

## *Aspergillus* and Aspergillosis

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The genus *Aspergillus* contains about 180 validly described saprophytic species. Nearly 10 percent of these species can cause a wide spectrum of infectious disease including life threatening invasive aspergillosis, colonization of the sinus and respiratory organs as well as allergic diseases. Cases of life threatening invasive aspergillosis have been steadily rising throughout the world. While prophylactic antifungal drugs have reduced the mortality due to invasive aspergillosis in immunosuppressed and immunodeficient patients, the overall case fatality rate remains well above 50% making it one of the most difficult microbial diseases to manage. *A. fumigatus* is by far the most common cause of invasive aspergillosis regardless of the underlying conditions of patients. Old concepts regarding the identification of *Aspergillus* species have strictly been based on morphological characteristics which have often been problematic due to their variability. The new classification concept employs phenotypic characteristics with multigene DNA sequences. The new method allowed differentiation of genetically distinct but morphologically similar sister species of *A. fumigatus*. The recently described *A. lentinus* is one such example which had previously been identified as *A. fumigatus*. Clinical diagnosis of invasive aspergillosis without waiting for isolation of culture has also made significant progress during the past 10 years. This lecture will focus on recent developments in the diagnosis of aspergillosis and the biological characteristics of *A. fumigatus* which renders it to be the primary cause of invasive aspergillosis.

**[Kor J Med Mycol 2007; 12(1): 31-56]**

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\*본 내용은 2007년 2월 20일에 있었던 대한의진균학회 주최의 「권경주 박사 초청 특별강연」 내용입니다.

Where does the name *Aspergillus* come from?



Antonio Micheli (1679-1736)



*Aspergillum*



*A. fumigatus*



Asparagus

## Aspergillosis

- Etiologic agents : About 20 species of the genus *Aspergillus*
- Type of disease : Allergic response  
Colonization of air spaces  
Invasive aspergillosis

## **Invasive Aspergillosis**

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### **Portal of entry:**

**Bronchial Tree, G.I. Tract, Paranasal Sinuses,  
Indwelling Catheters**

### **Manifestations:**

**Pneumonia, G.I. ulcerations,  
Brain abscess, Liver abscess, Renal  
lesions, Dissemination**

### **Invades Blood Vessels:**

- **Mimicks Pulmonary Embolism**
- **Budd-Chiari syndrome**
- **Renal Papillary Necrosis**

### ***Aspergillus* species recovered from clinical cases**

***A. fumigatus* 60%-90% *A. flavus* up to 30%**

***A. niger*, *A. terreus*, *A. nidulans***

***A. oryzae*, *A. restrictus*, *A. amstelodami***

***A. ustus*, *A. avenaceus*, *A. versicolor***

***A. sydowi*, *A. clavatus*, *A. carneus*, *A. caesiellus***

NCBI-Genomic Projects

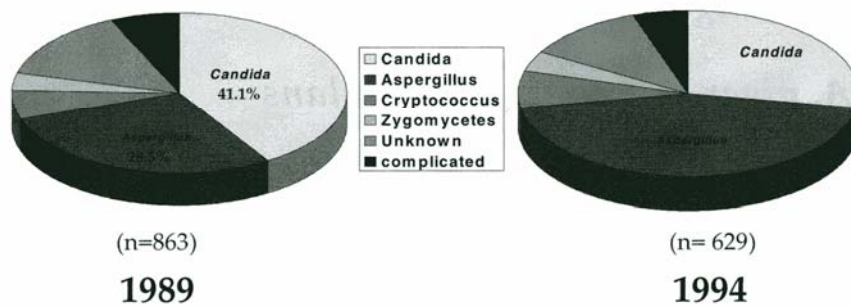
<http://www.ncbi.nlm.nih.gov/genomes/leuks.cgi?p3=11:Fungi&taxgroup=11:Fungi> | 12:

This site contains all the microbial genomics information.

