Assessment of Level of Cortisol Hormone in Patients with Toxoplasmosis

Hisham Abdelazeem¹, GadAllah Moddawe², Suhair Abdalrahman Ahmed³, AbdElkarim A. Abdrabo⁴

^{1,3}Department of Clinical Chemistry, Faculty of Medical Laboratory Sciences Alneelain University, Khartoum, Sudan

²Biochemistry Department, Faculty of Medicine, Omdurman Islamic University, Omdurman, Sudan

⁴Associate professor of Clinical Chemistry, Faculty of Medical Laboratory Sciences, Al-Neelain University

Abstract: <u>Objective</u>: to estimate serum level of cortisol in patients with toxoplasmosis. <u>Materials and Methods</u>: A case control study was conducted in Military Hospital in 150 subjects, during the period from April to June 2015. The studied population consisted of 100 patients already diagnosed as toxoplasmosis patients (58 male and 42 female) as cases and 50 apparently healthy individuals (32 male and 18 female) as controls. After complete fasting, five ml of blood samples were collected and sera separated by centrifugation at 4000 rpm. The cortisol levels were accurately using automated hormonal analyzer. <u>Results</u>: We found significantly increasing in serum cortisol levels in toxoplasmosis patients as compared to control (p=0.000). No statistically significant correlation observed between levels of serum cortisol in male cases and female cases (p=0.798). <u>Conclusion</u>: toxoplasmosis is associated with higher serum cortisol levels.

Keywords: Toxoplasma infection, cortisol, Military Hospital, Sudan

1. Introduction

Toxoplasma gondii is an intracellular protozoan parasite that infects human and animals. Infection by toxoplasma gondii is widely prevalent in human and animals throughout the world, and of both veterinary and medical importance, because it may cause abortion, fetal death, and stillbirths in its intermediate hosts.

Although toxoplasmosis is a cosmopolitan infection, the disease appears to be overshadowed in the tropics by other endemic diseases like malaria and enteric fever. With the realization of toxoplasmosis as an opportunistic infection in AIDS, renewed interest has emerged in the epidemiology of toxoplasmosis in Africa. Recent surveys have shown wide variations in the prevalence and epidemiologic pattern of toxoplasmosis in different African countries (Somalia 43.6%, Mauritania 14.5%, kenya 54%, Negeria 58.9%, libya 52%, Burundi 41.1%, Niger 18.2%) in the Sudan, the only information available on the prevalence of toxoplasmosis dates back to 1966 (Carter &Fleck 1966).

This parasite has been reported to cause four types of disease. The most dangerous is congenital toxoplasmosis, which often results in serious damages to fetus and development of various symptoms like micro-cephalic, hydro-cephalic and mental problems in infants The Second form is acute postnatally acquired toxoplasmosis. This form recognized by the presence of tachyzoite in blood and other tissues. A wide range of clinical symptoms like cervical lymphadenopathy, fever, headache, and psychiatric and complications neurological can be found in immunocompetent patients. But symptoms of acute toxoplasmosis are usually mild and harmless. Accordingly, toxoplasmosis is usually misdiagnosed with bacterial or viral diseases.

Lower cellular immunity which is associated with high levels of steroid hormones contributes to the survival of the

parasite in the body. Such these people, cause of steroid hormones increase with weak immune system, contribute to this parasite survive in body.

Regarding, the above report, it seems that there is a relationship between infected individuals by toxoplasmosis and stress hormones increase. It must be noted that stress hormones increase can lead to behavioural challenges in individuals. The aim of this study is to evaluate effect of toxoplasma infection on cortisol level.

2. Materials and Methods

This was a prospective case control study conducted in military hospital in Khartoum during the period from April 2015- June 2015. The case group was composed of 100 patients with toxoplasmosis while the control group was composed of 50 apparently healthy individuals.

A coded enrollment number was given for each enrolled subject. The data were collected by using a direct interviewing questionnaire. Medical information was collected from the patients. The questionnaire was used to collect data regarding name, age, gender and stress.

Five ml venous blood were collected from each enrolled subject at 8:00 am after adequate fasting and poured into plain containers to collect serum by adequate method. Sera obtained were analyzed for cortisol using Roche and Hitachi E411 analyzer (Germany), which is fully automated Electrochemiluminescense anlyzer.

The data were analyzed using the statistical software package SPSS, version 20.0.

3. Result

The participants included were 150. Of them, 100 were toxoplasmosis patients (58 male and 42 female) as cases and

International Journal of Science and Research (IJSR) ISSN (Online): 2319-7064 Index Copernicus Value (2013): 6.14 | Impact Factor (2014): 5.611

50 apparently healthy individuals (32 male and 18 female) as controls. The statistical findings showed that serum levels of cortisol in toxoplasmosis patients were significantly higher than those of control [M \pm SD = 643.07 \pm 123.5 nmol/l] (P. 0.000).

There is no statistical significant difference in the serum levels of cortisol between toxoplasmosis females ($M\pm SD = 646.8 \pm 114.9 \text{ nmol/l}$) compared to males [$M\pm SD = 640.3 \pm 130.3 \text{ nmol/l}$] (P. 0.798).

