



Principal component analysis of factors for sensitization to *Anisakis* spp. in postpartum women



Israel Figueiredo Jr. ^{a,*}, Mauricio Afonso Vericimo ^b,
Sergio Carmona São Clemente ^c, Gerlinde Agate Platais Brasil Teixeira ^b

^a Departamento Materno-Infantil, Faculdade de Medicina, Hospital Universitário Antonio Pedro, Universidade Federal Fluminense, Av. Marques do Paraná, 303, CEP: 24030-210 Centro, Niterói, Rio de Janeiro, Brazil

^b Departamento de Imunobiologia, Instituto de Biologia, Universidade Federal Fluminense, Brazil

^c Departamento Tecnologia de Produtos de Origem Animal, Faculdade de Veterinária, Universidade Federal Fluminense, Brazil

ARTICLE INFO

Article history:

Received 31 October 2015

Received in revised form 18 May 2016

Accepted 18 May 2016

Available online 24 May 2016

Keywords:

Anisakis spp.

Fish

Principal component analysis

ELISA

Puerperium

ABSTRACT

Introduction: Immunoreactivity to *Anisakis* spp. is believed to be associated with frequency of fish intake. The objective of this study was to evaluate, using principal component analysis, the main factors potentially involved in reactivity to these nematodes in postpartum women.

Methods: Retrospective study conducted on a database of 309 postpartum women. All completed a structured questionnaire and had blood samples collected for ELISA analysis of specific immunoglobulins against total *Anisakis* spp. antigens and assessment of reactivity. Parametric and nonparametric tests were used to assess factors for sensitization in the reactive and nonreactive groups, and a principal component analysis was performed. A Pearson correlation matrix with varimax rotation was used to assess the variables of interest (place of residence, age, number of prenatal visits, type of birth facility, fish intake and frequency, raw fish intake, fish handling, history of allergies).

Results: After exclusions, samples from 203 women were assessed. Of these, 52 (25.6%) were reactive for anti-*Anisakis* IgG. Most women claimed not to handle fish ($n = 121$) and eat fish only sporadically ($n = 71$). Significant differences in age were seen between the reactive and nonreactive groups ($p = 0.001$). The first two components explained 32.55% and 38.94% of variances in the nonreactive and reactive groups respectively. The adjusted matrix assigned greater probabilistic weight to weekly intake frequency (0.804), followed by raw fish intake (0.759), with differences in relation to the nonreactive group.

Conclusion: Correlation matrices revealed a direct relationship between seroreactivity to *Anisakis* spp. and frequency of fish intake in a sample of postpartum women.

© 2016 Published by Elsevier Ltd on behalf of World Federation of Parasitologists. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Sensitization to *Anisakis* spp. usually occurs via the oral–intestinal route (Nieuwenhuizen and Lopata, 2014) after ingestion of fish infected with the third larval stage of nematodes from this genus (Klapper et al., 2015). Alongside toxins, parvalbumins, and other parasites, *Anisakis* is considered to be one of the key factors involved in fish allergy (Sharp and Lopata, 2014). Other possible

* Corresponding author.

E-mail address: ifigueiredo@id.uff.br (I. Figueiredo).

routes of anisakid sensitization may be related to independent factors such as age and place of residence. Furthermore, the centuries-old habit of eating raw or barely cooked fish is a classic factor closely associated with sensitization.

There is substantial research interest in anisakiasis, the disease caused by intake of raw, uncooked, or poorly preserved (salted, acid-cured, or smoked) fish containing *Anisakis* spp. larvae (Baron et al., 2014). This condition is probably the result of a combination of two factors: direct action of the larvae during tissue invasion and interactions between the host immune system and substances released from or present on the surface of the parasite (Valls et al., 2003). These effects, often due to a breakdown in integrity of the intestinal mucosa (Polimeno et al., 2010), lead to intestinal symptoms, allergic manifestations, and potential injury to other organs and systems.