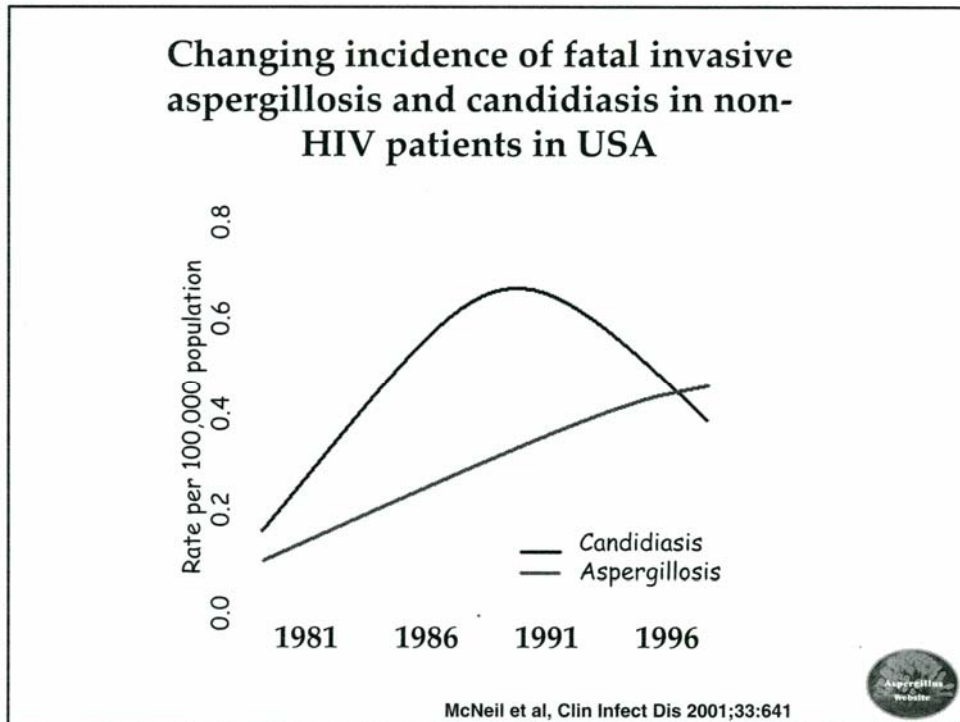
*Aspergillus* genomes

Species	Chrom.	Genome size	No. genes	Importance
<i>A. fumigatus</i>	8	28 Mb	9,926	Pathogenic
<i>A. oryzae</i>	8	36 Mb	12,074	Sake, Miso, Soy sauce
<i>A. nidulans</i>	8	30 Mb	9,627	Genetic model
<i>A. terreus</i>	8 (?)	35 Mb	10,406	Pathogenic

Proportions of causative agents for severe mycosis in 1989 and 1994 in Japan



Yamazaki et al: J. Clin. Microbiol. 37: 1732-1738



### Treatment cost of Aspergillosis in Europe

**500 million Euro/year**

**30,000 Euro/person**

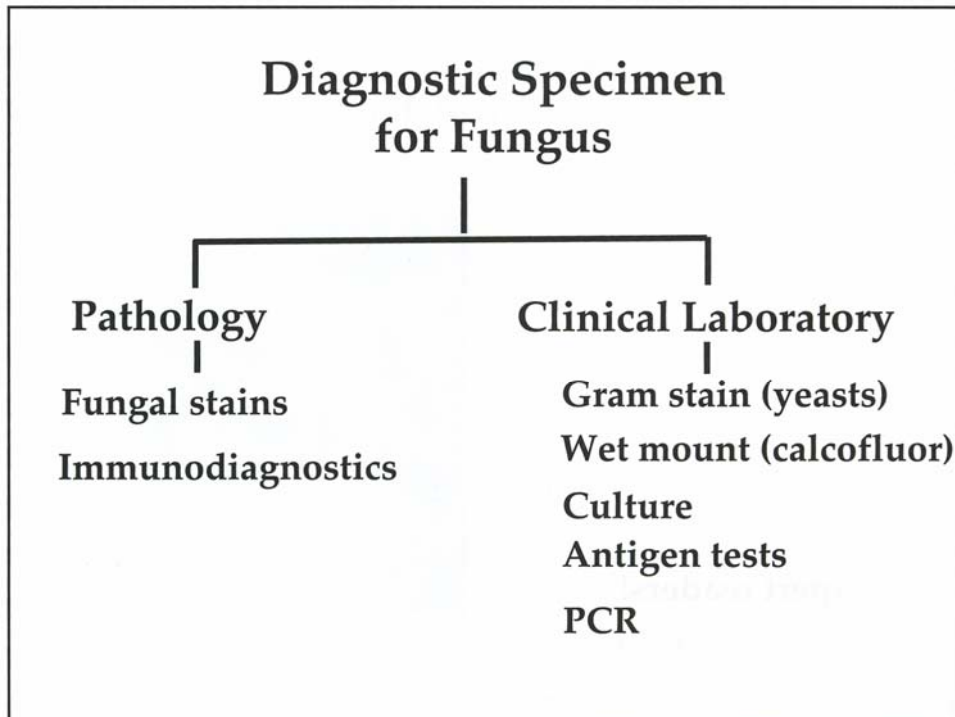
### Recent examples of the frequency of invasive aspergillosis

