

AMCoR

Asahikawa Medical University Repository <http://amcor.asahikawa-med.ac.jp/>

寄生虫学雑誌 (1990.06) 39巻3号:296～298.

バイオハザードを必要としない肝多胞虫症のマウスモデル

中尾稔、久津見晴彦、中谷和宏

Research Note

**Murine Model for Hepatic Alveolar Hydatid Disease
without Biohazard**

MINORU NAKAO¹⁾, KAZUHIRO NAKAYA²⁾ AND HARUHIKO KUTSUMI¹⁾

(Accepted for publication; May 8, 1990)

Key words: *Echinococcus multilocularis*, murine model, trans portal injection

Many species of *Cricetidae* and several strains of mouse are susceptible to larval *Echinococcus multilocularis*, and used as the laboratory models for studies of alveolar hydatid disease (Ohbayashi *et al.*, 1971; Kamiya, 1973; WHO, 1984). These animals are infected experimentally by oral administration of eggs or intraperitoneal injection of hydatid homogenate. For the substitutional model for human disease, it is desirable that the hydatid cysts develop in the liver. By using eggs, the animals harboring hepatic hydatid cysts are easily prepared, however, the biohazard control is very difficult in ordinary laboratories. For making the liver infection without using eggs, the intrahepatic injection of hydatid homogenate has been carried out (Yamashita *et al.*, 1963; Liance *et al.*, 1984), however, the accidental metastases frequently occurred in this technique. In order to overcome this defect, the method of trans portal injection was devised to make the liver infection of rats in our laboratory (Ohnishi, 1984). Furthermore, we improved this surgical technique to apply for the liver infection of mice.

