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Simple and reliable preparation of immunodiagnostic antigens for *Taenia solium* cysticercosis

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Running title: Simple preparation of immunodiagnostic antigens for *Taenia solium* cysticercosis

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1 SUMMARY

2 Cysticercosis caused by infection with the larval stage of *Taenia solium* is an important cause of
3 neurological disease worldwide and immunodiagnosis is important for the control and elimination of
4 cysticercosis. In the present study, we established a simple and reliable preparation of
5 immunodiagnostic antigens, low-molecular-weight antigens (LMWAg), from *T. solium* cyst fluids by
6 a cation-exchange chromatography. Banding patterns of prepared LMWAg on SDS-PAGE were
7 different between those from Ecuador and China isolates. All cysticercosis patient sera and some
8 echinococcosis patient sera examined recognized both LMWAg by enzyme-linked immunosorbent
9 assay, but none of sera from health persons became positive. There was no statistical difference in
10 immunodiagnostic performance of LMWAg prepared from different geographical isolates. These
11 results indicated that this novel immunodiagnostic antigens preparation would contribute the control
12 and prevention of cysticercosis in endemic areas, especially developing countries.

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15 Key words: *Taenia solium*, cysticercosis, immunodiagnostic antigens, low-molecular-weight antigens,
16 cation-exchange chromatography, simple preparation.

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19 INTRODUCTION

20 The larval stage of the pork tapeworm *Taenia solium* is responsible for cysticercosis. Humans are
21 accidentally infected with *T. solium* by ingestion of eggs excreted with the feces of individuals
22 harboring the adult tapeworm in the intestinal tract. The larvae migrate throughout the body, invade
23 skeletal muscle, subcutaneous tissue, or the central nervous system, the latter of which is known as
24 neurocysticercosis, and encyst to form cysticerci. This disease is one of the reemerging zoonoses
25 worldwide, and it is the major etiological agent of epileptic seizures in areas of endemicity, making it
26 a major public health problem in most developing countries (Mahanty and Garcia, 2010).

27 Diagnosis of neurocysticercosis has been reached by clinical criteria, computed tomography (CT),
28 nuclear magnetic resonance imaging (MRI) (Ito and Craig, 2003). The imaging techniques are useful
29 for diagnosis but have possibility to overlooking the infection when the number of parasites is low
30 and/or the figures are not clear or not typical. Moreover these techniques are not suitable for the
31 diagnosis of cysticercosis in areas where it is endemic because of the high cost. Therefore, the
32 development of an immunodiagnostic test that detects specific antibodies in either sera or
33 cerebrospinal fluid (CSF) is necessary because of its simplicity and reliability especially in serum.
34 Efforts have been directed toward identification and characterization of specific antigens, and
35 glycoproteins in cyst fluid of *T. solium* metacestodes have widely been accepted for serodignosis
36 purposes. Parkhouse and Harrison (1987), and Tsang *et al.* (1989) have demonstrated that lentil-lectin
37 affinity chromatography-purified Glycoproteins that showed seven bands around 15-30 kDa were

38 highly specific to cysticercosis on immunoblot. These glycoproteins have been shown not to be
39 suitable for ELISA antigens because of a cross reactivity. We have developed a simple method to
40 purify diagnostic antigens also known as low-molecular-weight antigens (LMWAgS) by preparative
41 isoelectric focusing electrophoresis (IEFE) from cyst fluid available for both immunoblot and ELISA
42 (Ito *et al.* 1998). However, as this method requires sophisticated and expensive equipments it is
43 difficult to apply it in endemic areas. As another way, we have reported an affinity-purification
44 method of them using polyclonal and monoclonal antibodies (Sato *et al.* 2006), but this method was
45 lacking in general use because it needs a specific antibody. Recombinant proteins or synthetic peptide
46 of them are also available for immunodiagnosis purpose (Chung *et al.* 1999; Greene *et al.* 2000; Sako
47 *et al.* 2000; Hancock *et al.* 2003), it is, however, confined to a small number of laboratories. Therefore
48 a simple and low-cost method to prepare immunodiagnostic antigens, especially ELISA antigens,
49 must be established urgently, because it is a key point for epidemiological studies and serodiagnosis in
50 endemic areas. In this study, we report a novel and reliable preparation of immunodiagnostic antigens,
51 LMWAgS, from cyst fluids using a cation-exchange chromatography, and the evaluation of LMWAgS
52 as ELISA antigens.

