ORIGINAL ARTICLE



Prevalence and associated risk factors of *Cystoisospora belli* and *Cyclospora cayetanensis* infection among Iranian patients with colorectal cancer

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Abstract From among intestinal parasites, coccidian intestinal parasites such as Cystoisospora belli (previously known as Isospora belli), and Cyclospora cayetanensis are well-known as opportunist parasites, particularly in patients with cancer. This study assessed the prevalence of C. belli and C. cayetanensis in patients with cancer in Lorestan Province, Southwest of Iran. This cross-sectional descriptive study was conducted on 87 patients with colorectal cancers, referred to the general hospitals of Lorestan from October 2017 to August 2018. A fresh stool specimen was collected from each subject in a sterile labeled container. The collected stool samples were concentrated through sucrose flotation method and then prepared for Ziehl-Neelsen staining for microscopic examination. Demographic and possible risk factors such as age, sex, education, residence, and unwashed vegetable/ fruit consumption were collected by an applied questionnaire. Out of the 87 patients with colorectal cancer, eight (9.2%) were found positive for C. belli and C. cayetanensis infections, with five (5.74%) and three (3.44%) patients positive for C. belli and C. cayetanensis infections, respectively. Results also showed that sex and unwashed vegetable/fruit consumption were significantly associated

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with the prevalence of these parasites (p < 0.01). The findings revealed the considerable prevalence of *C. belli* and *C. cayetanensis* in patients with colorectal cancers. It is therefore essential for gastrointestinal specialists to pay special attention to the prevalence of coccidian parasites in patients with colorectal cancer.

Keywords Cancer · Coccidian parasite · Ziehl–Neelsen staining · Iran

Introduction

Nowadays, cancer is one of the main causes of mortality in different communities worldwide (WHO 2015). In recent years, with an increase in cancer risk factors such as dietary changes, stresses, environmental changes, and certain infections, it is anticipated that, by 2030, more than 10 million people in the world will die due to cancer (Bouvard et al. 2009; WHO 2015). In the category of existing cancers, colorectal cancer is one of the most abundant gastrointestinal tract cancers considered as the second and third cause of death in women and men, respectively (De Rosa et al. 2015).

Global studies have reported that approximately 25% of the world's population, especially in developing countries, is infected with intestinal parasites (Alemu et al. 2011). In recent years, in spite of increased awareness of parasitic infections as well as sanitation and hygiene development, these infections are still an important health problem.

It has previously been proven that parasitic infections can result in serious clinical complications in immunocompromised individuals (Marcos and Gotuzzo 2013). Patients with cancer are immunocompromised, either as a result the disease itself or because of therapeutic drugs or

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processes leading to immunosuppression (Silva et al. 2011; Utzinger et al. 2012). Therefore, it is crucial that the prevalence of intestinal parasites be determined in these patients.

From among the intestinal parasites, coccidian intestinal parasites such as *Cryptosporidium* spp., *Cystoisospora belli* (previously known as *Isospora belli*), and *Cyclospora cayetanensis* are well-known as opportunist parasites, particularly in patients with cancer (Vento and Cainelli 2003). Although the prevalence of these intestinal parasites has been investigated in various groups of immunocompromised patients, few studies have focused on the prevalence of these parasites in patients with cancer (Oliveira 2014). Therefore, the present study was designed to assess the prevalence of *C. belli* and *C. cayetanensis* in patients with cancer in Lorestan Province, Southwest Iran.

Materials and methods

Study area

Lorestan Province is located in western Iran in the Zagros Mountains. It covers an area of 28,392 km² and the population of this province was estimated at 1,716,527 people. The main cities are Khorramabad, Borujerd, Aligudarz, Dorud, Kuhdasht, Azna, Aleshtar, Nurabad, and Pol-e Dokhtar (Mahmoudvand et al. 2018).

Ethics

This investigation was permitted by Ethics Committee of Lorestan University of Medical Sciences (Khorramabad, Iran) with code No. 2019/2048.

