Association of *Trypanosoma theileri* with peritonitis in a pregnant cross-bred cow: a case report

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**ABSTRACT:** This clinical case report deals with a very rare case of the detection of *Trypanosoma theileri* in the peritoneal fluid of a seven-year-old eight month pregnant cross-bred cow in fourth parity showing frank peritonitis. Peritoneal tab cytology revealed chronic active peritonitis and the presence of polymorphic *T. theileri* organisms. The parasite was also occasionally detected in blood smears. The protozoan, considered by and large non-pathogenic, has previously been detected in aberrant body sites, other than the peritoneal cavity. A perusal of the available literature indicates that this is the first report of this large stercorarian trypanosome associated with peritonitis, which was characterized by infiltration of mononuclear cells and neutrophils, as well as a significant number of intact and degranulating eosinophils, not usually seen in protozoan infections.

**Keywords:** cross-bred cow; cytology; peritonitis; *Trypanosoma theileri*

There are only two species of trypanosomes viz. *Trypanosoma evansi* and *Trypanosoma theileri*, which infect domestic animals in India. Among these two haemoflagellates, the salivarian trypanosome, *T. evansi*, is one of the most important haemoprotozoans. It causes a widely prevalent serious disease of domestic and wild animals which is of considerable economic importance in the Indian subcontinent (Singla et al., 2004; Gupta et al., 2009). However, *T. theileri*, a large stercorarian trypanosome (Herbert, 1964) occurs extremely rarely and has only been reported occasionally to be present in the peripheral blood of cattle and buffaloes in India (Kalra et al., 1984) and abroad (Villa et al., 2008). Although the parasite has been considered harmless, yet it has been found to be pathogenic in concurrence with diseases such as anaplasmosis, theileriosis as well as rinderpest post immunisation (Levine et al., 1956; Hoare, 1972; Wells, 1972). Detectable peripheral blood parasitaemia, induced probably by immunomodulatory mechanisms, has usually been noticed when other concurrent diseases are present in the same host (Hoare, 1972). Moreover, the life-cycle of *T. theileri* within the mammalian host and its host-parasite relationship is not fully understood (Wells, 1976). A perusal of literature reveals that to date *T. theileri* has not been detected in the peritoneal fluid or in association with fulminating acute or chronic peritonitis in cattle. Thus, this appears to be the first report of *T. theileri* and its association with peritonitis in cattle.

**Case description**

A seven-year-old cross-bred cow, eight months pregnant and in fourth parity, was presented to the Veterinary Teaching Hospital of Guru Angad Dev Veterinary and Animal Sciences University, Ludhiana in the month of June, 2008 with a history of pyrexia (104 °F) and abdominal pain for the last two days, followed by persistent anorexia. The animal had been transported by a truck for about 80 km by road. Clinical examination revealed poor reticulo-ruminal function as detected by the absence of amplitude and frequency of ruminal motility and doughy ruminal consistency, but no perceptible anaemia, jaundice or diarrhoea. The animal was reasonably alert and per-rectum examination revealed the foetus to be in good condition.
Pathological and parasitological examination

As the animal had a history of abdominal pain and the clinician suspected peritonitis, a peritoneal tap was performed and 10 ml of pale-yellow cloudy peritoneal fluid was collected. Wright-Giemsa-stained thin smears prepared from the sediment of the peritoneal fluid (after centrifugation at 2000 × G) were examined under a bright field microscope.

DISCUSSION AND CONCLUSIONS

Haematological examination showed normal total leucocyte count (6500/µl) with relative lymphocytosis and neutropenia (DLC; lymphocyte = 81%, neutrophils = 18%, monocytes = 01%).

Peritoneal fluid cytology revealed an admixture of mononuclear cells including lymphocytes, macrophages/activated mesothelial cells along with degenerated/toxic neutrophils and intact/degranulating eosinophils. In some smears bunches of proliferating mesothelial cells (Figure 1) were also seen indicating protracted/chronic active inflammation. A number of T. theileri organisms characterized by a free flagellum, a large non terminal kinetoplast typically located near the nucleus and far from the pointed posterior end were also seen in most smears (Figure 2). Trypanosomes in the present case were pleomorphic and varied from 30–60 µ in size (Figure 3). Based on the peritoneal fluid findings it was concluded that the peritonitis was of a chronic active nature. Eosinophils are rarely seen in the peritoneal fluid; their presence in this case (Figures 3 and 4) might indicate irritational or allergic responses probably exerted by the parasites.

Based on the peritoneal fluid cytology, the blood smears previously declared negative for trypanosomes on re-examination showed the occasional presence of T. theileri, particularly in thick areas (Figure 5). The parasite was confirmed to be T. theileri on the basis of morphological and micrometric description (Levine, 1973; Gill, 1991).

T. theileri is uncommon in occurrence and has mostly been reported from aberrant body sites other than the peritoneal cavity. It has previously been observed in the sero-sanguineus fluid from the submadibular oedema from a bullock exhibiting clinical signs similar to black quarter disease in the Karnataka state of India (Muraleedharan et al., 1985). The parasite has also been detected in other tissues and fluids, e.g., the lymph node aspirate of a cow calf (Doherty et al., 1993), bovine spleen (Oyamada et al., 1995), cerebrospinal fluid of a heifer (Braun et al., 2002) and from the heart, lung, kidney and thoracic and cerebrospinal fluid of a prematurely born calf (Mitchell and Long, 1980).

Though detectable peripheral blood parasitaemia in cases of T. evansi infection is a common finding (Gill, 1991), yet in contrast T. theileri has been mostly detected in body fluids and tissues other than blood (Mitchell and Long, 1980; Muraleedharan et al., 1985; Doherty et al., 1993; Oyamada et al., 1995). However, there seems to be no report of T. theileri from the peritoneal fluid of a cow showing frank peritonitis. The parasite is considered by and large non-pathogenic, but its concurrence with peritonitis in the present case and with another case of submadibular oedema from a bullock exhibiting the clinical signs similar to black quarter disease reported previously (Muraleedharan et al., 1985), do not rule out a role in the causation of tissue inflammation. The presence of abundant mononuclear cells, particularly lymphocytes in the peritoneal fluid and peripheral blood may hint at a protracted inflammatory/immune response, potentially incited by or against the parasite. Another significant finding of the present case was the presence of several intact as well as degranulating eosinophils in the peritoneal fluid which is rather uncommon for trypanosome infections but commonly observed in nematode infections.

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**Supporting material**

Figures available online at http://vetmed.vri.cz

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SUPPORTING MATERIAL

Figure 1 A further field of peritoneal fluid cytology showing a bunch of proliferative mesothelial cells indicating chronic proliferative peritonitis. (Wright Giemsa X100)

Figure 2 Peritoneal fluid cytology showing a number of cells resembling lymphocytes, degenerated neutrophils with markedly swollen nuclei, activated macrophages/mesothelial cell(s), one of which contains phagocytic inclusions, occasional eosinophils, a few erythrocytes and ill-characterized debris. In the centre a large trypanosome resembling *Trypanosoma theileri* is conspicuous. (Wright Giemsa x100)
Figure 3  Peritoneal fluid cytology, another field showing an admixture of inflammatory and mesothelial cells similar to those in fig 1 along with two pleomorphic *T. theileri* parasites. (Wright Giemsa x100)

Figure 4  Peritoneal fluid cytology showing typical *T. theileri* along with a tri-nucleated mesothelial cell and a clear cut eosinophil. (Wright Giemsa x100)
Figure 5  Blood smear showing a typical large *T. theileri* organism. (Wright Giemsa x100)