Diagnostic Value of IL-4, IL-10 and IL-12 in Detection of Hepatic Hydatid Cyst Using Receiver Operating Characteristic Curve

Qasim Sharhan Al-Mayah¹, Ahmed Sadoon Obeid² and Fatima Abood Chalob³

¹Medical Research Unit/ College of Medicine/ Al-Nahrain University/Iraq.
²Al-Rasheed University College/ Medical Laboratory Techniques/Iraq.
³Technical Institute of Al-Dewanyia/Iraq.

http://dx.doi.org/10.22207/JPAM.12.2.24
(Received: 05 March 2018; accepted: 06 June 2018)

Cystic echinococcosis (CE) is a zoonotic disease with a cosmopolitan distribution. It is caused by the larval stage of the cestode parasite Echinococcus granulosus. The disease is particularly endemic in temperate zone including Iraq¹. Globally, there are approximately 2-3 million infections with CE². One recent study even linked CE with the liver carcinoma³. Human acts as an intermediate host for the parasite harboring the larval stage. As such, there is no shedding for any developmental stages of the parasite outside the human body, a situation which complicate the diagnosis.

Accordingly, the clinical diagnosis primarily based on indirect methods rather than direct detection of the parasite. Of these, imaging modalities (mainly ultrasonography (US)) is considered the foremost approach. To less extent, serological tests, especially enzyme-linked immunoassay (ELISA), are also widely used based on E. granulosus hydatid cyst fluid antigen⁴. Other techniques, such as molecular diagnosis and
molecular markers like recP29 and recB2t are mainly used for research purposes because their clinical setting is not yet proven.

In all these diagnostic techniques, there are many limitations which render considering a particular technique as golden standard for diagnosis of CE a hard task. Serology, for instance, has low sensitivity with up to 25% false negative results, apart from cross reaction with the other parasites. Thus, there is a persistence need for the improvement of diagnostic approach for CE.

It is well-known that CE provokes both humoral and cell-mediated immune response. When it is active, a hydatid cyst secretes several compounds that interfere with host’s immune response. Of particular interest is the antigen B (AgB). This is a highly immunogenic protein which can skew the immune response towards non-protective Th2 arm. As such, it is reasonable to suppose relatively high levels of Th2-associated cytokines like IL-4 and IL-10. Measuring these cytokines can reflect the disease status and help in the diagnosis of CE. Thus, this study aimed to assess value of two Th2-cytokines (IL-4, IL-10) and one Th1-cytokine (IL-12) in the diagnosis of CE using ROC analysis.

Subjects and Methods

The Study Population

This is a case/control study which included 42 patients with hepatic CE who were attending Baaquba General Hospital/Diyala/Iraq during the period from April 2016 to March 2017. Physical and ultrasonography were achieved for all patients under the supervision of experienced clinician in US. Inclusion criteria were the presence of at least one hydatid cyst in the liver as detected by US, no previous surgery or albendazole treatment for at least 6 month before sampling. Other 30 age- and sex-matched health donors were recruited to represent the control group. A consent form including demographic data such as age, sex, residence and educational level was obtained from each subject.

Samples

Five milliliter of peripheral blood were obtained from each participant in a plain tube. Sera were separated and kept at -20. A commercial ready kit (GmbH/Germany) was used for estimation of serum levels of anti-echinococcus IgG antibodies in patients and controls using ELISA technique following the manufacturer’s instruction. ELISA was considered positive when IgG concentration is greater than 1.2 U/ml.

Cytokine Assays

Serum concentration of IL-4, IL-10 and IL-12 was measured by ELISA commercial kits (Cusabio/China) following the manufacturer’s protocols. The detection ranges of these kits were 6.5-400 pg/ml, 12.5-800 pg/ml and 4.7-300 pg/ml respectively. Some samples required dilution with distilled water because the concentration of IL-10 was greater than the kit capacity.

Statistical Analysis

All data were analyzed with SPSS software for Windows (version 19). Continuous variables were expressed as median and range while dichotomous variables were expressed as frequency and percentage. Data were subjected for normality test and found to be abnormally distributed according Shapiro-Wilk test. Therefore, Mann Whitney U test was used to find the statistical significant between pairwise comparisons, while chi-square test was used to analyze the dichotomous variables. The ROC curve was used to find the area under the curve (AUC), sensitivity, specificity and cut-off value for the cytokines. The level of significance was set at $P<0.05$.

RESULTS

Demographic Characteristics of the Study Population

In all studied demographic data, hydatid cyst-infected group did not differ significantly from controls (Table 1).

IgG Antibody Titer

According to the kit manufacturer’s protocol, all CE patients were positive for anti-echinococcal IgG test (100%), while only two (5.7%) of controls had such a result.