Independent Samples Test									
		t-test for Equality of Means							
		t	df	Sig.	95% Confidence Interval of				
				(2-	the Difference				
				tailed)	Lower	Upper			
result	Equal variances assumed	14.705	148	.000	276.53690	362.40310			
	Equal variances not assumed	14.487	94.312	.000	275.68577	363.25423			

 Table 2: Showed the comparison Cortisol level between

 Male toxonlasmosis patients and Female patients

	Ν	Mean	Std.	p-
			Deviation	value
Male	58	640.3621	130.30729	0.798
Female	42	646.8095	114.99825	

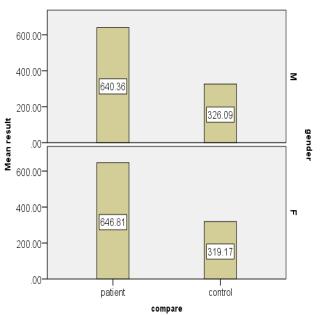
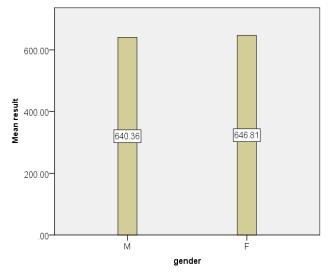
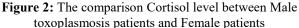


Figure 1: The level of Cortisol between toxoplasmosis patients and control





4. Discussion

The present study is conducted for exploring the relation between *Toxoplasma* infection and stress changes and stress hormones. Our study demonstrated that there is a significant correlation between cortisol hormones levels and toxoplasma infection.

Toxoplasma is one of the almost widespread parasite diseases common between human and warm-blood animals, which is widely distributed around the world. africa also, its prevalence is different in various countries; Somalia 43.6%,Mauritania 14.5%, kenya 54%,Negeria 58.9%, libya 52%,Burundi 41.1%,Niger 18.2% [2], in warm weather and lowlands is more widespread than mountains. The main ways of parasite and *Toxoplasma* infection transmission is consuming raw or semi cooked meat infected with *T. gondii* [6-7], or infected cat feces, and also congenital through placenta to fetus [8-9], drinking unpasteurized milk and even blood transfusion, transplantation and semen reception [10].

Our research results indicated that there is a direct relation between *Toxoplasma* infection and cortisol increase in blood plasma.

Volume 4 Issue 12, December 2015

Table 1: Showed the level of Cortisol between

toxopiasmosis patients and control								
	N	Mean	Std. Deviation	P. value				
Patients	100	643.07	123.54	0.000				
Control	50	323.60	129.16					

Results indicated that cortisol titer in the infected individuals is higher in both infected men and women than uninfected ones. Cortisol increase is a symptom of significant stress in a person, and in case it lasts for a while, it will lead to stressinduced behaviours and anxiety. On the other hand, this hormone titer increase can damage different parts of nervous system. Based on the present research findings, no significant relation was observed between this parasite infection and patients age. Previous study(shahnaz shirbazu,laila,fatemeh,2010) demonstrate there is significant correlation between stress hormone level and excessive stress and toxoplasma infection

5. Conclusion

It is concluded that *Toxoplasma* infection increase cortisol level. Besides, since it is probable that parasite presence in the body leads to blood cortisol increase, it is suggested that its accuracy be explored in the next researches.

6. Acknowledgments

We thank Dr. AbdElkarim A. Abdrabo head of clinical chemistry department in Department, Faculty of Medical Laboratory Sciences, Al-Neelain University- Sudan and Dr suhair for their collaborations.

References

- [1] Terpsidis KI, Papazahariadou MG, Taitzoglou IA etl.. *Toxoplasma gondii*: Reproductive parameters in experimentally infected male rats. Exp Parasitol. 2009; 121(3):238-41
- [2] Carter F. S. & Fleck D. G. (1966) The incidence of Toxoplasma antibodies in the Sudanese.Transactions of the Royal Society of Tropical Medicine and Hygiene 60,539-543.
- [3] 3.Ghorbani M, Edrissian GW, Afshar A. Serological survey of north west and sought west part of Iran. *Med Hygn.* 1981; 75: 38-40.
- [4] Flegr J, Hrdá Š, Kodym P. Influence of latent 'asymptomatic' toxoplasmosis on body weight of pregnant women. *Folia Parasitol*. 2005; 52: 199-204.
- [5] Flegr J, Zitkova S, Kodyn P, Frynta D. Induction of changes in human behavior by the parasitic protozoan *Toxoplasma gondii. Parasitology.* 1996: 113: 49-54.
- [6] Otte C, Marmar C, Pipkin S, Moos R, Browner W, WhooleyM. Depression and 24-hour urinary cortisol in medical outpatients with coronary heart disease. *Biol Psychiatry*. 2004: 56: 241-7.
- [7] Chiodini I, Adda G, Scillitani A, et al. Cortisol secretion in patients with type 2 diabetes relationship with chronic complications. *Diabetes Care*. 2006: 30: 183-8.
- [8] Lovallo WR. Cortisol secretion patterns in addiction and addiction risk. *Int J Psychophysiol.* 2006: 59: 195-202.
- [9] Vescovi PP, Coiro V, Volpi R, Passer M. Diurnal variations in plasma ACTH, cortisol and beta-endorphin levels in cocaine addicts. *Horm Res.* 1992: 37: 221-4.
- [10] O'Keane V, Marsh MS. Depression during pregnancy. BMJ. 2007; 334: 1003-5.