ISSN 0972-5075

DocID: https://connectjournals.com/03896.2021.21.3895

eISSN 0976-1772

IMMUNOLOGICAL STUDY OF PATIENT INFECTED WITH S. PNEUMONIAE

Rima N. Hasan¹, Layla Saleh Abdul-Hassan² and Ali Anok Njum^{1*}

¹Samawa Technical Institute, AL-Furat AL-Awsat Technical University, Samawa, Iraq. ²Medical and Health Technical College, AL-Furat AL-Awsat Technical University, Kufa, Iraq. *e-mail: aliscience16@yahoo.com

(Received 10 March 2021, Revised 11 May 2021, Accepted 19 May 2021)

ABSTRACT: The defense the evaluation to check the open molecules (CD54 and CD4) and assessment of gamma INF and IL-6 serum positions in patients dirtied with *S. pneumoniae*. A sum of 100 blood tests created between (1-60) a long time, were connected with this assessment blood tests were refined obviously. After that serological tests was done to discover the *S. pneumoniae* corrupted patients. Essentially as the serum tests were poor down for IL-6 and gamma INF by ELISA showed especially enormous increments (p<0.05) in serum level of *S. pneumoniae* patients as separated and solid benchmark social events, genuine stage revealed high expansions in serum level of gamma INF fundamentally (p<0.05), while reliable instances of ailment brief tall advancement in serum level of IL-6 significantly(p<0.05). Actuated markers preparing uncovered high verbalization of CD4 and CD54 in *S. pneumoniae* patients as separated and sound standard social affairs, where genuine season of burden showed significantly(p<0.05) high articulation in CD4 and CD54 as separated and different occasions of *S. pneumoniae* patients.

Key words: Open molecules, CD54, CD4, S. pneumonia.

How to cite: Rima N. Hasan, Layla Saleh Abdul-Hassan and Ali Anok Njum (2021) Immunological study of patient infected with *S. pneumoniae. Biochem. Cell. Arch.* **21**, 3895-3898. DocID: https://connectjournals.com/03896.2021.21.3895

INTRODUCTION

S. pneumoniae has a place with the family streptococcaceae, it was anyway at first named Diplococcus pneumoniae and in 1974 that it was renamed S. pneumoniae as per its development in chains in fluid media, S. pneumoniae or Diplococcus pneumoniae was first separated and depicted autonomously by Louis Pasteur and George Miller Sternberg in 1880/1881. Sternberg and Pasteur vaccinated bunnies with salivation and segregated similar organic entity from the sick creatures, the two of them became the bacterial detach in culture and portrayed its morphology, not long after that Albert Fränkel could demonstrate that the pneumococcus is a typical reason for pneumonia (Sarkis and Dennis, 2006; Schnare et al, 2000).

Streptococcus pneumoniae is a significant microbe that causes both genuine intrusive contaminations, like septicemia, meningitis and pneumonia and gentle upper respiratory diseases (Schwantner, 2004). It has a place with the typical nasopharyngeal microbial verdure that

comprises of microorganisms with physiologic and hereditary properties appropriate for colonization and duplication under specific conditions (Twum-Danso *et al*, 2003). *S. pneumoniae* was portrayed interestingly more than 130 years prior (Upreti *et al*, 2003). Despite the advancement of additional opportunities to analyze *S. pneumoniae*, the customary phenotypic meaning of *S. pneumoniae* has not changed (Van der Poll *et al*, 1996).

S. pneumoniae is a gram-positive, á-hemolytic, bile-dissolvable and normally capsulated streptococcus that is typically related to a relative case. Identification depends on the bacterial settlement morphology on a blood agar plate, optochin affectability, bile solvency and the presence of a case (Martens et al, 2004). Up until now, 90 diverse capsular monovalent have been recognized, they are gathered into 8 serotypes dependent on antigenic specificities likenesses, what's more, un embodied detaches are somewhat regular in the nasopharynx S. pneumoniae yearly causes 10 million passings overall including the passings of 1 million offspring of low advancement countries (Macfaddin, 2000).

MATERIALS AND METHODS

A total number of (100) out patients were included in this study, age range (18-60) years old (males and females) attending the chest unit of AL-Hussein Teaching Hospital in AL-Muthana Governorate, who were suspected to have respiratory tract infection.

Sputum specimens

Specimens were obtained before antimicrobial agents were given (two replicates in two days for all patients). Morning sputum was placed in sterile containers as follows:

- a. The patient was instructed to wash their mouth with normal saline to reduce the number of bacteria of the oral flora.
- The patient was directed to breath deeply and cough deeply to bring up sputum directly into a sterile container.

Sputum gram stain method

Sputum culture method: Quantitative sputum cultures were made for each specimen according to sputum gram stain for pneumonia infections. Sputum specimen were homogenized with an equal volume of normal saline on a vortex mixer. Blood agar and Gentamicine Blood agar.

