

FIRST RECORD OF "ISOSPORA HOMINIS" IN CZECHOSLOVAKIA

First human coccidiosis in Czechoslovakia caused by the species *Isospora belli* was diagnosed in 1973 (Giboda M., Čatár G., Bratisl. lek. Listy 2: 229—233, 1973). We give a record on finding of *Isospora hominis* in 12-year old girl from eastern Slovakia.

One coccidian oocyst and one sporocyst were found during the routine stool examination. The oocyst was fully sporulated in 2 sporocysts, each of which containing 4 sporozoites and a coarse-grained residual body (Fig. 1). The membrane of the oocyst could not be clearly seen in the whole periphery (Fig. 2). In the course of next 50 days excretion of the sporocysts without negative phase was proved in 9 examinations. Intensity of the infection was very weak and often only one sporocyst was found in the slides. Sporocysts were much more frequent than oocysts in slides and they seemed to be resistent osmotically because of their shape persistence in hypertonic solution. Sporocysts measured $12.35 \times 8.91 \mu\text{m}$ in diameter (taken 50 measurements). According to the epidemiological anamnesis the patient stated tasting a crude sausage mixture a year before. Finding of isospores in other three members of the family where also mother tasted the sausage mixture proved to be negative. Of domestic animals investigated, the dog was also negative. The cat excreted sporocysts measuring $12.9 \times 8.91 \mu\text{m}$ with the sporozoites and a residual body similar in appearance to those excreted by the girl.



Fig. 1. Sporocyst of *I. hominis* with sporozoites.

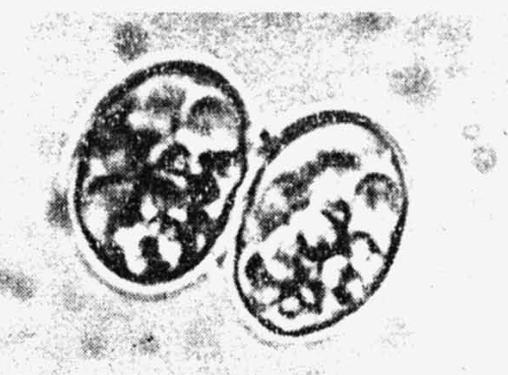


Fig. 2. Oocyst with 2 sporocysts joined by a common membrane.

According to Rommel and Heydorn (Berl. Münch. tierärztl. Wschr. 85: 141—145, 1972) who recorded that "*Isospora hominis*" should be included in the life-cycle of sarcosporidia of the genus *Sarcocystis*, we suggest that our patient was infected by the sarcosporidia from the sausage mixture. Since the patient was hospitalized for tuberculosis of intrathoracic lymphatic nodes, finding of isospores cannot be put in the connection with the clinical condition of the patient. We failed to prove schizogony in the enterocytes by a bioptic examination of the jejunal mucous membrane. Biochemical tests and blood examination were within the bounds of normal. But increased values of immunoglobulines: IgG 18.80 mg %, IgA 2.40 mg %, IgM 1.48 mg % were recorded. This fact may give evidence for the antibodies formation against the sarcocystic antigen as observed by Tadros et al. (Z. Parasitenk. 3: 221—224, 1974).

Treatment with pyrimethamin (Daraprim) for 5 days in a dose of 37 mg a day, next 10 days in a dose of 25 mg a day and with Sulfisoxazol for 14 days in a dose of 3 g a day was not successful. By reason of her primary disease, the patient was treated at the same time with STM, Nitrazid, Oxacilin and with vitamins.

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