53

54

55 MATERIALS AND METHODS

56 *Parasite materials*

57 All cysts were collected from naturally infected pigs in China and Ecuador. Fluid from *T. solium* cysts
58 was centrifuged at 10,000xg for 30 min at 4 °C, the supernatant was recovered and kept at -80 °C until
59 use.

60

61 *Preparation of LMWAgS from cyst fluids*

62 Cyst fluid from *Taenia solium* larva was dialyzed against 10 mM HEPES
63 (4-(2-Hydroxyethyl)piperazine-1-ethanesulfonic acid) buffer (pH 8.0) containing 0.5 mM EDTA.
64 After adding CHAPS (3-[(3-Cholamidopropyl)dimethylammonio]propanesulfonate) to the dialysate
65 to a final concentration of 2%, it was directly loaded on a HiTrap SP XL cation-exchange column (GE
66 healthcare, Japan) pre-equilibrated with a start buffer (10 mM HEPES buffer, pH 8.0, containing 0.5
67 mM EDTA) and proteins were eluted with a gradient between 0 and 1.0 M NaCl in the start buffer or
68 with 1.0 M NaCl in the start buffer by using Fast Protein Liquid Chromatography system (ÄKTA
69 FPLC system, GE Healthcare, Japan). Or proteins bound to cation-exchange resins were recovered by
70 a stepwise elution with the start buffer containing 1.0 M NaCl manually. The elutant was boiled for 20
71 min to precipitate the contaminants, then the supernatant was collected and kept at -20 °C.

72

73 *Serum samples*

74 A total of 60 serum samples from patients with cysticercosis, 30 serum samples from patients with
75 alveolar echinococcosis (AE), 25 serum samples from patients with cystic echinococcosis (CE), and

76 30 serum samples from healthy persons were examined. Each diagnosis of cysticercosis, AE and CE
77 had been carried out by imaging techniques, clinical findings, histological observations (if feasible)
78 and/or serology. All cysticercosis patient sera were confirmed to be seropositive to LMWAg purified
79 by IEF that has already been reported to be reliable (Ito *et al.* 1998). Both AE and CE patient sera
80 showed strong reaction to each immunodiagnostic antigens, recombinant Em18 (Sako *et al.* 2002) and
81 recombinant Antigen B (Mamuti *et al.* 2004), respectively.

82

83 *SDS-polyacrylamide gel electrophoresis (SDS-PAGE) and immunoblot analysis*

84 Proteins were treated with a SDS sample buffer (62.5 mM Tris-HCl, pH 6.8, 2.0% SDS, 50 mM
85 dithiothreitol and 10.0% glycerol) at 100 °C for 5 min and separated in a 12.5 or 15.0 %
86 polyacrylamide gel. For immunoblot analysis, the separated proteins were transferred onto a
87 polyvinylidene difluoride (PVDF) membrane sheet (Millipore). The sheet was blocked with blocking
88 solution (20 mM Tris-HCl, pH 7.6, 150 mM NaCl, 1.0% casein, 0.1% Tween 20) and probed with
89 LMWAg-immunized rabbit sera or cysticercosis-patient sera followed by alkaline
90 phosphatase-conjugated anti-rabbit IgG antibody (Novagen, USA) or peroxidase-conjugated
91 recombinant protein G (Invitrogen, USA). Nitroblue tetrazolium/5-bromo-4-chloro-3-indoyl
92 phosphate (KPL, USA) for alkaline phosphatase and 3,3',5,5'-tetramethyl-benzidine (KPL, USA) for
93 horseradish peroxidase were used for color development.

