

Use of Artemisinin to Treat Mycoplasma haemolamae Infection in Llamas



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Objective

The purpose was to determine if artemisinin would be effective in clearing *Mycoplasma* haemolamae infection in Ilamas.



Why is this important?

- Llama/Alpaca owners
 - Show
 - Raise
 - Business
- Affects selling and moving animals, health certificates, treatment, and insurance
- Easy answer: health of animal

Mycoplasma haemolamae

- Hemotropic bacteria
- Very small (<1 µm)
- Rod-shaped, spherical, or ring-shaped
- Infects camelids
- Infection varies from asymptomatic to severe

Mechanism of Action

- Lacks a peptidoglycan layer
 Penicillin inhibits production of layer
- Attaches to erythrocyte plasma membrane
- Unable to culture in vitro
- Immune system recognizes infected cells as foreign
- Removes from circulation

Mycoplasma Species

- Formerly known as Eperythrozoon species
- Reclassified as hemotropic mycoplasmas after 16S ribosomal RNA gene sequenced
- Mycoplasma infects wide variety of species
- Most closely related to *M. haemosuis* (affecting swine) and *M. wenyonii* (affecting cattle)

Clinical Signs

- Anemia
- Fever
- Edema
- Mild to severe hypoglycemia
- Acute collapse
- Chronic weight loss
- Depression
- Decreased fertility and lethargy

Mode of Transmission

- Unknown
 - Believed spread through contact with infected animals blood (known as chronic carriers)
 - Lice, ticks, mosquitoes, and other vectors
- Prevention
 - New needle for each animal
 - Vaccinate and treat other diseases
 - Routine veterinary care
 - Proper husbandry

In-utero Transmission

4-day-old female alpaca:

- Born 2 weeks premature
- Within 48 hours
 - Loss of appetite
 - Inability to stand
 - Weakness
 - No longer suckled dam
- Fed 75 and 45 mL of alpaca colostrum

In-utero continued

- Cria was given IV fluid therapy, dextrose, and plasma transfusion
 - After had interest in food, responsive to external stimuli, and stand unassisted
- Couple hours later
 - Developed seizures
 - Dyspnea
 - Died

In-utero continued

- Dam was non-parasitemic

 Ran PCR on both dam and cria found positive for *M. haemolamae*
- Suggests *M. haemolamae* was transferred in-utero from dam to cria



http://www.apacapacas.com/images/09-16-04female-cria-02.jpg

Current Treatment

- Tetracycline regimen reduces numbers of infecting organisms
 - Inhibit bacterial translation
 - Binds reversibly to prokaryotic 30s ribosomal subunit and blocks attachment of aminoacyl tRNA
- No known treatment that clears infection from "carrier" animals

Artemisinin

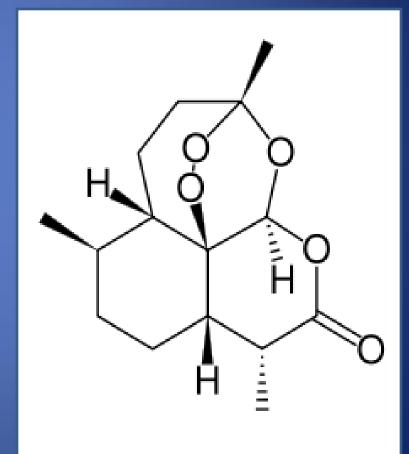
- Herbal remedy from wormwood
- Used by Chinese herbalists since 200 B.C.
- Currently used to treat malaria
- Further studies for possible cancer
 treatments



http://www.socbioscience.org/bioengdoc9C.jpg

Artemisinin Mechanism of Action

- Affinity for iron
- Linkage breaks creating reactive oxygen species (ROS)
- Damage to infecting organism leading to death



Tests to determine *M. haemolamae* infection

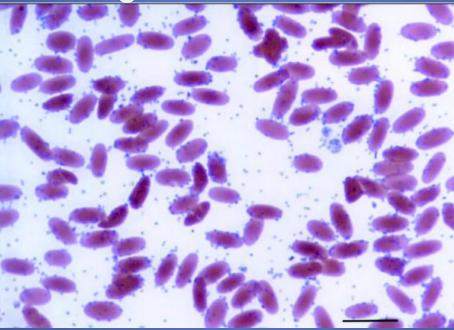
- Packed Cell Volume (PCV)
 - 25-45%
 - Lowered indicates anemia
- Plasma Protein (PP)
 - 6-7 mg/dl



