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Artículo original

Prevalence of intestinal coccidian in preschool children from San Felix City, Venezuela

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Abstract: Many epidemiological aspects of intestinal coccidiosis in Bolivar State are not known. There are no studies done in apparently health children. The purpose of this study was to determine intestinal coccidian prevalence in preschool children attending the S.E.U. Teresa de la Parra preschool located in San Felix, Bolivar State, Venezuela. The universe included 109 children, and 73 were included in the study. A spontaneous evacuation fecal sample was collected from each child, preserved in 10% formaldehyde, and analyzed by a formaldehyde-ether technique, and Kinyoun stain. Sixty seven percent of the universe was evaluated (73/109). Eighty seven point seven percent of the children were infected by some parasite and/or commensal. Ten enteroparasite species were diagnosed, and Blastocystis hominis (37%) and Giardia lamblia (27.4%) were the most frequent of the protozoa. Among the helminthes, the most common were Ascaris lumbricoides and Trichuris trichiura with 35.6% each. Prevalence of intestinal coccidian was 10.9% and Cryptosporidium spp. was the only one diagnosed in eight cases (10.9%). The infection did not show any age predilection, but there was a gender bias, since 87.5% of those infected were females. Only three of the cases (37.5%) with Cryptosporidum spp. had diarrhea. In conclusion, a relative high rate of intestinal coccidiosis in the preschool children evaluated was determined.

Keywords: Intestinal coccidian, preschool children, Cryptosporidium

Prevalencia de coccidios intestinales en niños pre-escolares de San Félix, Venezuela

Resumen: En el estado Bolívar se desconocen muchos aspectos epidemiológicos de las coccidiosis intestinales. En niños aparentemente sanos no se tiene ningún estudio. El objetivo del trabajo fue determinar la prevalencia de coccidios intestinales en niños matriculados en el pre-escolar U.E.E. Teresa de la Parra de San Félix, estado Bolívar. El universo fue de 109 niños y la muestra estudiada de 73. Se obtuvo una muestra fecal por evacuación espontánea de cada pre-escolar, la cual fue preservada en formol al 10% y analizada mediante la técnica formol-éter y coloración de Kinyoun. Se evaluó el 67% del universo (73/109). El 87,7% de los niños estaba infectado por algún parásito y/o comensal. Se diagnosticaron un total de 10 especies de enteroparásitos, siendo Blastocystis hominis con 37% y Giardia lamblia con 27,4% los más frecuentes, dentro de los protozoarios. Entre los helmintos los más comunes fueron Ascaris lumbricoides y Trichuris trichiura con 35,6% cada uno. La prevalencia de coccidios intestinales fue 10,9%, siendo Cryptosporidium sp. el único diagnosticado con 8 casos (10,9%). La infección no tuvo predilección por la edad pero si con relación al género, siendo el femenino el más afectado (87,5%). Sólo en tres de los casos (37,5%) con Cryptosporidium sp. se presentó diarrea. En conclusión, se determinó una prevalencia relativamente elevada de coccidiosis intestinal en los preescolares evaluados.

Palabras clave: Coccidios intestinales, pre-escolares, Cryptosporidium

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Introduction

Intestinal coccidiosis is an important parasitic disease caused in humans mainly by the *Cryptosporidium, Isospora and Cyclospora* genus [1]. These infections have received special attention in the last three decades due to the AIDS pandemic, since they have a higher prevalence in individuals

with some type of immunodeficiency. These three coccidian are important causes of diarrhea in children and adults [1-4].

In spite of their great importance as pathogens in immunodeficient individuals [3,5,6], it has been shown that they also affect apparently healthy or with no type of immunodeficiency persons [3,7-11]. In child populations

with no immunological alteration due to HIV infection, the epidemiology of these parasite infections has not been adequately studied.

In Venezuela, there are several studies of Cryptosporidiosis [2,12,13], some of Isosporiosis [14-16], and a few regarding *Cyclospora cayetanensis* [17-20]. In Bolivar State, there is a widespread ignorance in relation to the epidemiology of these parasite infections. Due to the lack of regional studies, we decided to do a study with the main object of determining the prevalence of these intestinal coccidian in a sample of preschool children enrolled in the Teresa de la Parra State Educational Unit, in the Buen Retiro locality of San Felix, Bolivar State.