94

95 *Enzyme-linked immunosorbent assay (ELISA)*

96 ELISA plates (Nunc-Immuno™ plate MaxiSorp™ Surface, Nalge Nunc International, Japan) were
97 coated with 100 µl of 1 µg/ml LMWAgS in PBS overnight at 4°C. The wells were blocked with 300 µl
98 of blocking solution (20 mM Tris-HCl, pH 7.6, 150 mM NaCl, 1.0% casein, 0.1% Tween 20) at 37°C
99 for 1~2 hr. After the wells were rinsed twice with PBS containing 0.1% Tween 20 (PBST), 100 µl of
100 serum samples diluted 1:100 in blocking solution were added and incubated at 37°C for 1 hr. The
101 wells were washed five times with PBST, incubated with 100 µl of recombinant protein G conjugated
102 with peroxidase (Invitrogen) at 37°C for 1hr, washed five times with PBST and then rinsed PBS once.
103 After incubation with 100 µl of substrate (0.4 µM 2,2'-azino-di-[3-ethyl-benzthiazoline sulfonate] in
104 0.2 M citric acid buffer, pH 4.7) for 30 min at room temperature, the absorbance at 405 nm of each
105 well was determined using ELISA plate reader (Immuno Mini NJ-2300, Biotec, Japan). ROC curve
106 analyses with ELISA data of sera from cysticercosis patients and healthy persons were performed to
107 determine optimal cutoff values.

108

109 *Statistical analysis*

110 The data of diagnostic performances obtained were tested by the Cochran's Q test and post hoc
111 analyses were conducted with McNemar's test.

112

113

114 RESULTS AND DISCUSSION

115 *Preparation of LMWAgS*

116 Because immunodiagnostic LMWAgS in the cyst fluid have a *pI* value of around 9.4 (Ito *et al.* 1999),
117 we performed a cation-exchange chromatography (CEC) under pH 8.0 to purify them and a single
118 sharp peak was resolved (Fig. 1A). Immunoblot analyses with sera from cysticercosis patients and
119 from a rabbit immunized with LMWAgS revealed that resin-bound fractions (fractions 2-5) included
120 LMWAgS (data not shown). There were no differences in between chromatographic profiles obtained
121 from cyst fluids from Ecuador and China isolates (data not shown). By a single chromatographic
122 procedure we could prepare LMWAgS sufficiently, but some contaminations with high molecular size
123 were sometimes observed although it depended on the batch of cyst fluid used for preparation (Fig.
124 1B). From the fact that Echinococcus Antigen B family to which LMWAgS belong is thermostable
125 (Oriol *et al.* 1971), we speculated that LMWAgS also had the thermostability and that, if the
126 contaminated proteins were non-heat-resistance, the contaminants could be removed by
127 heat-denatured precipitation and LMWAgS would be recovered in the supernatant. As expected, the
128 heat-treatment precipitated contaminated proteins but not LMWAgS (Fig. 1B). The CEC-prepared
129 LMWAgS were migrated as a broad band between 10 to 25 kDa (Fig. 1C). There were critical
130 differences in banding pattern between those from Ecuador and China isolates. Previously, we have
131 demonstrated that: (1) *T. solium* could be divided into 2 genotypes, African/American and Asian, on
132 the basis of mitochondrial DNA analyses (Nakao *et al.* 2002); (2) each LMWAgS purified from cyst

133 fluids of two genotypes by antibody-affinity chromatography showed differences in banding patterns
134 (Sato *et al.* 2006); (3) such differences were disappeared by glycan removal with PNGase F (Sato *et al.*
135 2006). In other words, glycoforms with different masses or a different number of *N*-linked
136 oligosaccharides are the putative cause of the different banding pattern of Glycoproteins from Asian,
137 African, or American geographical origin. Therefore, the difference in banding pattern of the
138 CEC-prepared LMWAgS between two genotypes might be caused by post translational modification.
139 Further analysis on post translational modification of the CEC-prepared LMWAgS has to be
140 performed, in addition to confirmation of producibility of preparation by using cyst fluids from
141 several geographical different isolates.

142

143 *Evaluation of the CEC-prepared LMWAgS by ELISA*

144 Evaluations of the CEC-prepared LMWAgS as ELISA antigens were carried out with serum samples
145 from 60 cysticercosis patients, 30 alveolar echinococcosis patients, 30 cystic echinococcosis patients,
146 and 41 healthy persons (Fig. 2. and Table 1). When crude CF antigens were used, more than half of
147 echinococcosis patient sera and one health person serum resulted in seropositive and one cysticercosis
148 case was negative. In contrast, all sera from cysticercosis cases showed positive reactions to both the
149 CEC-prepared LMWAgS of Ecuador- and China-isolates, and some sera from alveolar and cystic
150 echinococcosis patients showed weak cross reactions, almost close to the cut-off borderline, to both
151 antigens. The overall specificities of crude CF antigen and the CEC-prepared LMWAgS from Ecuador

152 and China isolates were 66.3%, 92.1% and 93.1%, respectively. There was no statistically significant
153 difference in immunodiagnostic performance between the CEC-prepared LMWAgS from Ecuador and
154 China isolates. In this study, we used only cysticercosis patient sera positive to IEF-purified
155 LMWAgS and echinococcosis patient sera with strong reactions to each homologous
156 immunodiagnostic antigen for evaluation, which indicated sera used were under some biases and
157 sensitivities and specificities based on the result of ELISA did not reflect real cysticercosis and
158 echinococcosis patient populations. Therefore, we need further evaluation with more sera from
159 cysticercosis and echinococcosis patients, and also patients with other parasitic infections to reveal
160 immunodiagnostic performance quality of the CEC-prepared LMWAgS.

