

Relationship between inflammatory Response and Pathology of *Listeria monocytogenes*

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Abstract

Listeria monocytogenes is a feebly pathogenic, Gram-positive bacterium and ready to develop additionally at the temperature of 4 C. A man frequently gets influenced by expending tainted water and food. 150 aborted placentas were achieved from women and cultured directly, while other were fixed in formalin buffer to study the effect of CD 45 and CD74 in pathogenesis of *Listeria monocytogenes* associated with placentitis in aborted women. Results showed six placental samples from out 50 were positive for listeria culture, were exhibited high expression of CD 45 and CD74 aborted placenta infected with *Listeria monocytogenes* as a compared to uninfected placenta. This study concluded that a relationship between inflammatory response and pathology of *L. monocytogenes* in placental tissue that were collected from aborted women in Al-Muthana City.

Keywords: *Listeria monocytogenes*, aborted women, CD45, CD74.

Introduction

Listeriosis is a typical foodborne ailment created by *Listeria monocytogenes*. This bacterium is pervasive and found in all aspects of climate including soil, water and rotting vegetation. Huge aspect of the different instances of listeriosis are brought about by taking of the living being in nourishments [1]. Sickness as a rule happens in very much characterized high danger gatherings, including pregnant ladies, children and immunocompromised grown-ups, however may incidentally happen in people who have no inclining fundamental condition [2].

As indicated by the reports of CDC, pregnant ladies are normally around multiple times more delicate to listeriosis than sound grown-ups [3]. *Listeria* is Gram-positive bacterium of the slash stick structure, motile and is to be found in water and earth. It is truly proficient for endurance since it develops at the temperature under 3 °C and all to around 4 °C, and beat likewise the unsafe impact of cooling drying and warming [4]. Because of that, it tends to be increased in food, which is kept in cooler. Creatures can be additionally transporters of listeria so by devouring of meat, meat items and milk of the tainted creatures, can be influenced likewise the person. Vegetables, aside from carrot and tomato,

likewise can be defiled by this bacterium from earth of compost [5]. The acquired creature listeria by food can do the attack onto the gastrointestinal epithelial over the unblemished gastrointestinal parcel. *Listeria* after that being phagocytes by macrophage, monocytes, or granulocytes. The pathogenesis of this bacterium relies upon the property of *Listeria* for endurance and propagation in the host phagocytes. As an intercellular microorganism that balanced out in the lymph tissue goes into circulation system, hepatic tissue and different organs [6]. This study was aimed to isolation and detection *L. monocytogenes* from placental specimens that collected from aborted women and to find out the relationship between inflammatory response and pathology of *L. monocytogenes*.

Materials and Methods

2.1. Patients and Sample Collection

This study was conducted in Al-Smawa hospital of Al-Muthana City, during the period of January 2020 to April. One hundred and fifty aborted women were secondhand in this study. Placental specimens were achieved from aborted distributed into two slices, one slice cultured directly on 7% sheep blood agar (Difco, USA), *Listeria* selective medium and Eosin

Methylene Blue (EMB) agar (Himedia, India). The cultures were incubated at 37 C for 3 days, aerobically. Other slice of placenta tissue were stable in 10% buffered formalin, managed usually, and stained with Immunohistochemistry as” charity by Mao *et al.*, [7].

2.2. Statistical methods

Percentages were used as a statistical method to express the results, and the probability (*p*. value) value was calculated for a significant level at (0.001).

Results

Six placental samples from out 50 were positive for listeria culture and yielded practically unadulterated development of β-haemolytic settlements on the blood agar following 24 hours of brooding. The states of microorganisms were showed up little, approximately 1-2 mm in breadth, round, smooth and whitish-dark. On the Listeria specific agar, the states had comparative attributes and were 3-4 mm in size. Development was not seen on EMB agar. Immunohistochemical (IHC) analysis of placental samples exhibited Positive placental staining for CD 45 and CD 74 (Table 1, 2 and Figure 1).

