Isolation of fungi from patients with pulmonary system disorder

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الخلاصة

جمعت عينات القشع Sputum من ٢١٠ مريض يعانون من اضطرابات في عمل الجهاز التنفسي لغرض عزل الفطريات المتوقع إن يكون لها دور في حدوث هذه الأعراض.

وقد شخصت خمسة أنواع فطرية بعد زراعة القشع على وسط SDA وهي:-

Candida albicans, Aspergillus niger, Aspergillus fumigatus, Geotrichum candidum and Mucor sp.

ووجد بان الفطر C.albicans (٤٥,٧١) ذو نسبة عالية مقارنة مع بقية الأنواع ، ويأتي بعدها الفطر Aspergillus fumigatus (٩,٥٢) والفطر Aspergillus niger (٨,٥٧) والفطر على خصوصاً عند الرجال مقارنة مع النساء مع ظهور نسبة ٣٣,٨ ٪ من عدم النمو الفطري على الوسط الزرعي .

كما وجد بان قشع المرضى المدخنين والمتناولين المضادات الحياتية ذوي نسبة عاليــة مــن الأنــواع Geotrichum candidum مع عدم ظهور نمو للفطر Geotrichum candidum في قشع أي من الحالتين .

Abstract

Sputum from 210 patients suffering from pulmonary system disorder were culturing on SDA, in order to isolation fungi species which may be have a role in this cases.

Five species of fungi were diagnostic: Candida albicans, Aspergillus niger, Aspergillus fumigatus, Geotrichum candidum and Mucor sp.

C.albicans was showed a high percents No. (45.71 %) follow by A.niger (9.52 %) and A. fumigatus (8.57 %), especially in males than females with 33.80 % of negative growth.

Smoking and antibiotic therapy were also recorded from all patients and *C.albicans* with Aspergillus species have also been a high rats of isolate from these patients, whereas, *Geotrichum candidum* was not isolated from neither smoking patients nor patients under antibiotic therapy.

Isolatio of fungi from patients with pulmonary system disorder Ali Abdul hassein Al-janabi

Introduction

Individual was inhalation a great amount of fungi spores and mycelium fragments every day during their ordinary air inspiration and most of these types of fungi are non pathogenic in the normal condition of the body, but any defect in immunity system (immunosuppressant drugs) (1, 2) or though organ transplantation (mainly solid organ transplantation) (3, 4, 5), will be encourage these fungi to be pathogenic especially in respiratory system or other organs.

Seventy two case from 850 inpatients at one of large teaching hospital in England were diagnosed as Aspergillosis, 18 (25 %) of them had nosocomial signs and 17 (23.6 %) had prior solid organ transplantation (6) mainly liver and lung transplant patients who are at the highest risk of developing invasive Aspergillosis (5).

Pulmonary disease by Zygomycetes fungi were also found to be represented 30 % of 20 patients with Zygomycosis (7).

Materials and Methods

Two hundred and ten patients (210) severing from pulmonary system disorder were selected to take sputum samples during entering in Morjan hospital at Hilla city.

Sputum was collected in a sterile cup in order to examine directly under the microscope for spores or fungal mycelium and differentiated from Tuberculosis infection after acid fast stain performing and, in the same time, sputum was culturing on a slants of Sabourouds dextrose agar (Oxford, England) which are incubated at 25 - 28 ° c for 1 - 7 days.

Fungi species were diagnosed according to Kwon-Chung (8) and Rippon (9).

Results

Five species of fungi were diagnosed after sputum culturing, Candida albicans, Aspergillus niger, Aspergillus fumigatus, Geotrichum candidum and Mucor sp., whereas, negative results was also noted (33.8 %). C. albicans was showed a high rat of growth (45.71 %) following by A. niger (9.52 %), A. fumigatus (8.57 %), while Geotrichum candidum and Mucor sp. had been a low percent of occurring (Table 1). Sputum of smoking and patients under antibiotic therapy were containing C. albicans (35.71 %, 18.57 % respectively) and A. fumigatus (4.76 %, 2.85 % respectively), whereas, G. candidum was not occured in all patients under these condition (Table 2).

Discussion

The soil is a common source of respiratory system fungi when these organisms are saprophytic on the organic matter and becomes opportunistic to cause different human diseases.

Candida albicans occurs among the normal microbial flora in the mouth and gastrointestinal region (8) and reported to cause a systemic mycoses in the body (9).

Aspergillosis comprises a group of world human diseases caused by about a dozen fungal species of the genus Aspergillus and A. fumigatus is the virulence one principally in individuals who have predisposing abnormalities disease such as Tuberculosis or who are systemically immunosupperssed (3) and this condition are being true for other opportunistic fungi as Geotrichum and Mucor. Invasive Aspergillosis by A. fumigatus (IA) has become already cause of death, mainly among bone marrow transplantation or solid organ recipients, but also among AIDS patients (4) and Aspergillus has a significant potential to act as a resulting powerful allergen Aspergillus asthma and allergic in bronchopulmonary aspergillosis (3,10).

