* IgM was not found in any of the groups, indicating the absence of active infection in the two groups. Similar to our study, Shapira et al. investigated the frequency of anti-Toxoplasma antibodies in immunodeficient patients. Their result showed that the anti-Toxoplasma IgG was present in 42% of immunodeficient patients and 29% of healthy individuals (18). Mostafavi et al. also reported that 41.4% of participants were positive for anti-Toxoplasma IgG in Isfahan (Center of Iran) (19). Study of Petrikova et al. on the frequency of anti-Toxoplasma IgG antibody in patients with different autoimmune diseases reported that the highest prevalence was found in patients with MS (20).

In the present study, no one was found positive for anti-Toxoplasma IgM antibody. There was a significant correlation between the place of residence and presence of anti-Toxoplasma antibodies, which could be due to lifestyle and poor hygiene in rural areas. Studies of Shaddel et al. (21) and Razavi et al. (22) showed that women are more susceptible to infection with *T. gondii*, while we found no correlation

between gender and toxoplasmosis. Our finding is consistent with the finding of Rostami et al. in this regard (23).

Study of Rostami et al. (23) reported a high prevalence for *Toxoplasma* antibodies in older patients, while we found no significant correlation between frequency of anti-Toxoplasma IgG antibody and age of the patients. This is in agreement with findings of Shaddel et al. (21) and Sedaghat et al. (24). This result may be due to recurrent exposure to the *Toxoplasma* antigens. According to this study, infection with *T. gondii* may be one of the several risk factors for MS (25).

## CONCLUSION

According to our results, the prevalence of toxoplasmosis is high in patients with MS. Therefore, serum titers of these patients should be measured regularly, and antiparasitic therapy should be provided when necessary.

## ACKNOWLEDGMENTS

The authors are grateful to the Department of Parasitology at Ahvaz Jundishapur University of Medical Sciences. The study has been supported by the Infectious and Tropical Diseases Research Center of Ahvaz Jundishapur University of Medical Sciences, Iran.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interests.

## REFERENCES

- Balleari E, Cutolo M, Accardo S. *Adult-onset Still's disease associated to toxoplasma gondii infection*. Clin Rheumatol. 1991; 10(3): 326-7.
- Shapira Y, Agmon-Levin N, Shoenfeld Y. *Geoepidemiology of autoimmune rheumatic diseases*. Nat Rev Rheumatol. 2010; 6(8): 468-76. Doi: 10.1038/nrrheum.2010.86.
- Liesenfeld O. *Oral infection of C57BL/6 mice with Toxoplasma gondii: a new model of inflammatory bowel disease?* J Infect Dis. 2002; 185 (Suppl 1): S96-101.
- Blank M, Asherson RA, Cervera R, Shoenfeld Y. *Antiphospholipid syndrome infectious origin*. J Clin Immunol. 2004; 24(1): 12-23.
- Bongartz T, Sutton AJ, Sweeting MJ, Buchan I, Matteson EL, Montori V. *Anti-TNF antibody therapy in rheumatoid arthritis and the risk of serious infections and malignancies: systematic review and meta-analysis of rare harmful effects in randomized controlled trials*. JAMA. 2006; 295(19): 2275-85.
- Shapira Y, Agmon-Levin N, Shoenfeld Y. *Defining and analyzing geoepidemiology and human autoimmunity* J Autoimmun. 2010 May; 34(3):J168-77. Doi: 10.1016/j.jaut.2009.11.018.
- Charcot J. *Histology de la sclerose en plaques*. Paris. Imprimeriel. Poupard-davyl; 1863, 554-5.
- Compston A, Coles A. *Multiple sclerosis*. Lancet. 2008; 372(9648): 1502-17. DOI: [http://dx.doi.org/10.1016/S0140-6736\(08\)61620-7](http://dx.doi.org/10.1016/S0140-6736(08)61620-7).
- Guarnaccia JB, Aslan M, O'Connor TZ, Hope M, Kazis L, Kashner CM, Booss J. *Quality of life for veterans with multiple sclerosis on disease-modifying agents: Relationship to disability*. J Rehabil Res Dev. 2006 Jan-Feb; 43(1):35-44.
- Hammond SR, English DR, McLeod JG. *The age-range of risk of developing multiple sclerosis: evidence from a migrant population in Australia*. Brain. 2000; 123 (Pt 5): 968-74.