Serum Levels of Cytokines

Table 2 shows serum levels of different cytokines in cases and controls. Median levels of IL-4 and IL-10 in cases (8.2 pg/mL and 810.3 pg/mL respectively) were higher than that in controls (5.5 pg/mL and 689.1 pg/mL respectively) with significant differences ($P=0.035$ and $P=0.018$ respectively). In contrast median level of IL-12 did not differ significantly between cases and controls (155.65 pg/ml vs 153.2 pg/ml).
Table 1. Demographic characteristics of cases and controls

| Variables               | Cases (42)      | Controls (30) | P-value |
|-------------------------|-----------------|---------------|---------|
| Age, years (Mean±SD)    | 42.98±14.46     | 39.18±11.52   | 0.832   |
| Gender, No (%)          |                 |               |         |
| Male                    | 11 (26.19%)     | 9 (30%)       | 0.723   |
| Female                  | 31 (73.81%)     | 21 (70%)      |         |
| Smoking, No (%)         |                 |               |         |
| Non-smokers             | 31 (73.81%)     | 22 (73.33%)   | 0.512   |
| Ex/ current smokers     | 11 (26.19%)     | 8 (26.67%)    |         |
| Occupation, No (%)      |                 |               |         |
| House-keeping           | 21 (50%)        | 14 (46.67%)   | 0.588   |
| Farmers                 | 9 (21.42%)      | 6 (20%)       | 0.275   |
| Butchers                | 7 (16.67%)      | 3 (10%)       | 0.346   |
| Others                  | 5 (11.9%)       | 7 (23.33%)    | 0.191   |
| Educational level, No (%)|                |               |         |
| Primary and less        | 29 (69.05%)     | 17 (56.67%)   | 0.282   |
| Secondary and above     | 13 (30.95%)     | 13 (43.33%)   |         |

Table 2. Median serum levels of different cytokines in cases and controls

| Cytokines | Cases             | Controls           | P-value |
|-----------|-------------------|--------------------|---------|
| IL-4      | 8.2(1.8-18.1)     | 5.5 (0-17.9)       | 0.035   |
| IL-10     | 810.3(225-969.6)  | 689.1(466.2-1057)  | 0.018   |
| IL-12     | 155.65(47.2-221)  | 153.2(74-222.6)    | 0.742   |

DISCUSSION

Diagnosis of CE, especially in early stages, remains a challenging goal because of inadequate sensitivity or lack of the proper facilities. Thus, investigations for new methods for CE diagnosis becomes a prerequisite demand.

Although serum concentration of different cytokines is sensitive for large numbers of internal and external factors, cytokine concentration can be utilized either alone or in combination with other clinical and lab markers for the diagnosis of some infectious and non-infectious diseases. For example, a breakthrough in diagnosis of latent tuberculosis was performed recently via assessment of serum levels of interferon-gamma (IFN-γ)\textsuperscript{12,13}. The current study showed a significantly higher serum levels of IL-4 and IL-10 but not IL-12 in CE patients compared with the healthy controls.
Accordingly, these two cytokines (IL-4 and IL-10) are good candidates for the detection CE. Similar results were previously reported in more than one study. Rigano et al.\textsuperscript{14} for example showed that patients with active CE are characterized by a prominent Th2 profile with high levels of IL-4. Such humoral environment will promote the parasite survival by reducing proto-scoleces killing\textsuperscript{15}. These observations were further evidenced by a molecular study which found that reciprocity of IL-4 and IL-10 impairs the protective Th1 response and favors the CE survival\textsuperscript{16}. In the same context, Rigano et al.\textsuperscript{14} investigated the cytokine profile in CE patients receiving chemotherapy. The study revealed relatively high concentrations of IL-4 and IL-10 in unresponsive patients, while Th1-associated cytokines (particularly IFN-\(\gamma\)) were predominant in responsive patients.

On the other hand, there are many evidence which indicated a non-significant change or even low concentrations of IL-12 in CE patients. In a retrospective study, Tamarozzi et al.\textsuperscript{18} recruited 27 Italian patients with different stage of CE and found no alteration in IL-12 in patients compared with controls in contrast to IL-4 concentration which was significantly higher in patients. However, in an Algerian study including 51 patients and 12 healthy individuals, Amri et al.\textsuperscript{15} found both IL-12 and IL-8 concentration were significantly elevated in patients compared with controls. This disparity in the results may reflect the differences in cystic stage, viability, chemical therapy and ethnicity between the two studies.