Mucormycosis result from infection by one of the mucorales order is a rare opportunistic infection that complicates chronic debilitating diseases (11) and prognosis in patients is poor, resembling infection with Aspergillus (12). Immunosuppressant drugs as corticosteroids were play important roles to make

Immunosuppressant drugs as corticosteroids were play important roles to make fungi infection more invasive (3) when from a total of 24 patients with invasive pulmonary Aspergillosis (IPA), 17 patients who had recent intensive immunosuppressive therapy (2) and IPA causes of acute respiratory failure in patients with chronic obstructive pulmonary disease (COPD) (13).

C.albicans and Geotrichum candidum were isolation from 42 Haematological malignancy patients (14).

A high degree of awareness and efforts for an early diagnosis may participate to improve the poor prognosis (5).

Antibiotic therapy for along time will be lowering of competition between fungi and normal flora (9) and smoking has also enhancement of fungi infection by weakness of pulmonary system immunity.

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References

1- Bulpa, PA; Dive, AM; Garrino, MG; Delos, MA; Gonzalez, MR; Eyrard, PA; Glupczynski, Y & Installe, EJ. 2001. Chronic obstructive pulmonary disease patients with invasive pulmonary aspergillosis: benefits of intensive care. Intensive. Care. Med., 27 (1): 59-67.

العدد العاشر – مايس ٢٠٠٥

الهجلد الثاني

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- Chang, GC; Chang, KM; Wu, CL & Chiang, CD. 2001. Clinical patterns among invasive pulmonary aspergillosis patients with and without recent intensive immunosuppressive therapy. J. Formos. Med. Assoc. 100 (11): 762-6.
- 3- Tomee, JF & Van-der-Werf, TS. 2001. Pulmonary aspergillosis. Nerth.J.Med. 59 (5): 244-58.
- 4- Aldebert, D; pinel, c; Brion, JP; Ambroise, TP & Grillot, R. 2001. Role of local immunity in invasive pulmonary aspergillosis. Press. Med. 30 (25 Pt 1): 1258-641
- Dupont, B; Richardson, M; Verweii, PE & Meis, JF, 2000. Invasive aspergillosis. Med. Mycol. 38 suppl 1: 215-24.
- Pegues, CF; Daar, ES & Murthy, AR, 2001. The epidemiology of invasive pulmonary aspergillosis at a large teaching hospital. Infect. Control Hosp. Epidemiol, 22 (6): 370-4.
- 7-Fraler, H., Hall, GS & Procop, GW. 2001. Histologic features of Zygomycosis: emphasis on perineural invasion and fungal morphology. Arch. Path. Lab. Med. 125 (3): 375 - 8.
- Kwon Chung, KJ & Bennett, JE. 1992. Medical mycology. Lea & 8-Febiger. Philadelphia.
- Rippon, John W. 1988. Medical mycology. W.B. Saunders comp. 9-Philadelphia.
- 10- Denning, DW. 2001. Chronic forms of pulmonary aspergillus's. Clin. Microbiol. Infect. 7 suppl 2: 25-31.
- 11- Lee, E; Vershvovsky, Y; Miller, F; Waltzer, W; Suh, H & Nord, EP. 2001. Combined medical surgical therapy for pulmonary Mucormycosis in a diabetic renal allograft recipient. AM.J.Kidney. Dis. 38 (6): E 37.
- 12- Vincent, L; Biron, F; Jardin, P; Piens, M; Dannaoui, E; Isaac, S & Guibert , B & Pacheco, Y. 2000. Pulmonary mucormycosis in a diabetic patient. Am. Med.Interne. (Paris) .151 (8): 669-72.
- 13- Salonen, JH: Richardson, MD; Gallacher, K; Issakainen, J; Helenius, H; Lehtonen, OP & Nikoskelainen, J. 2000. Fungal colonization of haematological patients receiving cytotoxic chemotherapy: emergence of azole-resistant Saccharomyces cerevisiae. J. Hosp. infect. 45(4): 293-301.

Table (1): Fungi species isolation from pulmonary system disorder patients.

Fungi species	Sex		Total No.
	Males	Females	
C. albicans	63 (28.5 %)	33 (15.7 %)	96 (45.71 %)
A. niger	12 (5.71 %)	8 (3.80 %)	20 (9.52 %)
A. fumigtus	7 (3.33 %)	11 (5.23 %)	18 (8.57 %)
G. candidum	2 (0.95 %)	zero	2 (0.95 %)
Mucor sp.	1 (0.47 %)	2 (0.95 %)	3 (1.42 %)
Negative	45 (21.4 %)	26 (12.3 %)	71 (33.80 %)
Total No.	130	80	210

Table (2): Fungi species isolation from smoking and under antibiotic therapy patients.

Fungus species	smoking	Antibiotic therapy
C. albicans	75 (35.71 %)	39 (18.57 %)
A. niger	7 (3.33 %)	3 (1.42 %)
A. fumigatus	10 (4.76 %)	6 (2.85 %)
G. candidum	zero	zero
Mucor sp.	1 (0.47 %)	2 (0.95 %)
Negative	50 (23.80 %)	23 (10.95 %)
Total No.	143	73