Materials and methods

The study was a cross-sectional investigation carried out between May and July 2003 at the Teresa de la Parra State Educational Unit (SEU) in the Buen Retiro locality, Caroni Municipality, at the periphery of San Felix, considered as a suburban area. The universe included the total of children enrolled in the SEU during the 2003-2004 periods, corresponding to two morning sections and two afternoon sections, for 109 children. All children participated voluntarily and their parents gave their informed consent for their inclusion in the study. The children were summoned through an invitation sent to their parents and a single spontaneous evacuation fecal sample was requested. The inclusion criteria's were informed consent from parents, clinical evaluation, and a single stool sample of each child.

Identification data including age, gender, home address, as well as interesting clinical and epidemiological data, were recorded in a control card designed for the study. An adequate sample collector vial was given to each child with written indications of how to obtain the sample. Once the sample was received, it was preserved in a 10% formaldehyde solution for later analysis by the formaldehyde-ether technique, and staining with the Kinyoun method [21] at the Coproparasitological Diagnosis Laboratory of the Department of Parasitology and Microbiology of the Health Sciences School of Ciudad Bolivar. Each child was also clinically evaluated and parents subjected to an oriented anamnesis.

For the statistical analysis, we used descriptive statistics. The variables were studied by the Chi square test and by the statistical computer program SPSS 8 for Windows.

The study was revised, and approved by the Grade Papers Committee of Universidad de Oriente, which assessed the ethical aspects of the study.

Results and discussion

Sixty seven percent of the population was evaluated (73/109). Thirty-six children did not provide a sample, because their parents did not approve their inclusion in the study. The group studied included 38 females and 35 males, and the age of the largest age group evaluated was

6 years old (71.2%) (Table 1). Eighty seven point seven percent of the children were infected by some parasite or commensal. Parasite infections did not show age preference in the infected children (p>0.05) but they did show a gender related bias (p<0.05), since females were more affected (87.5%). Sixty seven point one percent (49/64) of the infected children were polyparasitized.

Ten enteroparasite species were diagnosed, being

Table 1. Preschool children evaluated from S.E.U "Teresa de la Parra", San Félix City, Bolívar State, Venezuela

Age		Ger	Total			
	Female		Male			
(years)	No.	%	No.	%	No.	%
4	1	25	2	75	3	4.1
5	9	50	9	50	18	24.7
6	28	53.8	24	46.2	52	71.2
Total	38	52.1	35	47.9	73	100.0

Blastocytis hominis with 37%, and Giardia lamblia with 27.4% the most frequent among the protozoa. Among the helminthes, Ascaris lumbricoides and Trichuris trichiura were the most common with 35.6% each (Table 2). A high prevalence of intestinal parasites with helmint predominance has also been determined in other localities in Venezuela and Bolivar State by other authors [22,23]. Regarding intestinal coccidian, a relative high prevalence was determined, over 10%, and Cryptosporidium spp. was the only coccidian identified (Table 2). No cases of

Table 2. Prevalence of intestinal parasites in preschool children from S.E.U "Teresa de la Parra", San Félix City, Bolívar State, Venezuela

Parasites	No.	%
Helminthes		
Ascaris lumbricoides	26	35.6
Trichuris Trichiura	26	35.6
Hookworm	02	2.7
Protozoan		
Blastocystis hominis	27	37.0
Giardia lamblia	20	27.4
Entamoeba coli	16	21.9
Endolimax nana	09	12.3
Iodamoeba butschlii	09	12.3
Cryptosporidium sp.	08	10.9
Entamoeba histolytica/E. dispar	04	5.5

Cyclospora cayetanensis or Isospora belli were diagnosed, even though studies done in Venezuela [14,15,19,20], and in Bolivar State [16] mention the presence of these coccidian. Similar results have been reported previously [2,17,24,25]. When children with diarrhea under 5 years old were studied, coccidian prevalence rates are usually higher [2,10,26,27]. Nevertheless, in apparently healthy children, or in the general population, these parasites are not searched systematically, as revealed by the lack of studies in this respect [25,26].