Informed consent statement

In this study, written informed consent was provided by patients before sample collection.

Study design

This cross-sectional descriptive study was performed on 87 patients with colorectal cancers, referred to the general hospitals of Lorestan from October 2017 to August 2018. Colorectal cancer was confirmed by a gastroenterologist. In this study, patients who had received systemic antibiotics in recent weeks and those with immune deficiencies such as AIDS were excluded.

Questionnaire

Some demographic and risk factors, including age, sex, education level, residence, and unwashed vegetable/fruit consumption were obtained through a questionnaire.

Sample collection and processing

From each patient, a stool sample was taken in a sterile labeled container. After obtaining the samples, they were transferred to the Laboratory of Parasitology, School of Allied Medicine (Khorramabad, Iran) (Mahmoudvand et al. 2018), and were then concentrated by the sucrose flotation technique (Sheather's method). In the next step, each sample was smeared on glass slides, air-dried, fixed with methanol, and stained by modified Ziehl–Neelsen. Finally, stained smears were assessed under a light microscope with powers \times 10, \times 40 and \times 100 objectives, respectively, to find the oocysts of *C. belli* and *C. cayetanensis* (Garcia 2001).

Statistical analysis

SPSS 24.0 software was used for data analysis. Univariate logistic regression was also applied to find the correlation between the prevalence of parasites and associated risk factors, and the level of significance was set at p < 0.05.

Results

Participants

A total of 87 patients with colorectal cancer referred to the general hospitals of Lorestan were investigated to assess the prevalence of *C. belli* and *C. cayetanensis*. The mean age of the participants was 59.6 ± 6.8 years, with minimum and maximum values of 36 and 86 years, respectively. The majority of participants were male (51, 58.2%), and most participants lived in urban regions (58, 66.7%).

From among the participants, 80 (92%), 52 (59.8%), and 33 (37.9%) performed hand washing before eating and agricultural activity, and consumed unwashed fruits and vegetables, respectively (Tables 1 and 2).

Prevalence of C. belli and C. cayetanensis infections

Out of 87 patients with colorectal cancer, 8 (9.2%) were found positive for *C. belli* and *C. cayetanensis* infections, and 5 (5.7%) and 3 (3.5%) patients were positive for *C. belli* and *C. cayetanensis* infections, respectively (Table 3).

In terms of sex, 6 (11.8%) men and two (5.5%) women were found positive for parasitic infections. There was a

Table 1 Demographic characteristics and prevalence of *C. belli* and

 C. cayetanensis infection among the participants

Variables	No. (%)	No. (%) of positives	P value
Gender			
Male	51 (58.2)	6 (11.8)	0.01*
Female	36 (41.8)	2 (5.5)	
Age group			
< 30 yrs	11 (12.6)	1 (9.1)	
30-45 yrs<	32 (36.8)	3 (9.4)	
45 yrs<	44 (50.6)	4 (9.1)	
Residence			
Rural	29 (33.3)	3 (10.3)	
Urban	58 (66.7)	5 (8.6)	

*Was significantly different

 Table 2
 Association between risk factors and prevalence of C. belli

 and C. cayetanensis infection among the participants

Variables	No. (%)	No. (%) of positives	P value
Hand washing			
Yes	80 (90.2)	7 (8.7)	-
No	10 (9.8)	1 (10)	
Consumption of	of unwashed fruit/ve	egetables	
Yes	33 (37.9)	7 (21.2)	0.001*
No	54 (62.1)	1 (1.85)	
Agriculture ac	tivity		
Yes	52 (59.8)	5 (9.6)	-
No	35 (40.2)	3 (8.5)	

*Was significantly different

 Table 3 Prevalence of C. belli and C. cayetanensis infections among the patients with colorectal cancer

Parasite	Positive case no. (%)	Negative cases no. (%)	Total
Cystoisospora belli	5 (5.7)	82 (94.3)	87 (100)
Cyclospora cayetanensis	3 (3.5)	84 (96.5)	87 (100)
Total	8 (9.2)	80 (90.8)	87 (100)

significant association between sex and positivity of these intestinal parasites.