Underlying condition	Incidence	Reference
CGD	25 – 40%	Denning, 1998
Allogeneic HSCT	11 – 15%	Grow/Marr, 2002
Lung transplantation	6.2 – 12.8%	Minari/Singh, 2002/2003
Heart-lung transplant.	11%	Duchini, 2002
Small bowel transplant.	11%	Duchni, 2002
Acute myeloid leukemia	8%	Corn et al, 2002
Acute lymphatic leukemia	6.3 %	Corn et al, 2002
AIDS	2.9%	Libanore, 2002

### Early diagnosis of invasive aspergillosis is important

Treatment start	<10 d	>11 d
<b>Mortality</b>	<b>40%</b>	<b>90%</b>

Von Eiff et al, Respiration 1995;62:241-7.



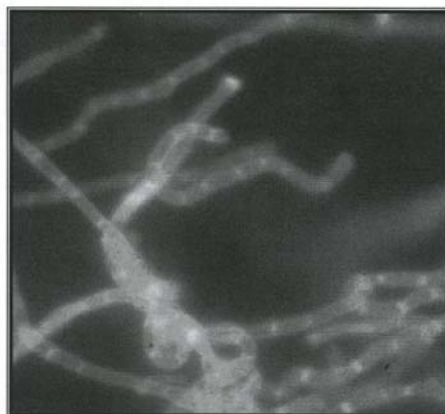
## **Diagnosis of Invasive Aspergillosis**

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- 1. Cultural identification based on morphology**  
(Culture of sputum and BAL samples may be insufficiently sensitive)
- 2. Histopathological sections: Size, morphology of hyphae**  
(Biopsies may not always be feasible in patients with a severe underlying cond.)
- 3. Detection of surrogate marker antigens**
  - galactomannan (Platelia *Aspergillus*)
  - 1,3- $\beta$ -D-glucan (fungitell; Fungi-Tec)
- 4. PCR based identification using 18S rDNA primer sets specific for *Aspergillus***

## Microscopy in the Clinical Lab: The Critical Tools

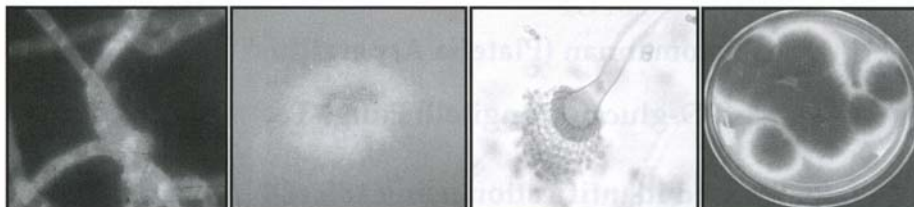
- Fluorescent dye with KOH
  - Blankophor
  - Calcofluor
  - Uvitex 2B
- Calibrated micrometer
- Expert readers!