Seven cases (87.5%) of cryptosporidiosis had clinical manifestations possibly due to an intestinal parasite. Only three (37.5%) of these cases with *Criptosporidium* spp. had diarrhea, and the prevalence of diarrhea in the

total population evaluated was 9.6% (7/73). Even though cryptosporidiosis is more common in patients with diarrhea or immunosuppresed [1,4,5-8,10,26,27], it has been reported that immunocompetent individuals of all ages can also be affected, even though at lesser rates [3,7-11,25].

Regarding age, children less than 6 years old were the most affected since this group was larger. Studies carried out in Ciudad Bolivar have shown that the child population is the most affected when groups of healthy persons of all ages are evaluated [25].

Regarding gender, females were the most affected. Nevertheless, due to the small number of cases, it is not possible to draw definitive conclusions. Other studies in larger number of individuals are needed to confirm these preliminary observations.

Most cryptosporidiosis cases were associated with other parasites, with important polyparasitism. Among the associated parasites, *G. lamblia*, was an important diarrhea producing agent (Table 3), and this is the reason that the clinical manifestations can be superimposed in some of these children. Similar observations have been reported previously [10,26].

Conclusion

Relatively high intestinal coccidian prevalence was determined in preschool children from the Teresa de la Parra SUE in San Felix, Bolivar State, being *Cryptosporidium* spp. the only coccidian diagnosed.

Table 3. Preschool children infected with coccidian. S.E.U. Teresa De La Parra, San Felix City, Bolivar State, Venezuela

Cases	Age (years)	Gender	Parasites	Diarrhea
1	5	Female	Only Cryptosporidium sp.	No
2	6	Female	Only Cryptosporidium sp.	Yes
3	5	Female	Cryptosporidium spGiardia lamblia-Entamoeba coli	No
4	6	Female	Cryptosporidium spEntamoeba histolytica/E. dispar-Ascaris lumbricoides	No
5	5	Female	Cryptosporidium spEntamoeba coli-Endolimax nana-Iodamoeba butschlii-Ascaris lumbricoides	No
6	6	Female	Cryptosporidium spGiardia lamblia	Yes
7	6	Female	Cryptosporidium spGiardia lamblia-Ascaris lumbricoides	No
8	6	Male	$Cryptosporidium\ spGiardia\ lamblia-Ascaris\ lumbricoides-Trichuris\ trichiura-{\rm Hookworm}$	Yes

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References

- Goodgame RW. Understanding intestinal spore-forming protozoa: Cryptosporidia, microsporidia, *Isospora* and *Cyclospora*. Ann Inter Med. 1996; 124: 429-41.
- Chacín Bonilla L, Bonilla MC, Soto-Torres L, Rios-Candida Y, Sardina M, Enmanuels C. *Cryptosporidium parvum* in children with diarrhea in Zulia State, Venezuela. Am J Trop Med Hyg. 1997; 56: 365-9.
- 3. Guerrant R. Cryptosporidiosis: an emerging, highly infectious threat. Emerg Infect Dis. 1997; 3: 51-7.
- Núñez FA, González O, González I, Escobedo E, Cordoví R. Intestinal Coccidia in cuban pediatric patients with diarrhea. Mem Inst Oswaldo Cruz. 2003; 98: 539-42.
- Dias RM, Mangini AC, Torres DM, Correa MO, Lupetti N, Correa F. Cryptosporidiosis among patients with acquired immunodeficiency syndrome (AIDS) in the country of São Paulo, Brazil. Rev Inst Med Trop São Paulo. 1988; 30: 310-2.
- 6. Manabe Y, Clark D, Moore R, Lumadue J, Dahlman H, Belitsos P. Cryptosporidiosis in patients with AIDS; correlates of disease and survival. Clin Infect Dis. 1998; 27: 536-42.
- 7. Current WL, Rese NC, Ernst JV, Bailey WS, Heyman