S. pneumoniae identification methods

S. pneumoniae identifications according to morphology staining, culture characters and biochemical reactions as

Optochin test: A size disc of filter paper containing 5ìg of optochin (ethylhydrocuprein) was placed on the surface of a blood agar plate

Bile solubility test : A suspected *S. pneumoniae* colony was touched with a sterile loop of 2% sodium deoxycholate solution at pH 7.0

Capsule staining method: This method was used according to Soensen (1995).

Serotype identification test by slide agglutination method

Tests blend blood tests (5-10) ml was depleted from patients by then the blood tests were centrifuged to get blood serum to overview the *H. pylori* patients by serological test (IgG and IgM strips) by then perceive cytokines level and CD45and CD79 biomarkers in blood patients by ELISA framework.

The last fixation was bestowed in pg/ml

Genuine evaluation : Quantifiable evaluation was uncovered up by exhausting Chi-square (χ^2) test to

facilitate the genuine deviations between different parties by devouring an idea veritable stage for humanism (SPSS, 2020). The alternative of ($P \le 0.05$) was evaluated to be quantifiably gigantic. As far as possible were offered with respect to gathers \pm average slips up (S.E.) and changes between methods for patients and controls were directed by ANOVA test and the Most un-Fundamental Distinction (LSD). What is significant was surveyed huge at whatever point the chance (P) respect were (≤ 0.05 , ≤ 0.01).

RESULTS AND DISCUSSION

Clinical sings

From 20 specimens showing neutrophil cells domination, the positive results for culture and microscopic and biochemical characteristics for *S. pneumoniae* was 6 specimens only (30%), while 14 specimens (70%) were negative results for colonies by cultivation, microscopic and biochemical characterization for *S. pneumoniae*.

Results of IL-6 in S. pneumoniae patients

Serum of all patients with *S. pneumoniae* and those with exceptional or industrious disease movement contain more raised degree of IL-6 than sound benchmark bunch. IL-6 center was particularly extended in patients with constant disease as composed with control packs evaluation of qualification test uncovered that there was an unbelievable numerically significant assortments among *S. pneumoniae* and sound benchmark gatherings (p<0.05) as Table 1.

Chemokines relate their common activity through interfacing with certain cell surface receptors. A clashing segment of most obvious chemokine receptors is their excellent interest for various ligands (Yuanyi et al, 2007). Also to selection, IL-6 counsels for animate the inspiration of neutrophils and monocytes. Neutrophils offer the head course of safety as opposed to assaulting various microorganisms as tainting. These cells release provocative cytokines, for example, IL-6, 10 & 12, make delicate oxygen species. IL-6 delivery impacts in a raised work of neutrophils into lung (Zanotti and Kumar, 2002) the appearance of responsive O₂-species from granulated cells saw changing activity past, in this manner upsetting "IL - 6" appearance (Zhang et al, 2018). IL - 6 is seen at less protection grade at outrageous time of S. pneumoniae defilement, while noticable risings in blood serum and liver appraisal can be perceived patients with moderiate sickness.

Level of INF-gama

Current evaluation showed that all patients with *S*.

Table 1 : The level of Gamma-INF in patients and controls.

| Group | No. | Serum level of Gamma-INF | | |
|----------|-----|--------------------------|---------|---------|
| | | Mean | Minimum | Maximum |
| Patients | 20 | 500 | 400 | 600 |
| Control | 20 | 16 | 7 | 20 |

Table 2: The level of IL-6 in patients and controls.

| Group | No. | Serum equal of IL-6 | | |
|----------|-----|---------------------|---------|---------|
| | | Mean | Minimum | Maximum |
| Patients | 20 | 900 | 400 | 1000 |
| Control | 20 | 60 | 43 | 80 |

Table 3: The level of CD54 in patients.

| Group | No. | Serum level of CD54 | | |
|----------|-----|---------------------|---------|---------|
| | | Mean | Minimum | Maximum |
| Patients | 20 | 12 | 6 | 15 |
| Control | 20 | 2 | 1 | 5 |

Table 4: The Concentration of CD4 in patients.

| Group | No. | Serum level of CD4 | | |
|---------|-----|--------------------|---------|---------|
| | | Mean | Minimum | Maximum |
| Acute | 20 | 45 | 20 | 50 |
| Control | 20 | 5 | 1.5 | 7 |

pneumoniae cover more raised level of gama-INF than solid benchmark bundle, INF-gama fixation was improved especially with genuine *S. pneumoniae* patients. Analysis of progress among outrageous, predictable and control individuals (p<0.001) (Table 2).

gama-INF is a focal cytokine to the of burnable pathogenesis courses. The gama-INF solid of provocative impact is upheld through straight inception of other incredible for super hot cytokines.

The cytokine tornado will authorize a strong round by the invulnerable framework to the body (Zhou *et al*, 2002).

CD54 expression

Results as in Table 2 showed that there was astoundingly goliath contrasts in mean of Circle 54 verbalization among *S. pneumoniae* patients and sound benchmark get-togethers (p<0.001), the phone surface CD54 was over passed on in remarkable wandered from consistent patients and solid benchmark packs only .Regardless ,there was high really enormous separations between advancing, outstanding and control social events (p<0.05).