- General health status of animal
- Body Temperature
 - -99-101.8 °F
 - Fever—possible sign of infection

Tests to determine *M. haemolamae* infection

Blood smear diagnosis



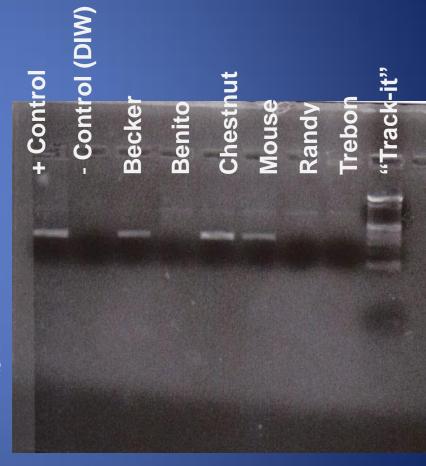
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Polymerase Chain Reaction (PCR) assay
 – Positive amplicons at 318 bp

PCR assay

- Sensitive test

 Detectable by PCR <2 days before seen on blood smears
- Diagnose low numbers of hemoplasma
- Amplify 16s rRNA gene



Materials & Methods

- Six male adult llamas
 - Becker, Benito, Chestnut, Mouse, Randy, and TreBon
- Initial health screening
 - Physical exam: weighed and found 5 of 6 intact
 - Randy had heart murmur
 - Complete blood count
 - PCR for M. haemolamae
 - All llamas found negative

Methods continued

- Immune-suppressed donor alpaca (known chronic carrier)
- Llamas transfused with blood from infected donor
 - Mixed with sterile acidcitrate-dextrose (ACD)



Methods continued

- After first week, post-transfusion daily health checks
 - Rectal temperatures and 1 ml of EDTA blood drawn for PCR, PCV, TP, and blood smear
- Once bacteria was detected by blood smear and PCR, treatment began
 - TreBon, only llama that did not become positive

Materials & Methods

- Artemisin dosage 200 mg per 2 cc of water rectally
- Rounds of treatment: twice a day for 5 days and 5 days off

Treatment Days

Llama	9-13	19-23	29-33	39-43	49-53	59-63
Becker	X	Х	Х	Х		
Benito	X	Х	Х	Х		
Chestnut	X	Х	Х	Х		
Mouse	X	Х	Х	Х		
Randy		Х	Х	Х	Х	
TreBon			Х	Х	Х	Х

