

Comparative Study of the Conventional Parasitological Methods for the Detection of *T. evansi* in Buffaloes

Rashmi Sharma¹, Nidhi S. Choudhary^{1*}, R.K. Bagherwal¹, Vivek Agrawal², Hemant Mehta¹ and Arun Mourya¹

¹Department of Veterinary Medicine, College of Veterinary Science and A.H., Mhow (M.P.), INDIA ²Department of Parasitology, College of Veterinary Science and A.H. Mhow (MP), INDIA

*Corresponding author: NS Choudhary; E-mail: drnidhichoudhary2002@gmail.com

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ABSTRACT

In this study four conventional parasitological methods like Wet blood film (WBF), thin and thick blood smear and Buffy coat technique (BCT) were compared for diagnostic sensitivity of *Trypanosoma evansi* in naturally infected buffaloes. Out of 250 field blood samples collected from different places of Indore and Ratlam district of M.P., 1.2% were found positive by wet blood film, 4.4% by thin blood smear, 9.2% by thick blood smear and 14.8% by buffy coat technique for *T. evansi*. The sensitivity and specificity of the all methods were analyzed and it was observed that BCT is more sensitive than the other conventional methods of examination.

HIGHLIGHTS

- Conventional parasitological methods were compared for diagnostic sensitivity of *Trypanosoma evansi* in naturally infected buffaloes.
- Buffy coat technique is more sensitive than the other conventional methods of examination.

Keywords: Trypanosoma evansi, Buffalo, Wet blood film, Blood smear and Buffy coat technique

Trypanosomosis commonly known as "Surra" caused by Trypanosoma evansi is most widely distributed in Asia, Africa and Central and South America affecting domesticated livestock Konnai et al. (2009). This chronic disease caused by the first pathogenic trypanosome T. evansi was identified by Griffith Evans in 1880 from the blood of Indian horses and camels. T. evansi being the most commonly occurring species of trypanosomes Singh and Singla (2013). Recurrent episodes of fever and parasitaemia occur during the course of disease. Vectors involved in the spread of disease are Muscoid and Tabanid biting flies Shahzad et al. (2012). The major hindrance of diagnosis of Surra is due to its cryptic nature and not revealing of any pathognomic clinical symptoms (Dia et al., 1997). To overcome the limitation of diagnosis, concentration methods of parasites are available like Buffy coat technique by which sensitivity can be increased

approximately upto 10 times (Reid *et al.*, 2001) otherwise the sensitivity of giemsa stained thin blood smear are $\sim 10^5$ trypanosomes ml⁻¹ of blood (Paris *et al.*, 1982).

Trypanosomosis is endemic in India. Due to lack of confirmatory diagnosis, failure of treatment and other direct and indirect losses caused by trypanosomosis is very high and it was estimated Indian Rupee (INR) 44,740 million annually in 2017 which are likely to be substantially greater. In buffaloes, total economic losses due to trypanosomosis was (INR 11864.83 million) comprising of direct visible losses (INR 6996.67 million) and invisible

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losses (INR 4868.16 million). Out of total economic losses due to trypanosomiosis, INR 112.78 million was due to treatment costs. Trypanosomosis in buffaloes contributed 26.77% of total estimated loss (Kumar *et al.*, 2017). Outbreak of Trypanosomosis in ruminants have been reported from various parts of country (Kumar *et al.*, 2012; Shyma *et al.*, 2012) and mortality rate in cattle and buffaloes ranging from 20 to 90% in Indian subcontinent (Gill, 1991; Kumar *et al.*, 2012). The objective of study was to compare the sensitivity and specificity of various conventional parasitological diagnostic methods for the diagnosis of trypanosomosis.

MATERIALS AND METHODS

Total 250 buffaloes were screened (125 animals from each district) and clinically examined with special attention to signs related to trypansoma infection in and around Indore and Ratlam districts over the period of 12 months from June 2017 to May 2018. Blood samples from 250 buffaloes from different places of Indore and Ratlam districts of M.P. were collected aseptically from ear vein by sterile sharp needle in clean and dry test tube kept at 4°C and examined within 12 hours after collection as viability of trypanosomes is limited in time, by the extended interval between sample collection and parasite detection. Method of Rathore and Sengar (2005) was followed for screening of trypanosoma infection by Wet blood film examination, Giemsa's stained thin and thick blood smear method of Murray et al. (1977) was followed for detection of trypanosoma infection by Buffy coat technique (BCT).