The two cytokines (IL-4 and IL-10) whose concentrations were significantly higher in CE patients than controls were subjected either separately or in combination to ROC analysis. For separated analysis, the results indicate a similar diagnostic value of these two cytokines (moderate discrimination). In the combined ROC model, the AUC has increased indicating a very good diagnostic value of the two cytokines with good sensitivity and specificity (0.70 and 0.71 respectively) at a cut-off values 7.45 pg/mL and 764.5 pg/ml respectively. To the best of our knowledge, this is the first study which addressed the diagnostic value of three cytokines (IL-4, IL-10 and IL-12) in the diagnosis of CE using ROC analysis. Of course, the results of this study are not sufficient to recommend adaptation of this method for clinical CE diagnosis, but serum levels of these
cytokines each with the corresponding cut-off values can add very useful information to the other diagnostic methods. In order to develop the cytokine-dependent assay into a reliable method, more studies on other Th2-related cytokines or chemokines in CE patients are required.

**ACKNOWLEDGEMENT**

The authors highly appreciate the great efforts of all staff in Medical Research Unit/College of Medicine/Al-Nahrain University in sample processing.

**REFERENCES**

1. Grosso G, Gruttadauria S, Biondi A, Marvenano S, Mistretta A. Worldwide epidemiology of liver hydatidosis including the Mediterranean area. *World J Gastroenterol* 2012; 18(13):1425-1437.
2. Petrone L, Vanini V, Petruccioli E, *et al.* IL-4 specific response in whole blood associates with human cystic echinococcosis and cyst activity. *J Infect* 2015; 70(3):299-306.
3. Kamaes ES, Al-Bayati NY, Al-Mayah QS, Al-Bashier NM. Infection with hydatid cyst can predispose to liver and lung cancers. *Am J Res Communication* 2015; 3(10):83-90.
4. Brunetti E, Kern P, Vuitton DA, Writing Panel WI. Expert consensus for the diagnosis and treatment of cystic and alveolar echinococcosis in humans. *Acta Tropica* 2010; 114:1-16.
5. Ben Noir M, Gianinazzi C, *et al.* Isolation and molecular characterization of recombinant *Echinococcus granulosus* P29 protein (recP29) and its assessment for the post-surgical serological follow-up of human cystic echinococcosis in young patients. *Trans R Soc Trop Med Hyg* 2009; 103:355–364.
6. Hernandez-Gonzalez A, Muro A, Barrera I, Ramos G, Orduna A, Siles-Lucas M. Usefulness of four different *Echinococcus granulosus* recombinant antigens for serodiagnosis of unilocular hydatid disease (UHD) and postsurgical follow-up of patients treated for UHD. *Clin Vaccine Immunol* 2008; 15:147–153.
7. Banes TS, Deplazes P, Gottstein B *et al.* Challenges for diagnosis and control of cystic hydatid disease. *Acta Tropica* 2012; 123:1-7.
8. Ortona E, Rigano R, Margutti P, *et al.* Native and recombinant antigens in the immunodiagnosis of human cystic echinococcosis. *Parasite Immunol* 2000; 22:553-559.
9. Brunetti E, Junghanss T. Update on cystic hydatid disease. *Curr Opin Infect* 2009; 22:497-502.
10. Zhang W, Ross AG, McManus DP. Mechanisms of immunity in hydatid disease: implications for vaccine development. *J Immunol* 2008; 181(10):6679–6685.
11. Siracusano A, Delunardo F, Teggi A, Ortona E. Host-parasite relationship in cystic echinococcosis: an evolving story. *Cla Dev Immunol* 2012; 2012: 639362.
12. Teklu T, Kwon K, Wondale B, *et al.* Potential immunological biomarkers for detection of Mycobacterium tuberculosis infection in a setting where M. tuberculosis is endemic, Ethiopia. *Infect Immun* 2018; 86(4):pii:e00759-17.
13. Ilievskaya-Poposka B, Metodieva M, Zakoska M, Vragoterova C, Trajkov D. Latent tuberculosis infection: diagnosis and treatment. *Macedonian J Med Sci* 2018; 6(4):651-655.
14. Rigano R, Buttari B, Profumo E, Ortona E, Delunardo F, Margutti P, *et al.* Echinococcus granulosus antigen B impairs human dendritic cell differentiation and polarizes immature dendritic cell maturation towards a Th2 cell response. *Infect Immun* 2007; 75:1667e78.
15. Jankovic D, Liu Z, Gause WC. Th1- and Th2-cell commitment during infectious disease: asymmetry in divergent pathways. *Trends Immunol.* 2001; 22:450–457.
16. Rigano R, Profumo E, Ioppolo S, *et al.* Immunological marker indicating the effectiveness of pharmacological treatment in human hydatid disease. *Clin Exp Immunol* 1995; 102:281-285.
17. Tamarozzi F, Meroni V, Genco F, *et al.* Ex vivo assessment of serum cytokines in patients with cystic echinococcosis of the liver. *Parasite Immunol* 2010; 32:696-700.