Nancy McClenny

## Rapid Identification of *A. fumigatus* (morphology)

±1 hr → 24-48 hours at 35-37° C → 3-7 days



Nancy McClenny



### Detection of surrogate marker antigens

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#### Galactomannan (ELISA): Reaction with EB-A2 (rat IgM) Platelia *Aspergillus* (Bio-Rad)

- Useful only for blood, BAL, CSF, urine
- Best OD cut-off 0.5
- Sensitivity varied between 33% to 100% with high specificity for proven cases
- False positives higher in children/antibiotics
- False negatives with antifungal prophylaxis

### Detection of surrogate marker antigens

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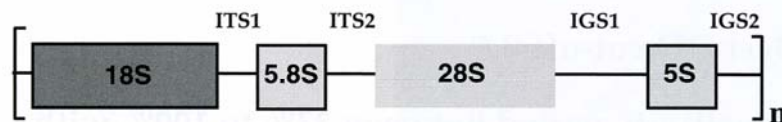
#### 1,3- $\beta$ -D-glucan Fungitell (Associates of Cape Cod) Fungi-Tec (Seikagaku Co.)

- Detected by activation of factor G, a coagulation enzyme of horseshoe-crab
- Cut off level of 20 pg/ml to 60 pg/ml depending on the kit
- 60- 100% sensitivity with 87 to 90 % specificity in patients with proven/probable invasive fungal disease
- Sensitivity higher in patents with proven candidiasis and aspergillosis not receiving antifungal Rx
- False-positive BG activity in hemodialysis with cellulose membrane, intravenous immunoglobulin treatments, exposure to gauze etc.

## PCR assay for detection of invasive aspergillosis

- Amplify genus specific rDNA sequence in variable regions of 18S RNA by PCR

### rRNA organization



- Whole blood or serum samples
- No interlaboratory consensus has been reached for an optimal method

**Why is *A. fumigatus* most common among the species causing Aspergillosis ?**

### *Aspergillus fumigatus*

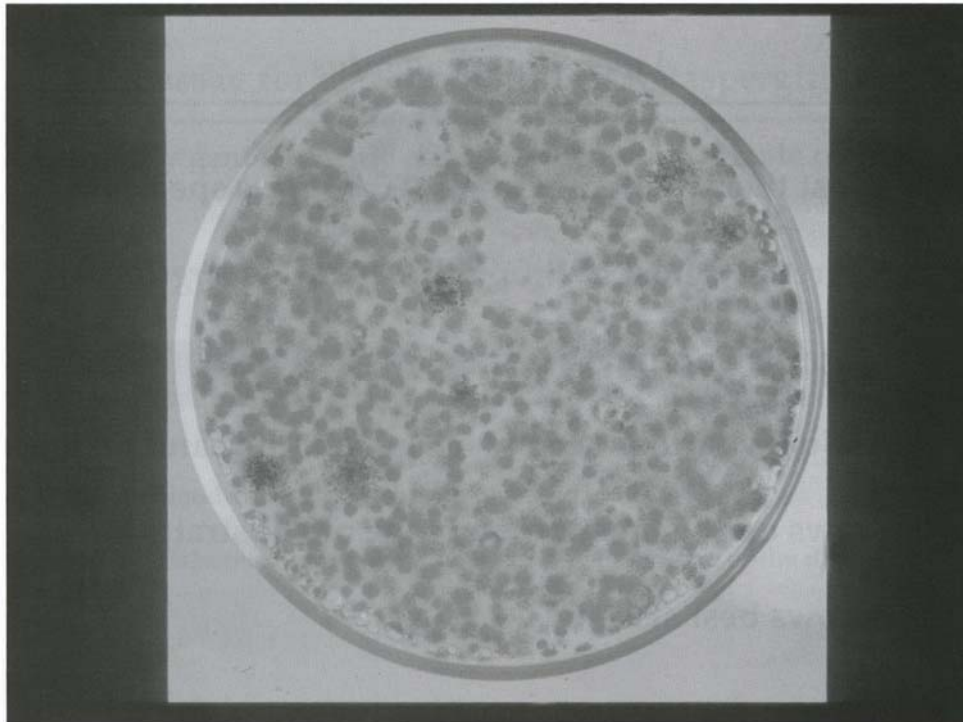
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- Most thermotolerant of all *Aspergillus* species
- Spores are most hydrophobic of all *Aspergillus* sp.
- Spore size optimal for inhalation (2-3.5  $\mu\text{m}$ )
- Produces various secondary metabolites and toxins
- Grows on the most broad range of substrates
- Grows best at 37°C