RESULTS AND DISCUSSION

The efficacy of various conventional parasitological methods were as follows in decreasing order: Buffy Coat method (14.8%) > Giemsa stained thick blood smear (9.2%) > Giemsa stained thin blood smear (4.4%) > Wet blood film (1.2%) (Table 1).

These findings are in corroborated with results (buffy coat technique > thick film > thin film > wet film) of Paris *et al.* (1982). *T. evansi* due to its cryptic nature and intermittent nature of parasitaemia, it is frequently absent from peripheral blood (Kendrick, 1968) and enrichment methods like buffy coat technique is useful to diagnose the low parasitaemia.

Considering BCT as gold standard, the sensitivity and specificity of the other conventional methods were analyzed by 2×2 contingency table (Table 2, 3 and 4). Sensitivity and specificity of WBF, 8.12% and 100%, thin blood smear 29.73% and 100% and thick blood smear 62.16% and 100% were reported, respectively and it was observed that BCT is more sensitive than the other conventional methods of examination, these results are in close relation with other researchers Jaiswal *et al.* (2015), Singh *et al.* (2017) and Carlos *et al.* (1990).

The buffy coat technique (Fig. 1) detected more number of cases of *T. evansi* infection compared with giemsa stained blood smears (Fig. 2 and 3) examination. Level of parasitaemia is very low in mild clinical or subclinical carrier infection and therefore concentration method like buffy coat technique as recommended by OIE, 2000 is low cost alternative method to diagnose the cryptic nature of surra. Similarly Dwivedi (2004) also emphasized the use of buffy coat technique for diagnosis of subclinical or carrier cases of *T. evansi* in bovines.

Table 1: Comparative diagnostic evaluation of trypanosomosis

 by various methods

Methods	Animals screened	Positive	Negative	Percentage
WBF	250	3	247	1.2
Thin blood smear	250	11	239	4.4
Thick blood smear	250	23	227	9.2
BCT	250	37	213	14.8

Table 2: Contingency table for WBF and BCT for *Trypanosoma*

 evansi

WBF		ВСТ		Tatal
		Positive	Negative	— Total
	Positive	3 ^a	0 ^b	3
	Negative	34 ^c	213 ^d	247
Total		37	213	250

Sensitivity of WBF = 8.12%

Specificity of WBF = 100

Table 3: Contingency table for Thin Blood smear and BCT for

 Trypanosoma evansi

Thin			– Total	
blood		Positive	Negative	Iotal
smear	Positive	11 ^a	0 ^b	11
	Negative	26 ^c	213 ^d	239
Total		37	213	250

Sensitivity of Thin Blood smear = 29.73%; Specificity of Thin Blood smear = 100%.

Table 4: Contingency table for Thick blood smear and BCT for

 Trypanosoma evansi

Thick		ВСТ		— Total
blood		Positive Negative		
smear	Positive	23 ^a	0 ^b	23
	Negative	14 ^c	213 ^d	227
Total		37	213	250

Sensitivity of Thick Blood smear = 62.16%; Specificity of Thick Blood smear = 100%.

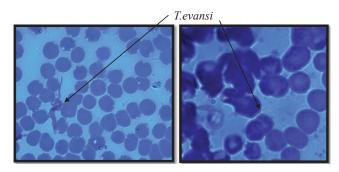


Fig. 1: Photomicrograph **Fig. 2:** Photomicrograph showing *T. evansi* in thin showing *T. evansi* in thick blood smear under oil blood smear under oil emersion emersion

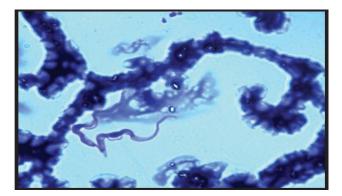


Fig. 3: Photomicrograph showing *T. evansi* in BCT under oil emersion

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