Rectal Treatment

 Drugs given orally are broken down by ruminal flora in ruminant animals

Camelids are modified ruminants

 Given rectally, the intestinal mucosa absorbs drug rapidly

Methods continued

One month after treatment

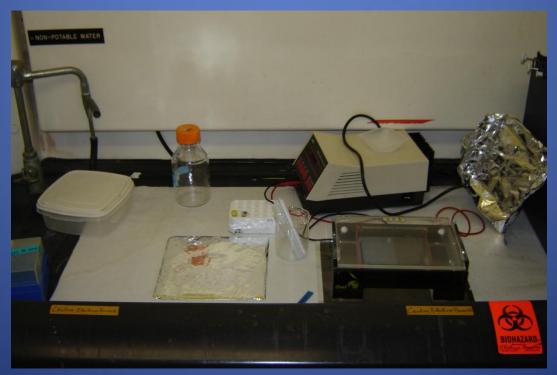
Llamas immune-suppressed

- 2 mg/kg dexamethasone (a corticosteroid) IV
- 3 consecutive days

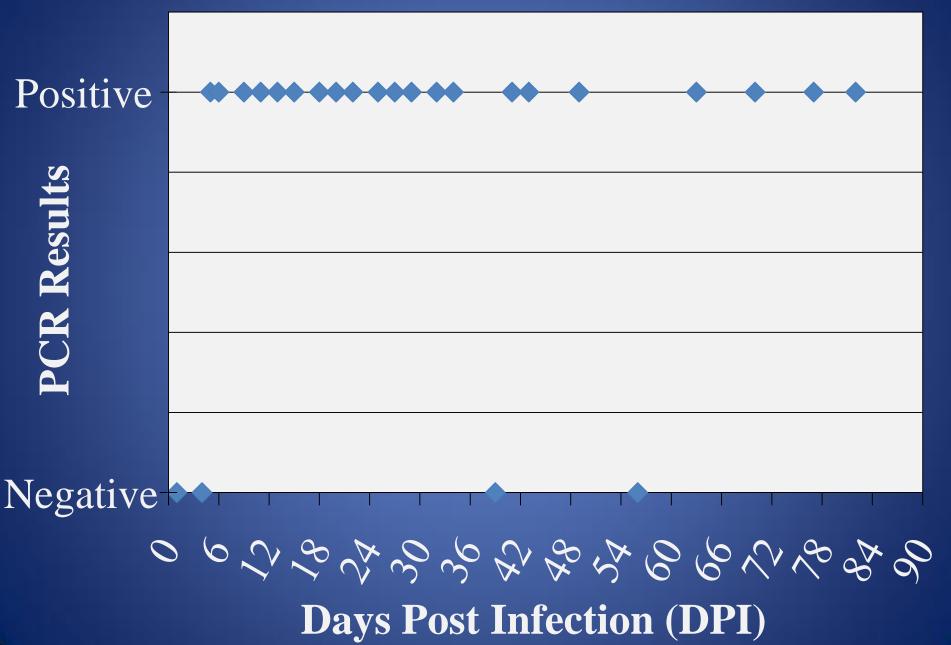
Monitored by PCR, PCV, TP, and blood smear

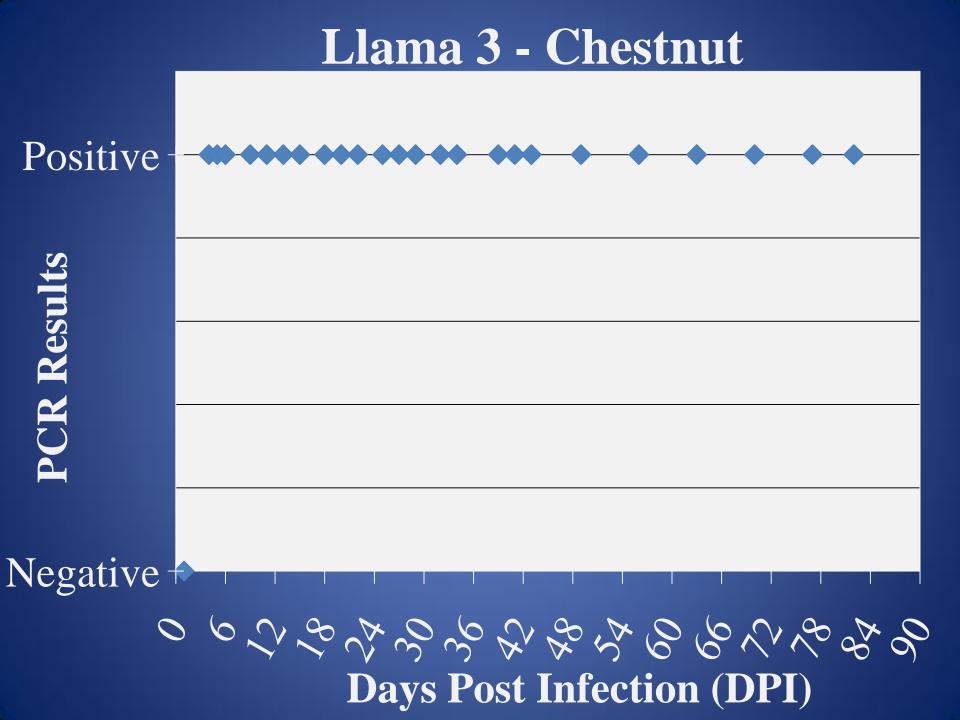
Results

 All llamas were positive at least one time during treatment and one month after treatment

