



Unusual thiol-based redox metabolism of parasitic flukes

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ABSTRACT

Parasitic flukes are exposed to free radicals and, to a greater extent, reactive oxygen species (ROS) during their life cycle. Despite being relentlessly exposed to ROS released by activated immune cells, these parasites can survive for many years in the host. Cellular thiol-based redox metabolism plays a crucial role in parasite survival within their hosts. Evidence shows that oxidative stress and redox homeostasis maintenance are important clinical and pathobiochemical as well as effective therapeutic principles in various diseases. The characterization of redox and antioxidant enzymes is likely to yield good target candidates for novel drugs and vaccines. The absence of active catalase in fluke parasites offers great potential for the development of chemotherapeutic agents that act by perturbing the redox equilibrium of the cell. One of the redox-sensitive enzymes, thioredoxin glutathione reductase (TGR), has been accepted as a drug target against blood fluke infections, and related clinical trials are in progress. TGR is the sole enzyme responsible for Trx and GSH reduction in parasitic flukes. The availability of helminth genomes has accelerated the research on redox metabolism of flukes; however, significant achievements have yet to be attained. The present review summarizes current knowledge on the redox and antioxidant system of the parasitic flukes.

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1. Liver flukes

Liver fluke diseases due to infections by digenetic trematodes such as *Fasciola* spp., *Opisthorchis* spp., and *Clonorchis sinensis* are major parasitic problems worldwide. *Fasciola hepatica* and/or *Fasciola gigantica* infection of domestic ruminants (sheep, cattle, buffalo, and goats) causes major economic losses (>US\$3 billion p.a.) in livestock production, infecting over 600 million animals globally [1–3]. Fascioliasis has been recognized as a major helminth infection in cattle in the tropics; it affects 25–100% of cattle in Africa, the Middle East, and Southeast Asia. *F. hepatica* is more widespread in temperate countries, with a prevalence of up to 70%. In humans, fascioliasis is also an important zoonotic disease that has infected 2.4–17 million people and has put

approximately 180 million people at risk globally [4,5]. However, due to the asymptomatic nature of human fascioliasis, the number of infected people worldwide may be even higher [6]. Major human fascioliasis endemic areas include Africa, Europe, the Middle East (including Egypt), Southeast Asia, and Latin America, with the highest prevalence at 72–100% in the Bolivian Altiplano [7]. WHO recommends triclabendazole for the treatment of fascioliasis; the drug is active against both parasite stages, i.e., the metacercariae and adult stages. However, recent studies have suggested that the endoparasites have gained resistance to triclabendazole in several countries [8–10].

The small liver flukes, *Opisthorchis viverrini*, *Opisthorchis felinus*, and *C. sinensis*, also cause major public health problems worldwide. *C. sinensis* is widespread in China, Korea, and northern Vietnam, while *O. viverrini* is endemic in Southeast Asia, including Thailand, Lao People's Democratic Republic (Lao PDR), Cambodia, and southern Vietnam. *O. felinus* is endemic in western Siberia and Eastern Europe. Reports suggest that about 35 million people are infected with *C. sinensis* globally, with up to 15 million human infections in China alone. About 8–10 million individuals are infected with *O. viverrini* in Thailand, Lao PDR, and Vietnam [11]. More than 600 million people worldwide, particularly in Asia, are at a risk of infection with these two liver flukes. These infections are acquired when raw or undercooked freshwater fish harboring the infective stage (metacercaria) of the parasite are consumed. Ingested metacercariae excyst in the duodenum and juvenile flukes migrate into the biliary tree, where

Abbreviations: DTNB, 5,5'-dithiobis(2-nitrobenzoic acid); FAD, Flavin adenine dinucleotide; GSH, Reduced glutathione; GSSG, Oxidized glutathione; GR, Glutathione reductase; Grx, Glutaredoxin; ROS, Reactive oxygen species; TGR, Thioredoxin glutathione reductase; TMX, Trx-transmembrane-related protein; Trx, Thioredoxin; TrxR, Thioredoxin reductase.

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