### Cloud of fungal spores

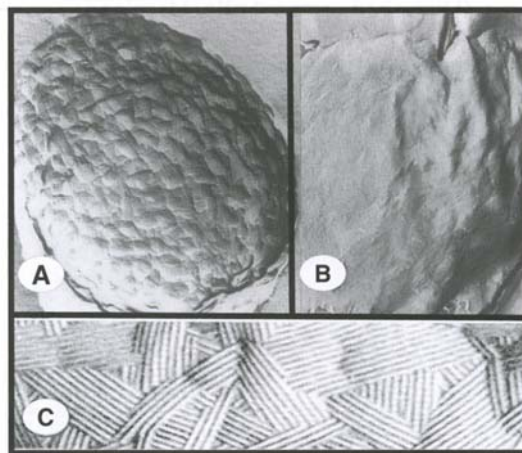
(Disturbed compost pile, Maryland)





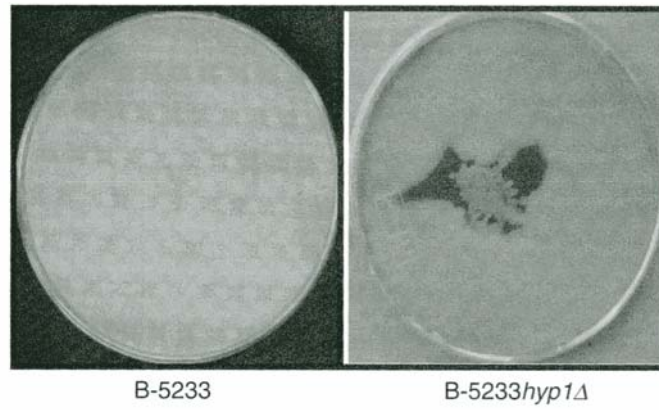
*Aspergillus fumigatus* conidia with and without *HYP1* gene