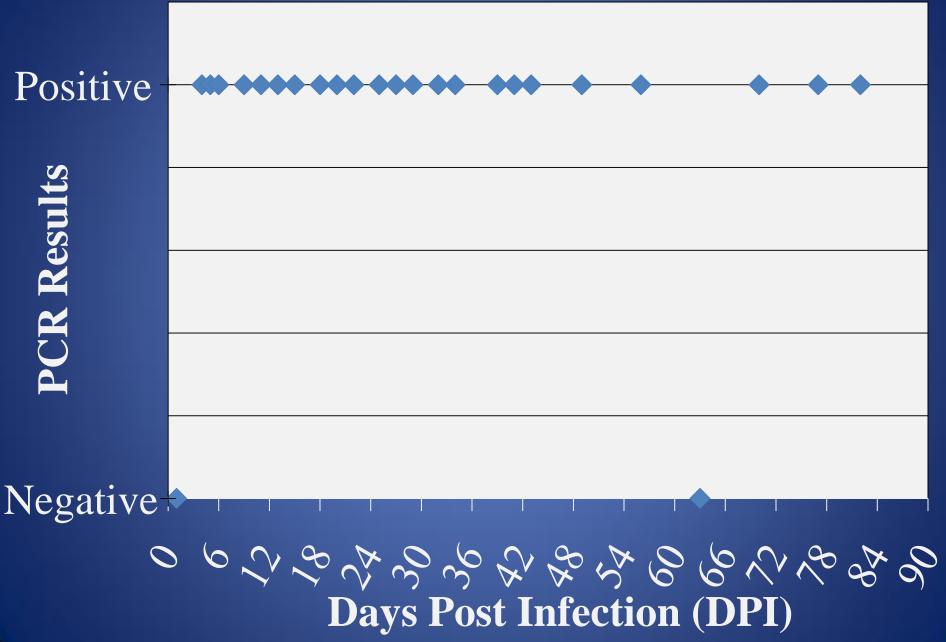


Llama 1 - Becker

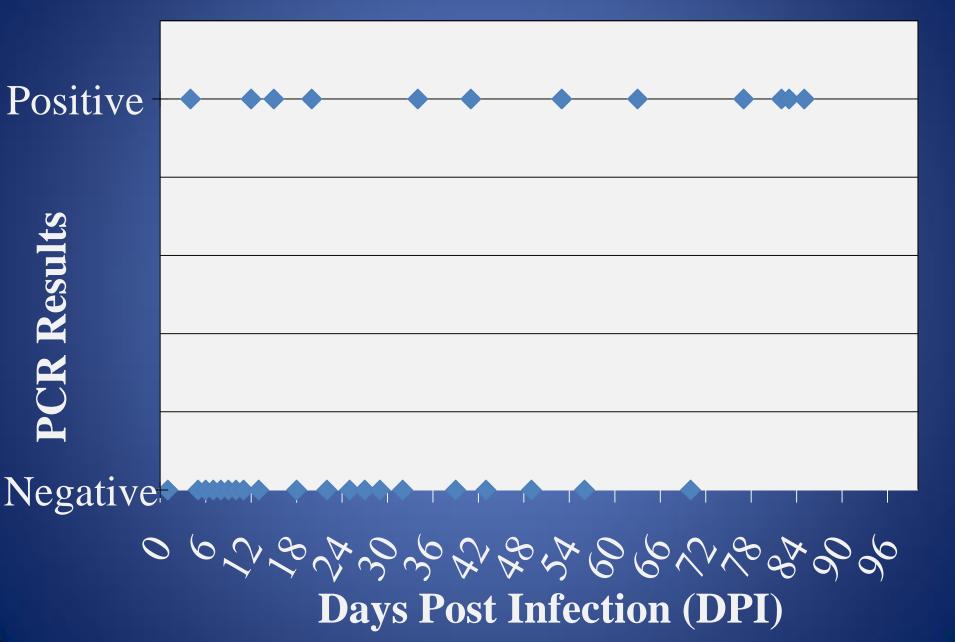




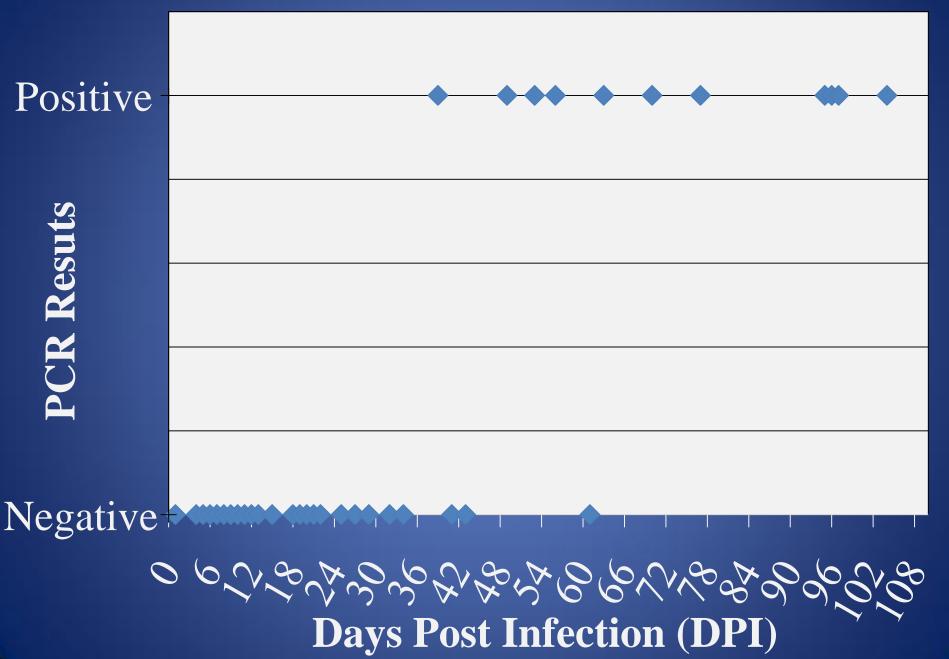




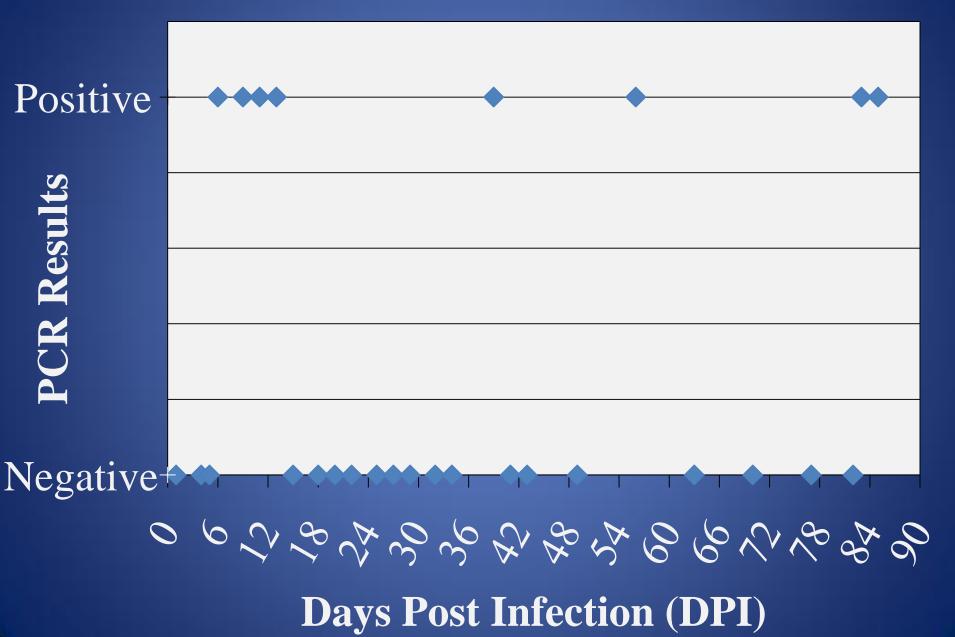
Llama 5 - Randy



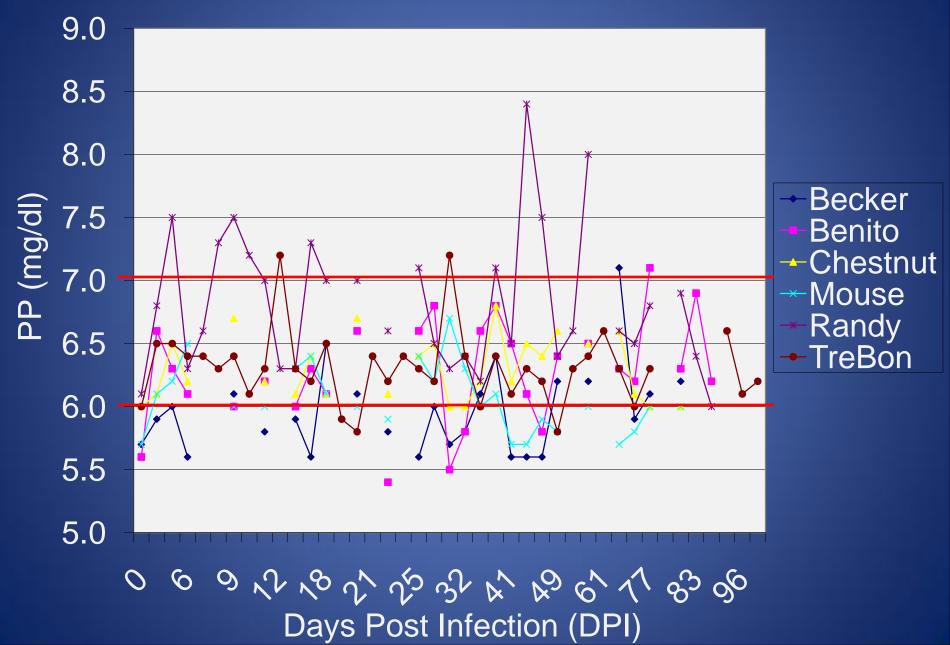
Llama 6 - TreBon



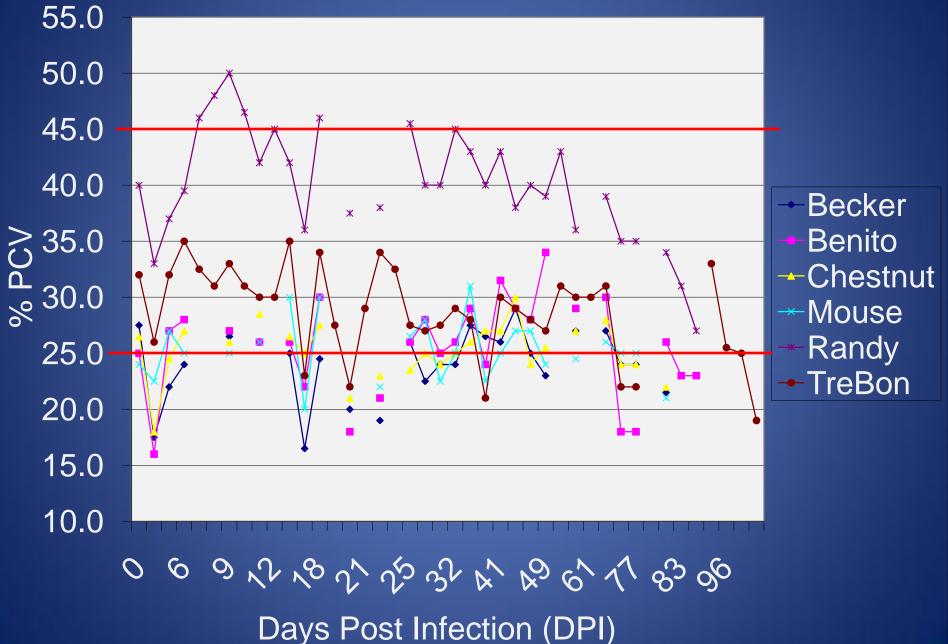
Llama 2 - Benito



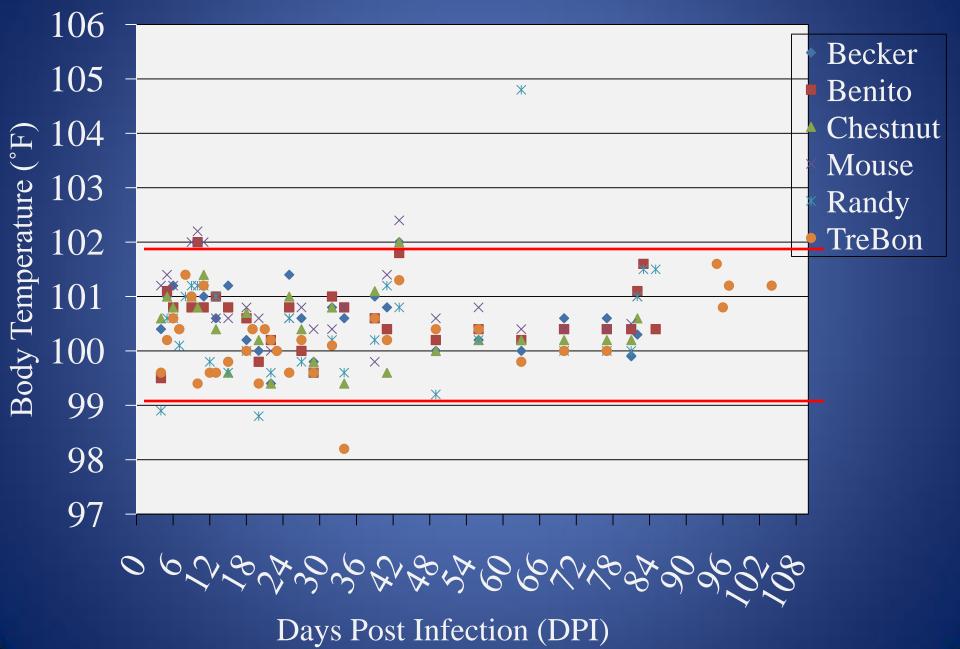
Plasma Protein



Packed Cell Volume



Body Temperature



Conclusions

- Artemisinin at a dosage of 200 mg did not clear the *M. haemolamae* infection
- Each llama was positive both during treatment and after treatment of artemisinin





Possible reasons of why it didn't work?

- Malaria infects blood cell and consumes hemoglobin