Genuine finishing up contaminations are viewed as complete central escalation of "poly clonal C D 4+ and CD8+T-cell" occupants that proceeded over allowance

(Zhou *et al*, 2004). On other hand, conceded contaminations are related with brief obstructed reactions that are touchy and focus on a slight pack of MHC class I and II bound epitopes (Zhou *et al*, 2004).

Explanation of CD4

The outcomes showed in Table 4 shows there was high quantifiably fundamental separation in mean of CD4 verbalization.

Among *S. pneumoniae* patients and solid benchmark get-togethers (p<0.001) and the more raised degree of articulation was found in genuine patients.

To dispose of *S. pneumoniae* is related with essential multi-dim C D 4+ and C D 8+. White platelet reactions, while people that progress fragile contamination slanted to have delicate, slimly gave reactions (Yee *et al*, 2000). CD8+ effector cells in the lung were start to have less utilitarian capacity, as demonstrated by low IFN-γ creation. The confirmation of lung living beings is as routinely as possible went to through fragile "CD8+ White platelet reaction" antigens following. We exasperated to close the pathogenic status of CD4 over separating of its appearance during contamination, our outcomes clarify that energetic up-rule of both C D45 & CD4 deal with an uncommon etching that lymphocytes in outskirts blood of Coronavirus people inside formal of safe dysregulation (Yenisehirli and Sener, 2003).

REFERENCES

Macfaddin J F (2000) *Biochemical tests for identification of medical Bacteria*. 3rd ed, willium and Wilkins, U. S. A.

Martens P W, Lundgren S W, Konradsen B and Benfield H B (2004) Serotype-specific mortality from invasive *Streptococcus* pneumoniae disease revisited. *BMC Infect. Dis.* 4(21).

Sarkis K M and Dennis L (2006) The love—hate relationship between bacterial polysaccharides and the host immune system. *Nature Reviews. Immunol.* **6**, 849-858.

Schnare M, Barton G M, Holt A C, Takeda K S and Medzhitov R (2001) Toll-like receptors control activation of adaptive immune responses. *Nat. Immunol.* **2**, 947-950.

Schwantner A, Dingley A, Ozbek Suat J, Rose-John Stefan G and Joachim L (2004) Direct determination of the interleukin-6 binding epitope of the interleukin-6 receptor by NMR spectroscopy. *J. Biol. Chem.* **279**(1), 571-576.

Soensen U B S (1995) Pneumococcal polysaccaride antigens: capsules and Cpolysaccaride. *Danish. Med. Bull.* **42**, 47-53.

Twum-Danso K, Al-Mazrou A, Kambal M A M and Al-Zamil F A (2003) Penicillin resistance in serogroups /serotypes of *Streptococcus pneumoniae* causing invasive infections in central Saudi Arabia. *Saudi Med. J.* **24**, 1210-1213.

Upreti R K, Kumar M and Shankar V (2003) Bacterial glycoproteins: functions, biosynthesis and applications. *Proteomics J.* **3**, 363-370

Van der Poll T, Marchant A, Keogh C V, Goldman M and Lowry S F

- (1996) Interleukin-10 impairs host defense in murine pneumococcal pneumonia. *J. Infect. Dis.* **174**, 994-1000.
- Yuanyi L, Marcelo G and Miriam E (2007) Immunization with recombinant SAO protein protection agenst Streptococcus suis infection. *J. Clin. Vacc. Immun.* 14(8), 937-943.
- Yee A, Phan H M, Zuniga R, Salmon J and Musher D M (2000) Association between FcgammaRIIa-R131 allotype and bacteremic pneumococcal pneumonia. *Clin. Infect. Dis.* **30**, 25-28.
- Yenisehirli G and Sener B (2003) Antibiotic resistance and serotype distribution of *Streptococcus pneumoniae* strains isolated from patients at Hacettepe University, Medical Faculty. *Mikrobiyol. Bul.* 37, 1-11.

- Zanotti S and Kumar A (2002) Cytokine modulation in sepsis and septic shock. *Expert. Opin. Investig. Drugs* 11, 1061-1075.
- Zhang Q, Bagrade L, Bernatoniene J, Clarke E and Paton J C (2007) Low CD4 T cell immunity to pneumolysinis associated with nasopharyngeal carriage of pneumococci in children. *J. Infect. Dis.* **195**, 1194-1202.
- Zhou J, Lottenbach K R, Barenkamp S J, Lucas A H and Reason D C (2002) Recurrent variable region gene usage and somatic mutation in the human antibody response to the capsular polysaccharide of *Streptococcus pneumoniae* serotype 1. *Infect. Immun.* 70, 4083-4091.171.
- Zhou J, Lottenbach K R, Barenkamp S J and Reason D C (2004) VH and VL fragments response to capsular polysaccharide of *Streptococcus pneumoniae*. *Infect. Immun.* **72**, 3505-3514.