Considering the age groups, the majority of patients belonged to the age group of > 45 years, but there was no significant association between age groups and the prevalence of intestinal parasites.

In terms of residence, from among the patients living in urban areas, parasitic infections were found in five (8.6%), whereas from among the patients residing in rural areas, three (10.3%) were positive for parasitic infections.

From among patients who performed hand washing before eating, *C. belli* and *C. cayetanensis* infections were found in seven (8.7%), while the rate infection was 10% from among patients who performed no hand washing before eating. No significant association was found between hand washing before eating and positivity to these intestinal parasites.

Of the patients who consumed unwashed fruits and vegetables, *C. belli* and *C. cayetanensis* infections were found in seven (21.2%), while only one (1.96%) patient was found positive. There was a significant association between the consumption of unwashed fruits and vegetables and positivity to these intestinal parasites (p < 0.001).

Considering agricultural activities, of the 52 patients having agricultural activities, five (9.6%) were positive for intestinal parasitic infections, whereas three (8.5%)patients had no agricultural activity. There was no significant association between agricultural activity and positivity to these intestinal parasites (Tables 1 and 2).

Discussion

Based on the reports of the National Cancer Institute, nearly 8 million new cases of cancer are reported annually around the world (INCA 2016). From among cancers, colorectal cancer is one of the most frequent gastrointestinal tract cancers, serving as the second and third cause of mortality in women and men, respectively (De Rosa et al. 2015). It has been proven that patients with cancer are susceptible to opportunistic parasitic infections because anticancer agents make them immunocompromised. Thus, these infections may show severe clinical manifestations and even prove to be lethal for these patients (Silva et al. 2011; Vento and Cainelli 2003).

Cystoisospora belli, formerly called *I. belli*, is a protozoan parasite residing in the small intestine. Cystoisosporiasis is commonly asymptomatic or has mild digestive symptoms in immunocompetent people, but severe or fatal complications are reported in patients with immune deficiency (Legua and Seas 2013). Another coccidian parasite found in the small intestine is *C. cayetanensis*. Cyclosporiasis causes persistent diarrhea, and certain clinical manifestations such as abdominal pain, nausea, vomiting, fatigue, fever, and loss of appetite are related to this infection (Herwaldt 2000).

The present study was designed to assess the prevalence of *C. belli* and *C. cayetanensis* in patients with cancer in Lorestan. Out of 87 patients with colorectal cancer, eight (9.2%) were found positive for *C. belli* and *C. cayetanensis* infections, and five (5.74%) and three (3.44%) patients were positive for *C. belli* and *C. cayetanensis* infections, respectively. Previously, Jeske et al. (2018) demonstrated that *C. belli* was found in 4.4% of patients with cancer in Southern Brazil.

Guarner et al. (1997) also reported that coccidian parasites such as *Cryptosporidium* and *Isospora* were found in 3% in adult patients with cancer in Mexico. Moreover, Rudrapatna et al. (1997) demonstrated that, from among 1029 patients with cancer in India, *I. belli* was found in 0.1% (16). This difference between our results and those of previous studies may be due to factors such as sample size, geographical conditions, and research method.

Based on the statistical analysis, although there was no significant association between the prevalence of *C. belli* and *C. cayetanensis* and some factors, including age, residence, agriculture activity, and hand washing before eating, a significant correlation was observed between positivity to *C. belli* and *C. cayetanensis* and sex as well as consumption of unwashed fruits and vegetables.

Conclusion

The findings revealed the considerable prevalence of *C. belli* and *C. cayetanensis* in patients with colorectal cancers. In addition, sex and the consumption of unwashed fruits and vegetables were found to be the related risk factors of infection. It is, therefore, essential for gastrointestinal specialists to pay special attention to the prevalence of coccidian parasites in patients with colorectal cancer.

