

وزارة التعليم العالي والبحث العلمي

جامعة ديالى

كلية التربية للعلوم الصرفة

## دراسة مناعية وتقييم انتشار الأجسام المضادة الخاصة ضد اللولبية الشاحبة بين العراقيين المتبرعين بالدم

رسالة تقدم بها إلى

مجلس كلية التربية للعلوم الصرفة / جامعة ديالى

وهي جزء من متطلبات شهادة الماجستير في علوم الحياة/

الاحياء المجهرية

الطالب

انس وسام مالك

بكالوريوس كلية العلوم / قسم علوم الحياة

جامعة ديالى

بإشراف

ا.م.د.محمد عبد الدايم صالح

ا.د.عباس عبود فرحان

## 1.1 Introduction

The term Syphilis originates from the poem “Syphilis, sive Morbus Gallicus” by Girolamo Fracastoro, an Italian physician and poet (1478–1553), in which the fictional shepherd in the poem, Syphilus, is a victim of the disease (Baughn and Musher, 2000). Syphilis once known as the Great Pox (Karumudi and Augenbraun, 2000). Syphilis is a sexually transmitted disease (STD) created by the *Treponema pallidum* spirochete, named because of its resemblance to a twisted thread (Treponema) and pale color (pallidum) (Singh and Romanowski, 1999).

Syphilis is a chronic, multistage disease caused by infection with *Treponema pallidum* (Tp). Syphilis is commonly transmitted through contact with disease lesions of a sexual accomplice or from a contaminated pregnant lady to her baby. Although syphilis has remained endemic in sub-Saharan Africa and South-East Asia, it has recently re-emerged in several developed countries in the form of small, sporadic outbreaks and large, widespread epidemics (Stamand Mudrak, 2013).

The infection is transmitted from individual to individual through contact with a syphilis ulcer (during vaginal, anal, or oral sex). An infected mom can infect her baby via the placenta. Furthermore, intravenous drug addicts or other infected person can transmit syphilis through infected blood products i.e. through blood transfusion or use of infected needles for example (Workowski and Berman, 2006).

The clinical course of syphilis is divided into 4 stages primary, secondary, and tertiary stages in which characteristic manifestations occur and a latent stage in which the patient is asymptomatic but seropositive (So et al., 2006).

The TPPA (*Treponema pallidum* Particle Agglutination Assays) and TPHA (*Treponema pallidum* Particle Haemagglutination Assays) are used to detect *Treponema*-specific antibodies. When positive, these tests commonly stay positive for life. The VDRL (Venereal Disease Research Laboratory) and RPR (Rapid Plasma Reagin) tests are non-specific tests distinguishing antibodies to cardiolipin (Naidu et al., 2012).

IL-2, discovered more than 30 years ago in supernatants of activated T cells, is mainly produced by CD4 and CD8 T cells, and to a lesser extent by activated DCs and NK and NK T (NKT) cells (Morgan *et al.*, 1996).

IL-10 was first described in 1989 as cytokine synthesis inhibitory factor, a TH2-derived factor inhibiting the production of IFN- $\gamma$  and other cytokines in murine TH1 cells. However, in the human system, IL-10 production is not a typical feature of TH2 cells, because both TH1 and TH2 cells are capable of producing IL-10, whereas the main source of T-cell-derived IL-10 is Treg cells (Fiorentino *et al.*, 1989).

IFN- $\gamma$  Cells from the innate (eg, NK cells, NKT cells, macrophages, myelomonocytic cells) and adaptive immune systems (eg, TH1 cells, cytotoxic T lymphocytes, and B cells) produce IFN- $\gamma$  (Gray *et al.*, 1989).

Complement 3 (C3) is an acute phase protein and important component of the complement pathways of the immune system (Walport, 2001). The fourth component of the complement system (C4) plays a vital role in mounting a fitting immune reaction against disease (Yang *et al.*, 2003).

Anti-treponemal IgM antibodies are produced approximately 2 weeks after initial exposure to *T. pallidum*, and IgG antibodies are detectable about 2 weeks after IgM production (Sena *et al.*, 2010).

## 1.2. The aims of the study

The present study was aimed to fulfill following goals:

- 1- Study the sero-prevalence of anti-treponemal antibodies in some Iraqi blood donor by TPHA.
- 2- Evaluate some cytokines (IL-2, IL-10 and IFN- $\gamma$ ) among syphilis patients by ELISA.
- 3- Investigate the humoral immune response by measurement ( IgG and IgM ) in syphilis patients by RID.
- 4- Assessment the complement component C3 and C4 in syphilis patients by RID.