161 We previously have reported that the origin of the fluid from *T. solium* cysts may have affected the
162 antigenicity of LMWAgS (Sato *et al.* 2006). As mentioned earlier, the mitochondrial analyses revealed
163 that *T. solium* is able to be divided into two genotypes, African/American and Asian genotypes (Nakao
164 *et al.* 2002). Furthermore, the purified LMWAgS could be differentiated two banding patterns
165 corresponded to two genotypes. Although there were no differences in diagnostic sensitivities between
166 LMWAgS from two genotypes, reactivities of sera from American patients to African/American
167 LMWAgS were higher than those of Asian patients, and the inverse phenomenon was observed (Sato
168 *et al.* 2003). This suggested that immunodiagnostic test in each endemic area should be performed by
169 using LMWAgS prepared from *T. solium* cysts collected in each own endemic area. Therefore,
170 establishment of a useful preparation of LMWAgS capable to easily apply in endemic area is urgently

171 required. Recently, a simple enrichment of 120- and 150-kDa immunodiagnostic antigen complexes
172 of *T. solium* cyst fluids by trichloroacetic acid/acetone mixture precipitation has been reported (Lee *et*
173 *al.* 2010). The antigens purified this method showed immunodiagnostic sensitivity and specificity of
174 97.7% and 98.7% against active neurocysticercosis. However, this method requires the hazardous
175 reagent, which suggested that it was difficult to apply in general. In contrast, the CEC method does
176 not need such reagent and, moreover, can be performed with a syringe manually without expensive
177 equipments (data not shown). This feature would make easy to apply the CEC method in endemic
178 area, especially in developing counties.

179 The CEC-prepared LMWAgS could be utilized to detect *T. solium* infections in pigs by immunoblot
180 analysis and ELISA (data not shown). For this purpose, we need to consider the cross reaction with
181 sera from pigs infected with other infective agents, especially *Taenia hydatigena*. Previously, no cross
182 reactions to LMWAgS have been demonstrated in pigs infected with *T. hydatigena* by ELISA (Sato *et*
183 *al.* 2003). However, the number of serum examined seems to be not enough to conclude that there
184 were no cross-reactions. Therefore, a large scale evaluation in pigs must also be performed.

185 Interestingly, the CEC method is applicable to purify LMWAgS family proteins from *Taenia*
186 *saginata*- and *Taenia asiatica*-cyst fluids (data not shown). And also, ELISA using sera from bovines
187 experimentally infected with *T. saginata* and LMWAgS antigens prepared from *T. saginata* cyst fluids
188 revealed that those antigens have high values to detect *T. saginata* infections with dramatic decreasing
189 of background absorbance values obtained using crude cyst fluids (our unpublished data). More

190 detailed characterization of the CEC-prepared LMWAgS from *T. saginata* and *T. asiatica* cyst fluids
191 must be performed using more sera from animals with cysticercosis and other parasitic infections.

192 In conclusion, we have established a simple and reliable preparation of LMWAgS with high
193 immunodiagnostic performance from *T. solium* cyst fluids by the combination of the CEC and
194 heat-treatment. The CEC-prepared LMWAgS is highly specific to cysticercosis, but analyses on the
195 B-cell epitopes must be carried out to eliminate cross-reactivity with echinococcosis patient sera. The
196 preparation method established would contribute to the successful control of cysticercosis in endemic
197 areas.

198

199

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203

204

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214 REFERENCES

215 **Chung, J.Y., Bahk, Y.Y., Huh, S., Kang, S.Y., Kong, Y. and Cho, S.Y.** (1999). A recombinant
216 10-kDa protein of *Taenia solium* metacestodes specific to active neurocysticercosis. *Journal of*
217 *Infectious Diseases* **180**, 1307-1315.