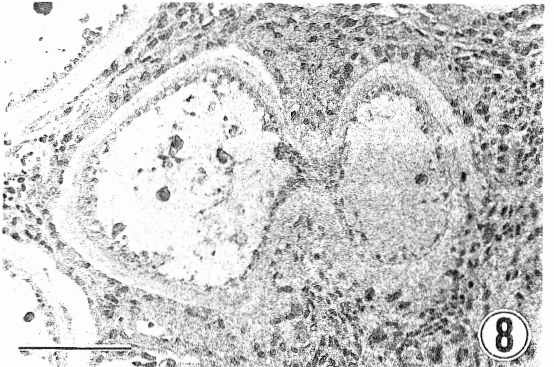
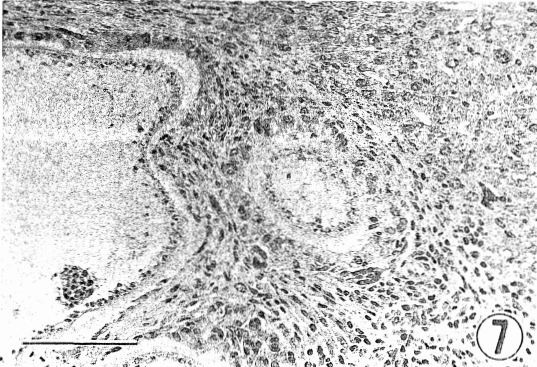
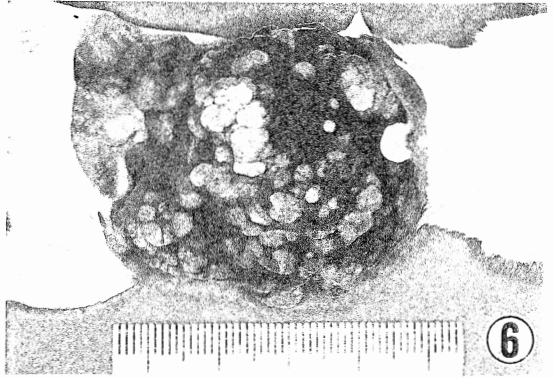
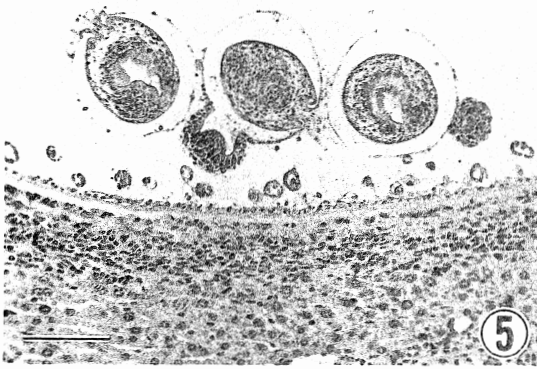
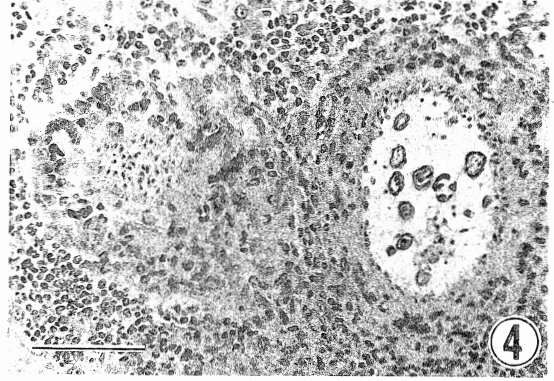
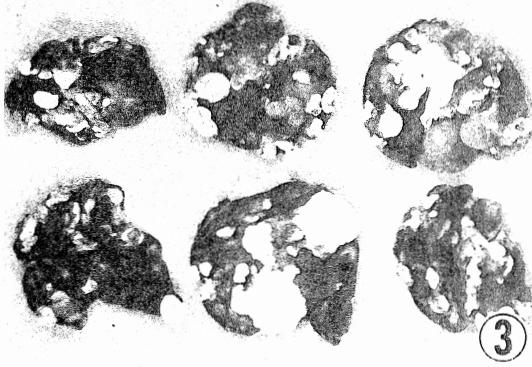
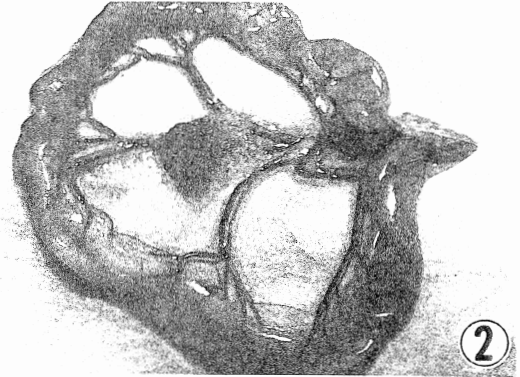
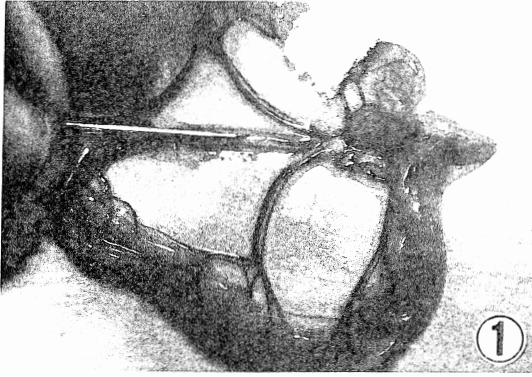
More than 10 mice of each inbred strain, DBA/2, BALB/c and C57BL/6 (Clea, Japan) were used for experiments. An isolate of larval *E. multilocularis*, obtained from naturally infected *Clethrionomys rufocanus bedfordiae* captured in Akkeshi town, Hokkaido has been main-

tained by intraperitoneal transfer using Chinese hamsters (*Cricetulus griseus*, CHA colony). The hydatid mass obtained from Chinese hamsters was minced in sterile phosphate-buffered saline (PBS, Nissui, Japan) containing kanamycin sulfate at 60 $\mu\text{g/ml}$. Minced pieces were well mixed by repeated pipetting, and passed through 210 μm mesh. The sediment containing protoscolices, minute vesicles and calcareous corpuscles was washed 3 times with PBS, and 5–10% suspension (volume/volume) was made. Mice were anesthetized by intraperitoneal administration of sodium pentobarbital (Nembutal, Abbott, USA). Following ventral celiotomy, 0.1ml of the sediment suspension was injected with a 27 gauged insulin syringe (Terumo, Japan) into the mesenteric vein (Fig. 1). After injection, bleeding was protected by covering the vein with a sterile gelatin sponge (Gelfoam, Japan-Upjohn). The bleeding stopped after pressing the sponge (Fig. 2), and the abdomen closed with silk sutures.