- MB, Wesinstein WM. Human cryptosporidiosis in inmunocompetent and immunodeficient persons. Studies of an outbreak and experimental transmission. N Eng J Med. 1983; 308; 1252-7.
- Isaacs D, Hunt GH, Phillips AD, Price EH, Raafat F, Walker-Smith JA. Cryptosporidiosis in immunocompetent children. J Clin Pathol. 1985; 38: 76-81.
- 9. Loureiro ECB, Lindares AC, Mata L. Acute diarrhoea associated with *Cryptosporidium* sp. in Belem, Brazil. Rev Inst Med Trop São Paulo. 1986; 28: 138-40.
- 10. Mangini AC, Dias RD, Grisi SJ, Escobar AM, Torres D, Zuba I. Parasitismo por *Crytosporidium* sp. em criancas com diarrea aguda. Rev Inst Med Trop São Paulo. 1992; 34: 342-5.
- Ooi W, Zimerman S, Needham C. Cyclospora species as a gastrointestinal pathogen in immunocompetent hosts. J Clin Microbiol. 1995, 33: 1267-9.
- Chacín Bonilla L, Guanipa N, Cano G, Raleigh X, Quijada L. Criptosporidiosis among patients with acquired immunodeficiency syndrome in Zulia State, Venezuela. Am J Trop Med Hyg. 1992; 47: 582-6.
- 13. Pérez-Schael L, Boher Y, Mata L, Pérez M, Tapia FJ. Cryptosporidiosis in Venezuelan children with acute diarrhea. Am J Trop Med Hyg. 1985; 34: 721-2.
- 14. Certad G, Arenas-Pinto A, Pocaterra L, Ferrara G, Castro J, Bello A, et al. Isosporiasis in Venezuelan adults infected with human immunodeficiency virus: clinical characterization. Am J Trop Med Hyg. 2003; 69: 217-22.
- Heredia W, Calvo B. Isosporiasis como primera infección oportunista en un paciente con infección por virus de

- inmunodeficiencia humana. Kasmera. 1992; 20: 127-32.
- Medrano C, Volcán G, Hernández I, León A. Isosporiasis humana. Reporte de casos en Ciudad Bolívar. Cuader Geog Méd Guay. 1986; 1: 25-32.
- 17. Arcay L, Borges E, Bruzual E. Incidencia de *Cyclospora cayetanensis* y Microspora en pacientes de la población circunvecina del Rio Anare (Venezuela) y su presencia en el agua del río. Arch Hosp Vargas. 1998; 40: 157-62.
- Baez E, Duque G, Campos I, Urquiola G, Carmona M, Ascanio Y. Primer caso de cyclosporiosis reportado en Venezuela. Rev Federac Med Venezol. 1993; 1-2: 25-8.
- Chacín Bonilla L, Estevez J, Monsalve F, Quijada L. Cyclospora cayetanensis infections among diarrheal patients from Venezuela. Am J Trop Med Hyg. 2001; 65: 351-4.
- Chacín Bonilla L, Mejia DE, Young M, Estevez J. Prevalence and pathogenic role of *Cyclospora cayetanensis* in a Venezuelan community. Am J Trop Med Hyg. 2003; 68: 304-6
- Botero D, Restrepo M. Parasitosis Humanas. 2da. edición. Corporación para Investigaciones Biológicas, Medellín; 1998.

- Devera R, Velásquez V, Vásquez M. Blastocistosis en preescolares de Ciudad Bolívar, Venezuela. Cad Saúde Pub. 1998; 18: 401-7.
- Requena I, Lizardi V, Mejía LM, Castillo H, Devera R. Infección por *Enterobius vermicularis* en niños pre-escolares de Ciudad Bolívar, Venezuela. Rev Biomed. 2002; 13: 231-40.
- Baraldi S, Marques E, Dias R. Ocorrencia de *Cryptosporidium* parvum e Isospora belli na regiáo de Campinas, SP. Rev Inst Adolfo Lutz. 1999; 58: 97-103.
- 25. Tutaya R, Blanco Y, Sandoval M, Alcala F, Aponte M, Devera R. Coccidios intestinales en habitantes del Barrio 6 de Noviembre, Ciudad Bolívar, Estado Bolívar, Venezuela. Rev Biomed. 2006; 17: 152-4.
- 26. Oshiro E, Cavalheiros M, Brandão V, Almeida M, Morelli L. Prevalencia do *Cryptosporidium parvum* em crianças abaixo de 5 anos, residentes na zona urbana de Campo Grande, MS, Brasil, 1996. Rev Soc Bras Med Trop. 2000; 33: 277-80.
- Suárez M, Díaz M, Bustelo J, Sánchez A, Vidal I. Criptosporidiosis en niños con diarrea aguda de la provincia de Ciego de Ávila, Cuba. Bol Chil Parasitol. 1997, 52: 50-4.