There have been few reports of anisakiasis in the Brazilian population, and, to the best of our knowledge, no description of factors potentially associated with seroreactivity in healthy adults.

Within this context, the present study sought to analyze the main factors associated with *Anisakis* sensitization in humans using a principal component analysis approach.

2. Methods

2.1. Study design and population

This retrospective study was performed on a database of volunteer postpartum women. The study was approved by the relevant Institutional Review Board and registered with the Brazilian National Research Ethics System (CAAE 0167.0.258.000-08), and all participants provided written informed consent.

2.2. Setting and participants

Two public birthing centers were randomly visited on all days of the week in the years 2009 and 2010. Data collection from records and questionnaires was always performed by the same investigator, on varying days of the week. A random list of numbers generated by statistical software was used to select medical records. Briefly, the last two numbers on the list were used to select hospital IDs, and the corresponding patients were then visited by the investigator.

The study questionnaire was initially administered to 309 postpartum women. Cases with missing data ($n = 89$) and participants who did not consume fish ($n = 17$) were excluded, for a final sample of 203 postpartum women whose laboratory test results were included for analysis.

2.3. Data sources/measurement

2.3.1. Questionnaire and blood sampling

After being informed of the objective of the study, women were administered a structured questionnaire designed to collect information on age, place of residence, variables related to pregnancy and delivery, the postpartum period, fish handling, fish and seafood intake frequency, and presence of allergic symptoms.

Using aseptic technique, blood (5 mL) was collected from the median cubital vein into anticoagulant-free tubes and centrifuged to obtain serum. Samples were stored at $-20\text{ }^{\circ}\text{C}$ until testing.

2.3.2. Larva and antigen sourcing and ELISA

Anisakis spp. larvae were obtained from pink cusk-eel (*Genypterus brasiliensis*), cutlassfish (*Trichiurus lepturus*), and red porgy (*Pagrus pagrus*) specimens acquired at the São Pedro Fish Market, in the municipality of Niterói, state of Rio de Janeiro, Brazil, and transported under refrigeration to the Fisheries Laboratory at the Universidade Federal Fluminense School of Veterinary Medicine for taxonomic identification. To obtain whole-body antigens, larvae were homogenized, centrifuged, and the supernatant collected and stored. Protein concentrations were determined (Lowry et al., 1951) and all antigens were stored at $-70\text{ }^{\circ}\text{C}$ until use. The presence of specific anti-*Anisakis* IgG antibody in the blood of the volunteers was determined by ELISA. Very briefly, Maxisorp 96-well ELISA plates (Nunc) were coated with $20\text{ }\mu\text{g/mL}$ of *Anisakis* crude extract per well in $50\text{ }\mu\text{L}$ of 0.05 M carbonate-bicarbonate buffer (pH 9.6) and incubated overnight at $4\text{ }^{\circ}\text{C}$. The plates were washed with PBS-T and blocked with PBS-1% gelatin (PBS-G) for 2 h at room temperature. Then, $50\text{-}\mu\text{L}$ aliquots of HRP-mouse anti-IgG (ϵ chain specific) (Invitrogen, Camarillo, CA, USA) were added and the optical density of each well was read with an automatic plate reader (Anthos 2010) at 490 nm. The results are expressed as a mean of each duplicate.

The cutoff was calculated as threefold the average optical densities of 20 wells of the ELISA reaction described, by substituting PBS-T for human sera (Figueiredo Junior et al., 2013).

2.4. Variables

The categorical variables of interest were place of residence, age, prenatal care, type of birth facility, fish intake and frequency, raw fish intake, fish handling, and history of allergies.

Fish intake frequency was categorized as follows: daily; six, five, four, three, or two days a week; once a week; every two weeks; three times a month; once a month; and sporadic. Participants were also asked whether they habitually ate raw fish.

Download English Version:

<https://daneshyari.com/en/article/2473680>

Download Persian Version:

<https://daneshyari.com/article/2473680>

[Daneshyari.com](https://daneshyari.com)