Author contributions HM: Study design-data collection. AS: data collection-microscopic examination. MK: data collection-critical review. ARM: supervisor-writing.

Compliance with ethical standards

Conflict of interest The authors declare no conflict of interest in this study.

References

Alemu A, Shiferaw Y, Getnet G, Yalew A, Addis Z (2011) Opportunistic and other intestinal parasites among HIV/AIDS patients attending Gambi higher clinic in Bahir Dar city, North West Ethiopia. Asian Pacific J Trop Med 4(8):661–665

- Bouvard V, Baan R, Straif K, Grosse Y, Secretan B, El Ghissassi F, Benbrahim-Tallaa L, Guha N, Freeman C, Galichet L, Cogliano V (2009) A review of human carcinogens–Part B: biological agents. WHO International Agency for Research on Cancer Monograph Working Group. Lancet Oncol 10:321–322
- De Rosa M, Pace U, Rega D, Costabile V, Duraturo F, Izzo P, Delrio P (2015) Genetics, diagnosis and management of colorectal cancer (Review). Oncol Rep 34(3):1087–1096
- Garcia LS (2001) Intestinal protozoa (Coccidia and Microsporidia) and algae. In: Garcia LS (ed) Diagnostic medical parasitology, 4th edn. ASM Press, Washington
- Guarner J, Matilde-Nava T, Villaseñor-Flores R, Sanchez-Mejorada G (1997) Frequency of intestinal parasites in adult cancer patients in Mexico. Arch Med Res 28(2):219–222
- Herwaldt BL (2000) *Cyclospora cayetanensis*: a review, focusing on the outbreaks of cyclosporiasis in the 1990s. Clin Infect Dis 31:1040–1057
- Instituto Nacional De Câncer José Alencar Gomes Da Silva INCA, 2016 [viewed 8 December 2016]. *Estimativa 2014: Incidência de Câncer no Brasil* [online]. Rio de Janeiro: INCA. http://www.inca.gov.br.\
- Jeske S, Bianchi TF, Moura MQ, Baccega B, Pinto NB, Berne MEA, Villela MM (2018) Intestinal parasites in cancer patients in the South of Brazil. Braz J Biol 78(3):574–578
- Legua P, Seas C (2013) Cystoisospora and Cyclospora. Curr Opin Infect Dis. 26(5):479–483
- Mahmoudvand H, Taee N, Faraji Goodarzi M, Ebrahimzadeh F (2018) Prevalence and risk factors of intestinal protozoan infections in children (2–15 yr old) from Lorestan Province, western Iran. Trop Biomed 35(1):259–266
- Marcos LA, Gotuzzo E (2013) Intestinal protozoan infections in the immunocompromised host. Curr Opin Infect Dis 26(4):295–301
- Oliveira G (2014) Cancer and parasitic infections: similarities and opportunities for the development of new control tools. Rev Soc Brasil Med Trop 47(1):1–2
- Rudrapatna JS, Kumar V, Sridhar H (1997) Intestinal parasitic infections in patients with malignancy. J Diarrhoeal Dis Res 15(2):71–74
- Silva LP, Silva RMG, Fernandes NA, Oliveira JAA (2011) Parasitos e/ou comensais em pacientes neoplásicos submetidos à quimioterapia. Bioscience J 27(1):170–177
- Utzinger J, Becker SL, Knopp S, Blum J, Neumayr AL, Keiser J, Hatz CF (2012) Neglected tropical diseases: diagnosis, clinical management, treatment and control. Swiss Med Week 142:13727
- Vento S, Cainelli F (2003) Infections in patients with cancer undergoing chemotherapy: etiology, prevention, and treatment. Lancet Oncol 4(10):595–604
- WHO. 2015. Cancer Fact Sheet No. 297. (Feb) [Ref list]

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