Topic P09: Diagnostics of spirochetal infections

To study: *Borrelia, Leptospira, Treponema* (from textbooks, www etc **From spring term:** Microscopy, PCR, methods of antibody and antige

Lyme borreliosis

Common table for Task 1, 2 and 3.

Patient Letter	Short clinical		ELISA ((Task 1)		W. blotti	ng (T2)	PCR	Conclusion:
	description (1–3 words characterizing the situation	Iş	gM	IgG		IgM	IgG	(T3) (+/-)	final interpretation, recommendation
		Abs.	(+/-)	Abs.	(+/-)	(+/-)	(+/-)	(17-)	for future therapy
J									
K									
L									
M									
N									

Task 1: Detection of antibodies to Borrelia garinii using ELISA

Read the results of patients with suspect Lyme borreliosis. Both IgG and IgM antibodies are assessed. In A1 field (corresponding to A1 well in the microtitration plate) you can see CAL level (CAL for "calibrator" – borderline level; all absorbance levels above CAL are positive, all absorbance levels beneath CAL are negative). There are controls in B1 and C1. Patients J to N are in fields with coloured squares.

Write the CAL level in the table below, check, whether negative control is really negative and positive control really positive. Then read and interpret ELISA results for patients J to N (write them in the main table above).

CAL level	K+ absorbance leve		4
(well A1):	(well B1):	☐ K+ is not OK	
IaM	K– absorbance leve	l □ K− is OK	tick what is
IgM	(well C1):	☐ K– is not OK	correct
CAT 11	V + -11 1	1	
CAL level	K+ absorbance leve		_
(well A1):	(well B1):	☐ K+ is not OK	
IaC	K– absorbance leve	l □ K− is OK	tick what is
IgG	(well C1):	☐ K– is not OK	correct

Task 2: Detection of antibodies to Borrelia garinii using Western blotting

In patients diagnosed in the task 1, the detection of antibodies in serum or CSF samples was performed by Western blotting. Read the results according to the instructions. Use the presented pattern for evaluation of the reaction. The diagnostic scheme is always the same – ELISA is used for screening, whereas Western blotting is performed as a confirmation of ELISA results. Read the Western blot results of patients J to N and write the results in the main table.

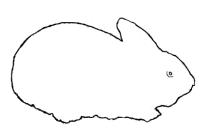
Task 3: Diagnostics of Lyme borreliosis using polymerase chain reaction (PCR)

According to the presented photos of a PCR product on the agarose gel, draw and record which of the tested samples are positive. Note, that with regard to the anamnesis, PCR reaction was performed only in two out of our five patients. After that, perform the final interpretation of all three tasks and write down a conclusion.

Syphilis

Task 4: Direct detection of syphilis

Direct detection of syphilis is only possible if suitable samples are sent to the laboratory. In some stages of the disease, however, sampling for this purpose is not possible.



a) Rabbit infectivity testing – RIT

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b) Darkfield microscopy

Look at the microphotography of treponemae taken from a darkfield microscope, draw the principle of darkfield microscopy, and also record your observation.

c) Direct immunofluorescence

Look at the microphotography of treponemae taken from a fluorescent microscope and record your observation.

4b) principle	4b) result	4c)	

The causative agent of syphilis, Treponema pallidum, is NOT a culturable microogranism. The diagnostics depends on the stage of disease.

Indirect diagnostics of syphilis

Joint table for Task 5 and 6

	Joint table for Task 3 and 6.														
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Patient Letter	etti etti		reening	Confirmation							Conclusion:				
er	New Section 1	RRR	M	ΓŦ	ELIS	SA				WI	3	final interpretation,			
		₹R	МНА-ТР	-A		g _I		(gI	$\vec{a}_{ m I}$	$_{\mathrm{IgG}}$	recommended therapy			
	CONTRACTOR OF STATE OF THE STAT			-	(-T)	TI		FTA-ABS		$\lg M$			IgG	IgM (+/-)	$\overline{}$
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Task 5: Screening of syphilis – RRR and MHA-TP

Pregnant women and blood donors undergo screening performed using rapid reagin reaction (RRR) and Treponema pallidum microhaemagglutination (MHA-TP). Read the results of the screening in the presented group of persons and assess which of them need further tests for confirmation. Record your results directly into the table.

Positive result: RRR – flocculation in the well; MHA-TP – agglutinate formation (see Practical J070).

Task 6: Confirmation of syphilis – FTA-ABS, ELISA and Western blotting

Evaluate the results of FTA-ABS, ELISA and Western blotting (WB) in patients with suspect syphilis (see the previous task). In the ELISA reaction, count the cut-off and compare K-, K+ and patient values with it. A1 field (A1 well) represents the blank

C + CC1 1			1 _
Cut off level	K– absorbance level	☐ K− is OK	_
(C1 + D1) / 2	(B1 value):	☐ K− is not OK	
LaM	K+ absorbance level	☐ K+ is OK	tick what is
IgM	(E1 value):	☐ K+ is not OK	correct
Cut off level	K– absorbance level	□ K− is OK	_
(C1 + D1) / 2	(B1 value):	☐ K− is not OK	
IaC	K+ absorbance level	☐ K+ is OK	tick what is
IgG	(E1 value):	☐ K+ is not OK	correct

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Leptospirosis

Task 7: Direct detection of *Leptospira* sp.

According to the presented picture, describe and draw	w the morphology of leptospirae cultivated in the liquid
Korthoff's medium for 2 weeks. Urine of a patient with	suspect leptospirosis was used for the test.
	Leptospira
	Author:

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