Table 2. Detection of Actuality of CD45 in tissue samples by using Immunohistochemical assay

Notch	L. monocytogenes +ve		L. monocytogenes -ve	
	No	%	No	%
1	0	0	1	16.66
2				
3	1	16.66	5	83.33
Over-all of negative notch	*100%		14.28%	
4	1	16.66	0	0
5	4	83.33	0	0

*Significant (*p* ≤ 0.01)

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	No	%	No	%
1	0	0	1	16.66
2				
3	2	33.33	5	83.33
Over-all of negative notch	*100%		14.28%	
4	1	16.66	0	0
5	3	50	0	0

*Significant (*p* ≤ 0.01)

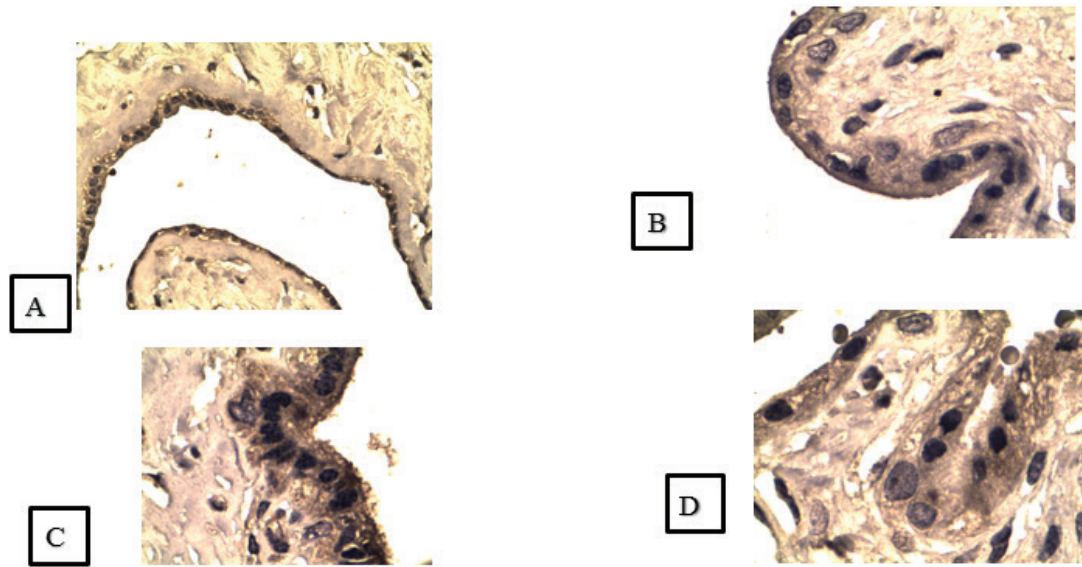


Figure 1. Immunohistochemical assay staining for placental tissue that collected from aborted women in Al-Muthana City. Picture was taken by Lucida camera under light microscopic with objective lenses 100X.

From results showed only six cases were positive for *L. monocytogenes*, the culture characteristic of *Listeria* same with that reported by [8]. *Listeria* causes necroperulant inflammation; sever placentitis, infiltration of inflammatory cells, hemorrhage and accumulation of amorphous material. Immunohistochemical assays showed high expression of inflammatory CD (CD45 and CD74) and. Chemokines participate in the progression of the inflammatory process by altering the original by changing the native T- helper 0 response to a T-helper 1, T-helper 2, or a mixed T-helper 1 and T-helper 2 response [9, 10]. In the present study, IFN- γ -specific staining the *Listeria* invigorates Lymphocyte interceded resistance, which, under the impact of cytokines, pulls in macrophages that produce provocative granulomata where microorganisms are obliterated.

Memory Lymphocytes give a gained protection from *Listeria* disease, and this may clarify why listeriosis is connected with harm, immunosuppressive treatment, Helps, pregnancy and the youngster. This can likewise represent the perception that neutropenia and issues of supplement or immunoglobulin blend are not related with extreme predominance of the infection [11, 12]. Aside from the resistant status of the host, different elements, which impact whether obtrusive illness happens incorporate the destructiveness of the

contaminating strain and the size of the inoculum [13, 14]. The infective portion is obscure trophoblast cells, was found fundamentally contrast between the tainted and uninfected proposed that the epithelial CD45 recoloring presumably reflects receptor-bound CD45, since this cytokine is delivered distinctly by Immune system microorganisms and NK cells. Besides, it was found in biopsy tests with positive MNCs, proposing a nearby capture of the cytokine in *Listeria* contaminated cells *L. monocytogenes* disease is related with expanded CD74 creation in humoral resistance and enactment of antigen introducing cells [15]

Conclusions

This study concluded that a relationship between inflammatory response and pathology of *L. monocytogenes* in placental tissue that were collected from aborted women in Al-Muthana City.