One to 5 months later, the hydatid cysts developed in the liver of all observed mice, and the metastasis did not occur. Macroscopic and histological features in 3 inbred strains were given in Figs. 3–8. DBA/2 showed the rapid proliferation of vesicles, and protoscolex formation was observed 2 months later. In BALB/c, most vesicles were sterile, and few were fertile. C57BL/6 harbored the sterile hydatids even 5 months later. The developments of sterile hydatids in BALB/c and C57BL/6 were morphologically similar to human lesions. Our technique without biohazard will be available for biological,

¹⁾ Department of Parasitology, ²⁾ Animal Experiment Center, Asahikawa Medical College, Asahikawa 078, Japan

中尾 稔 久津見晴彦 (旭川医科大学寄生虫学教室)
中谷和宏 (旭川医科大学動物実験施設)



immunological and chemotherapeutical studies of hepatic alveolar hydatid disease.

This study was financially supported by a programme on the chemotherapy of parasitic diseases, Ministry of Health and Welfare, Japan, and by research grant No. 63480148 from the Ministry of Education, Science and Culture, Japan.

References

- 1) Kamiya, H. (1973): Observations on difference of susceptibility to larval *Echinococcus multilocularis* among uniform strains of the mouse. *Jpn. J. Parasitol.*, 22, 294–299. (in Japanese with English summary)
- 2) Liance, M., Vuitton, D.A., Guerret-Stocker, S., Carbillet, J.P., Grimaud, J.A. and Houin, R. (1984): Experimental alveolar echinococcosis. Suitability of a murine model of intrahepatic infection by *Echinococcus multilocularis* for immunological studies. *Experientia* 40, 1436–1439.
- 3) Ohbayashi, M., Rausch, R.L. and Fay, F.H. (1971): On the ecology and distribution of *Echinococcus* spp. (Cestoda: Taeniidae), and characteristics of their development in the intermediate host. II. Comparative studies on the larval *E. multilocularis* Leuckart, 1863, in the intermediate host. *Jpn. J. Vet. Res.*, 19, Suppl. 3, 1–53.
- 4) Ohnishi, K. (1984): Trans portal, secondary hepatic alveolar echinococcosis of rats. *J. Parasitol.*, 70, 987–988.
- 5) World Health Organization (1984): Guidelines for surveillance, prevention and control of echinococcosis/hydatidosis. 2nd ed. by Eckert, J., Gemmell, M.A., Matyas, Z. and Soulsby, E.J.L., WHO document, Geneva.
- 6) Yamashita, J., Ohbayashi, M. and Doi, R. (1963): Studies on echinococcosis. XV. Secondary multilocular echinococcosis by intrahepatic inoculation. *Jpn. J. Vet. Res.*, 11, 55–60.

Explanation of Figures (Histological sections were stained by Hematoxylin and eosin. Scale bars represent 100 μ m.)

- Fig. 1 Injection into mesenteric vein of mice.
- Fig. 2 Hemostasis by using a gelatin sponge.
- Fig. 3 Liver of female DBA/2 4 months after infection.
- Fig. 4 Hepatic lesion of female DBA/2 2 months after infection. Giant cells surrounded the protrusion of germinal cells (left). Calcareous corpuscles existed in the cavity (right).
- Fig. 5 Protoscolex formation occurred in female DBA/2 2 months after infection.
- Fig. 6 Enlarged liver of male BALB/c 5 months after infection.
- Fig. 7 Hepatic lesion of male BALB/c 4 months after infection. Epitheloid cells surrounded the vesicles.
- Fig. 8 Hepatic lesion of female C57BL/6 3 months after infection. The vesicle seemed to be dividing.