218 **Greene, R.M., Hancock, K., Wilkins, P.P. and Tsang, V.C.** (2000). *Taenia solium*: molecular
219 cloning and serologic evaluation of 14- and 18-kDa related, diagnostic antigens. *Journal of*
220 *Parasitology* **86**, 1001-1007.

221 **Hancock, K., Khan, A., Williams, F.B., Yushak, M.L., Pattabhi, S., Noh, J. and Tsang, V.C.**
222 (2003). Characterization of the 8-kilodalton antigens of *Taenia solium* metacestodes and evaluation of
223 their use in an enzyme-linked immunosorbent assay for serodiagnosis. *Journal of Clinical*
224 *Microbiology* **41**, 2577-2586.

225 **Ito, A. and Craig, P.S.** (2003). Immunodiagnostic and molecular approaches for the detection of
226 taeniid cestode infections. *Trends in Parasitology* **19**, 377-381.

227 **Ito, A., Nakao, M., Ito, Y., Yuzawa, I., Morishima, H., Kawano, N. and Fujii, K.** (1999).

228 Neurocysticercosis case with a single cyst in the brain showing dramatic drop in specific antibody
229 titers within 1 year after curative surgical resection. *Parasitology International* **48**, 95-99.

230 **Ito, A., Plancarte, A., Ma, L., Kong, Y., Flisser, A., Cho, S.Y., Liu, Y.H., Kamhawi, S.,**
231 **Lightowlers, M.W. and Schantz, P.M.** (1998). Novel antigens for neurocysticercosis: simple method
232 for preparation and evaluation for serodiagnosis. *American Journal of Tropical Medicine and Hygiene*
233 **59**, 291-294.

234 **Lee, E.G., Bae, Y.A., Kim, S.H., Diaz-Camacho, S.P., Nawa, Y. and Kong, Y.** (2010).
235 Serodiagnostic reliability of single-step enriched low-molecular weight proteins of *Taenia solium*
236 metacestode of American and Asian isolates. *Transactions of the Royal Society of Tropical Medicine*
237 *and Hygiene* **104**, 676-683.

238 **Mahanty, S. and Garcia, H.H.** (2010). Cysticercosis and neurocysticercosis as pathogens affecting
239 the nervous system. *Progress in Neurobiology* **91**, 172-184.

240 **Mamuti, W., Yamasaki, H., Sako, Y., Nakao, M., Xiao, N., Nakaya, K., Sato, N., Vuitton, D.A.,**
241 **Piarroux, R., Lightowlers, M.W., Craig, P.S. and Ito, A.** (2004). Molecular cloning, expression,
242 and serological evaluation of an 8-kilodalton subunit of antigen B from *Echinococcus multilocularis*.
243 *Journal of Clinical Microbiology* **42**, 1082-1088.

244 **Nakao, M., Okamoto, M., Sako, Y., Yamasaki, H., Nakaya, K. and Ito, A.** (2002). A phylogenetic
245 hypothesis for the distribution of two genotypes of the pig tapeworm *Taenia solium* worldwide.
246 *Parasitology* **124**, 657-662.

247 **Oriol, R., Williams, J.F., Perez, Esandi M.V. and Oriol, C.** (1971). Purification of lipoprotein
248 antigens of *Echinococcus granulosus* from sheep hydatid fluid. *American Journal of Tropical*
249 *Medicine and Hygiene* **20**, 569-574.

250 **Parkhouse, R.M. and Harrison, L.J.** (1987). Cyst fluid and surface associated glycoprotein antigens
251 of *Taenia* sp. metacestodes. *Parasite Immunology* **9**, 263-268.

252 **Sako, Y., Nakao, M., Ikejima, T., Piao, X.Z., Nakaya, K. and Ito, A.** (2000). Molecular
253 characterization and diagnostic value of *Taenia solium* low-molecular-weight antigen genes. *Journal*
254 *of Clinical Microbiology* **38**, 4439-4444.

255 **Sako, Y., Nakao, M., Nakaya, K., Yamasaki, H., Gottstein, B., Lightowers, M.W., Schantz, P.M.**
256 **and Ito, A.** (2002). Alveolar echinococcosis: characterization of diagnostic antigen Em18 and
257 serological evaluation of recombinant Em18. *Journal of Clinical Microbiology* **40**, 2760-2765.