Ethical Clearance taken from department committee

Conflict of Interest Nil

Source of funding self

References

1. Al-Ghazali MR, Al-Azawi SK. Detection and enumeration of *Listeria monocytogenes* in a sewage treatment plant in Iraq. *J Appl Bacteriol.* 1986; 60:251–254. [PubMed: 3086271]
2. Albritton WL, Cochi SL, Feeley JC. Overview of neonatal listeriosis. *Clin Invest Med.* 1984; 7:311–314. [PubMed: 6398177]
3. Albritton WL, Wiggins GL, Feeley JC. Neonatal listeriosis: distribution of serotypes in relation to age at onset of disease. *J Pediatr.* 1976; 88:481–483. [PubMed: 812974]
4. Ansbacher R, Borchardt KA, Hannegan MW, Boyson WA. Clinical investigation of *Listeria monocytogenes* as a possible cause of human fetal wastage. *Am J Obstet Gynecol.* 1966; 94:386–390. [PubMed: 4955545]
5. Badri MS, Zawaneh S, Cruz AC, Mantilla G, Baer H, Spellacy WN. Rectal colonization with group B streptococcus: relation to vaginal colonization of pregnant women. *J Infect Dis.* 1977; 135:308–312. [PubMed: 320278]
6. Bakardjiev AI, Theriot JA, Portnoy DA. *Listeria monocytogenes* traffics from maternal organs to the placenta and back. *PLoS Pathog.* 2006; 2:e66. [PubMed: 16846254]
7. Barber M, Okubadejo OA. Maternal and neonatal listeriosis: report of case and brief review of literature of listeriosis in man. *Br Med J.* 1965; 2:735–728. [PubMed: 5317930]
8. Beckerman KP, Rogers HW, Corbett JA, Schreiber RD, McDaniel ML, Unanue ER. Release of nitric oxide during the T cell-independent pathway of macrophage activation. Its role in resistance to *Listeria monocytogenes*. *J Immunol.* 1993; 150:888–895. [PubMed: 7678626]
9. Becroft DM, Farmer K, Seddon RJ, Sowden R, Stewart JH, Vines A. Epidemic listeriosis in the newborn. *Br Med J.* 1971; 3:747–751. [PubMed: 5097970]
10. Benschushan A, Tsafir A, Arbel R, Rahav G, Ariel I, Rojansky N. Listeria infection during pregnancy: a 10 year experience. *Isr Med Assoc J.* 2002; 4:776–780. [PubMed: 12389339]
11. Berche P. Bacteremia is required for invasion of the murine central nervous system by *Listeria monocytogenes*. *Microb Pathog.* 1995; 18:323–336. [PubMed: 7476097]
12. Bojsen-Moller J. Human listeriosis. Diagnostic, epidemiological and clinical studies. *Acta Pathol Microbiol Scand B Microbiol Immunol.* 1972; 229:1–157. [PubMed: 4624477]
13. Bortolussi R, Issekutz T, Burbridge S, Schellekens H. Neonatal host defense mechanisms against *Listeria monocytogenes* infection: the role of lipopolysaccharides and interferons. *Pediatr Res.* 1989; 25: 311–315. [PubMed: 2468128]
14. Bortolussi R, McGregor DD, Kongshavn PA, Galsworthy S, Albritton W, Davies JW, et al. Host defense mechanisms to perinatal and neonatal *Listeria monocytogenes* infection. *Surv Synth Pathol Res.* 1984; 3:311–332. [PubMed: 6390622]
15. Boyer KM, Gadzala CA, Burd LI, Fisher DE, Paton JB, Gotoff SP. Selective intrapartum chemoprophylaxis of neonatal group B streptococcal early-onset disease. I. Epidemiologic rationale. *J Infect Dis.* 1983; 148:795–801. [PubMed: 6355316]