11. Kobelt G, Berg J, Lindgren P, Fredrikson S, Jönsson B. *Costs and quality of life of patients with multiple sclerosis in Europe*. J Neurol Neurosurg Psychiatry. 2006; 77(8): 918-26.
12. Ruggieri M, Iannetti P, Polizzi A, Pavone L, Grimaldi LM. *Italian Society of Paediatric Neurology Study Group on Childhood Multiple Sclerosis*. Multiple sclerosis in children under 10 years of age. Neurol Sci. 2004 Nov; 25 Suppl 4:S326-35.
13. Huycke LI. *Multiple sclerosis: what occupational health nurses need to know*. AAOHAN J. 2006; 54(11): 469-78.
14. Talley CL. *The emergence of multiple sclerosis, 1870-1950: a puzzle of historical epidemiology*. Perspect Biol Med. 2005; 48(3): 383-95.
15. Pugliatti M, Rosati G, Carton H, Riise T, Drulovic J, Vécsei L, et al. *The epidemiology of multiple sclerosis in Europe*. Eur J Neurol. 2006; 13(7): 700-22.
16. Masoodi R, Mohammadi Eisa, Nabavi SM, Ahmadi F. *The effect of Orem based self-care program on physical quality of life in multiple sclerosis patients*. Journal of Shahrekord University of medical science. 2008; 10 (2): 21-9. [Persian]
17. Wallin MT, Page WF, Kurtzke JF. *Epidemiology of multiple sclerosis in US veterans. VIII. Long-term survival after onset of multiple sclerosis*. Brain. 2000; 123(Pt 8): 1677-87.
18. Shapira Y, Agmon-Levin N, Shoenfeld Y. *Geoepidemiology of autoimmune rheumatic diseases* Nat Rev Rheumatol. 2010; 6(8): 468-76. Doi: 10.1038/nrrheum.2010.86. Epub 2010 Jun 22.
19. Mostafavi SN, Ataei B, Nokhodian Z, Yaran M, Babak A. *Seroepidemiology of Toxoplasma gondii infection in Isfahan province, central Iran: A population based study*. J Res Med Sci 2011; 16:496-501.
20. Petrikova J, Amon Levin N, Shapira Y, Barzilia O, Ram M, Gilburd B, et al. *Prevalence of Toxoplasma antibodies among patients with various autoimmune disease*. Annals of the Rheumatic Disease. 2010 march 1, 2010; 69 (suppl2): A1-A76. <http://dx.doi.org/10.1136/ard.2010.129577t>.
21. Shaddel F, Sarvestani RG, Milani MS. *Toxoplasma infection in human and dog population in Shiraz, Iran*. J App Anim Res.1993; 3(2): 83-89.
22. Razavi SM, Esnaashari HR, Gheisari HR. *Seroepidemiological survey of toxoplasmosis by IFA technique in the Students of Faculty of Veterinary Medicine, University of Shiraz*. Fac Vet Med Univ Tehran. 2003; 58(2): 163-167.
23. Rostami rad Sh, Jalayer I, Moayer Farid H. *Toxoplasmosis antibody titer of 1,000 samples collected from different Regions of the province*. Proceedings of the Third National Congress of diseases transmissible between human and animals. 1991; 235-236. [Persian]
24. Sedaght A, Ardehali SM, Sadigh M, Buxton M. *the prevalence of toxoplasma infection in southern Iran*. J Trop Med Hyg. 1978; 81(10): 204-7.
25. Mostafavi SN, Jalali Monfared L. *Toxoplasmosis epidemiology in Iran: A systematic review*. J. Isfahan Med School. 2012; 30(176): 1-15.[Persian]