258 **Sato, M.O., Sako, Y., Nakao, M., Yamasaki, H., Nakaya, K. and Ito, A.** (2006). Evaluation of
259 purified *Taenia solium* glycoproteins and recombinant antigens in the serologic detection of human
260 and swine cysticercosis. *Journal of Infectious Diseases* **194**, 1783-1790.

261 **Sato, M.O., Yamasaki, H., Sako, Y., Nakao, M., Nakaya, K., Plancarte, A., Kassuku, A.A.,**
262 **Dorny, P., Geerts, S., Benitez-Ortiz, W., Hashiguchi, Y. and Ito, A.** (2003). Evaluation of tongue
263 inspection and serology for diagnosis of *Taenia solium* cysticercosis in swine: usefulness of ELISA
264 using purified glycoproteins and recombinant antigen. *Vet Parasitology* **111**, 309-322.

265 **Tsang, V.C., Brand, J.A. and Boyer, A.E.** (1989). An enzyme-linked immunoelectrotransfer blot

266 assay and glycoprotein antigens for diagnosing human cysticercosis (*Taenia solium*). *Journal of*

267 *Infectious Diseases* **159**, 50-59.

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270 Table

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Table 1. Results of ELISA using crude CF from Ecuador isolate, LMWAgS from Ecuador isolate and LMWAgS from China isolate

Disease category	No. of exam	No. of positive (%)			Mean absorbance \pm SD (Range: max-min)		
		crude CF Ecuador	LMWAgS Ecuador	LMWAgS China	crude CF Ecuador	LMWAgS Ecuador	LMWAgS China
Cysticercosis	60	59 (98.3)	60 (100)	60 (100)	1.202 \pm 0.517 (2.030-0.140)	1.240 \pm 0.555 (2.07-0.100)	1.177 \pm 0.520 (2.090-0.110)
Alveolar Echinococcosis	30	15 (50.0)	4 (13.3)	4 (13.3)	0.434 \pm 0.347 (1.190-0.010)	0.040 \pm 0.033 (0.120-0.010)	0.051 \pm 0.070 (0.340-0.000)
Cystic Echinococcosis	30	18 (60.0)	4 (13.3)	3 (10.0)	0.511 \pm 0.433 (1.680-0.020)	0.045 \pm 0.046 (0.220-0.010)	0.043 \pm 0.038 (0.210-0.010)
Healthy persons	41	1 (2.4)	0	0	0.059 \pm 0.072 (0.340-0.010)	0.010 \pm 0.011 (0.050-0.000)	0.012 \pm 0.012 (0.060-0.000)

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278 Figure legends

279 Fig. 1. Preparation of LMWAgS from *T. solium* cyst fluid. (A) Chromatographic profile of *T. solium*
280 cyst fluid from Ecuador isolate by FPLC system. Plain line, absorbance at 280 nm; dash line, linear
281 gradient of NaCl. (B) Each fraction by a cation-exchange chromatography, and the supernatant and
282 the precipitate after heat-treatment were subjected to 12.5% SDS-PAGE and stained with Coomassie
283 blue. Lane 1, crude CF; lane 2, fraction 2 from the CEC; lane 3, fraction 3 from the CEC, lane 4,
284 fraction 4 from the CEC; lane 5, the supernatant after heat-denatured treatment; lane 6, the precipitate
285 after heat-denatured treatment. The contaminants part detected depending on the batch of cyst fluids is
286 indicated by an asterisk. (C) 15.0% SDS-PAGE analysis of LMWAgS prepared from Ecuador and
287 China isolates.

288

289 Fig. 2. Evaluations of three different antigens, crude CF from Ecuador isolate, LMWAgS from
290 Ecuador isolate and LMWAgS from China isolate by ELISA. Sere from 60 patients with cysticercosis
291 (red closed circle), 30 with alveolar echinococcosis (blue closed circle), 30 with cystic echinococcosis
292 (green closed circle), and 41 healthy people (black closed circle) were used. The cut-off values for
293 crude CF, LMWAgS from Ecuador, and LMWAgS from China isolate are 0.310, 0.075, and 0.085,
294 respectively, and are indicated by the dashed lines.

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Healthy persons	41	1 (2.4)	0	0	0.059 \pm 0.072 (0.340-0.010)	0.010 \pm 0.011 (0.050-0.000)	0.012 \pm 0.012 (0.060-0.000)