 - Liberates free heme (iron-porphyrin complex)
 - Cascade of reactions produces ROS
 - ROS damages and kills parasite
- M. haemolamae may not liberate heme
- Artemisinin may not have made it past the intestinal microbes

What next?

- Pharmacokinetic testing of artemisin on camelids
- Further studies on artemisin
 - Use different dosage
 - Longer amount of time
 - Different administration
- Keep looking for another possible treatment

Acknowledgments

Thank you to everyone that has helped! Dr. Susan Tornquist, Lisa Boeder, Dr. Christopher Cebra, Dr. Kate Field, Willamette Valley Llama Foundation, Wanda Crannell, Mike & Kaye Puccetti, George Potts, and everyone who gave their support and time.

- **Questions?** Tornquist, SJ. *Mycoplasma haemolamae* in camelids. Proceedings, 2nd International Camelid Conference for elin CP2805.
- Messick JB, Walker PG, Rapheal W, Berent L, Shi X. 'Candidatus Mycoplasma haemodidelphidis' sp. nov., 'Candidatus Mycoplasma haemolamae' sp. nov and *Mycoplasma hamocanis* comb. nov., haemotrophic parasites from a naturally infected opossum (Didelphis virginiana), alpaca (Lama pacos) and dog (Canis familiaris): phylogenetic and secondary structural relatedness of their 16S rRNA genes to other mycoplasmas. Intl J of Syst and Evol Micro 52: 693-698, 2002.
- Foster, D. Eperythrozoon or Mycoplasma haemolamae: New Name for an Old Problem. Colorado State University, 2004. http://www.rmla.com/eperythrozoonosis.htm
- McLauglin BG, Evans CN, McLaughlin PS, Johnson LW, Smith AR, Zachary JF. An Eperythrozoon-like parasite in llamas. J Am Vet Med Assoc 197: 1170-1175, 1990.
- Tornquist, SJ. Willamette Valley Llama Foundation Grant Proposal Request; Use of artemisin to treat Mycoplasma haemolamae infection in llamas. Corvallis, OR, 2008.
- Messick JB, Almy FS, Ladd SM, Sponenberg DP, Crisman MV. Mycoplasma haemolamae infection in a 4 day old cria: Support for in utero transmission by use of a polymerase chain reaction assay. Can Vet J. 2006 March; 47(3): 229-233. http://www.pubmodeentrel.nih.gov/erticlerenderfegigertid 127105