- Hyp1=RodA encodes spore coat protein, a layer of regularly arranged rodlets

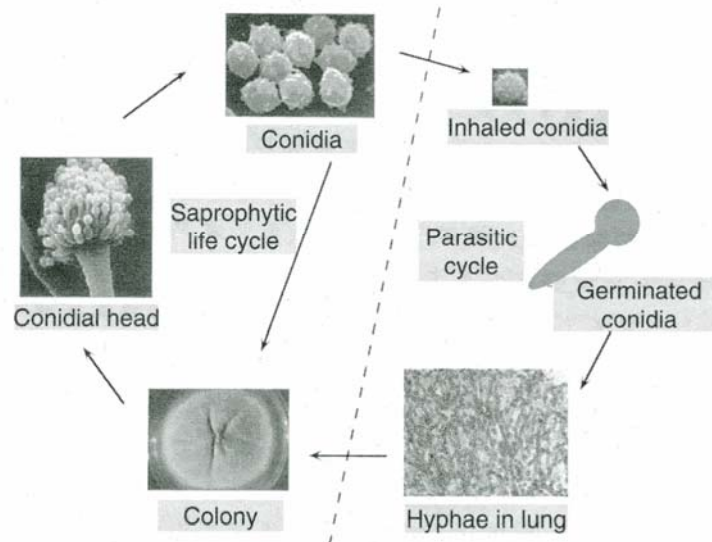


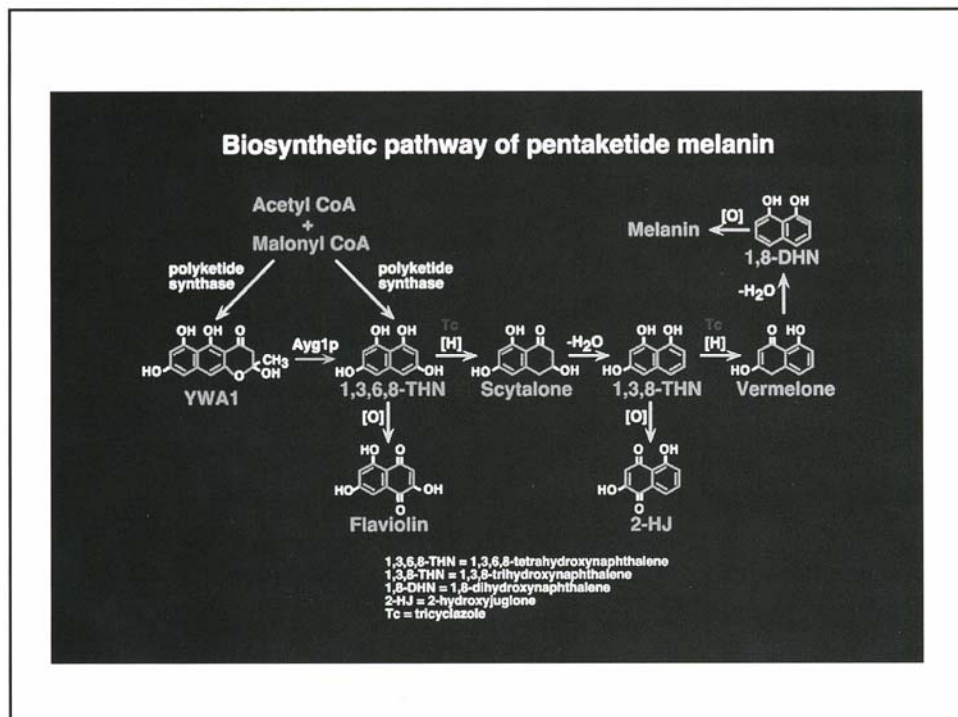
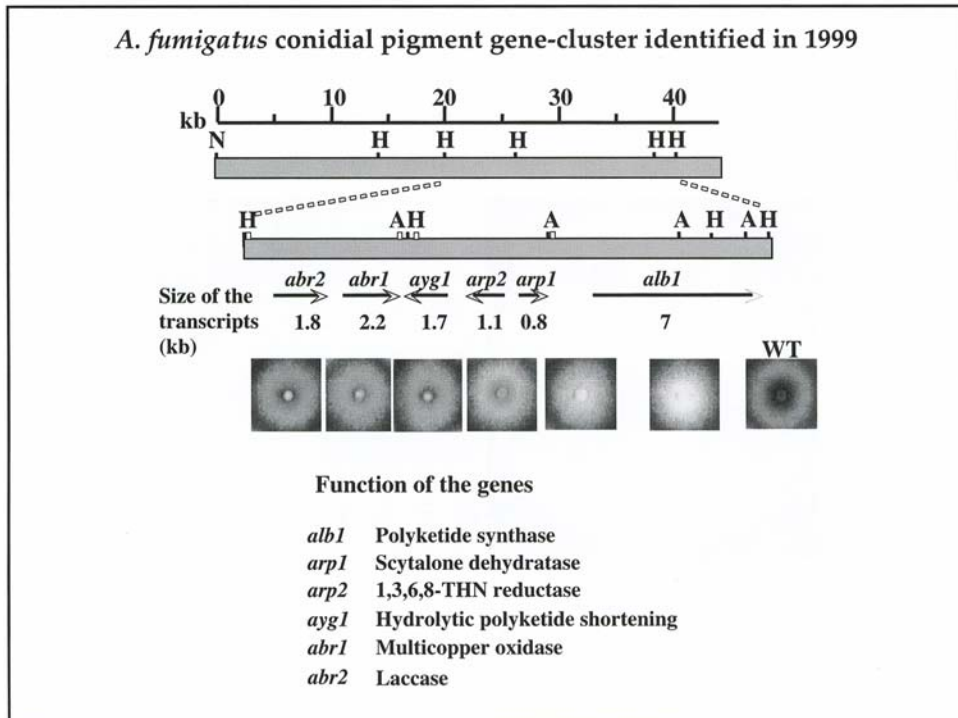
- Hyp1 protein is resistant to chemical degradation and plays a role in resistance to phagocytic defenses

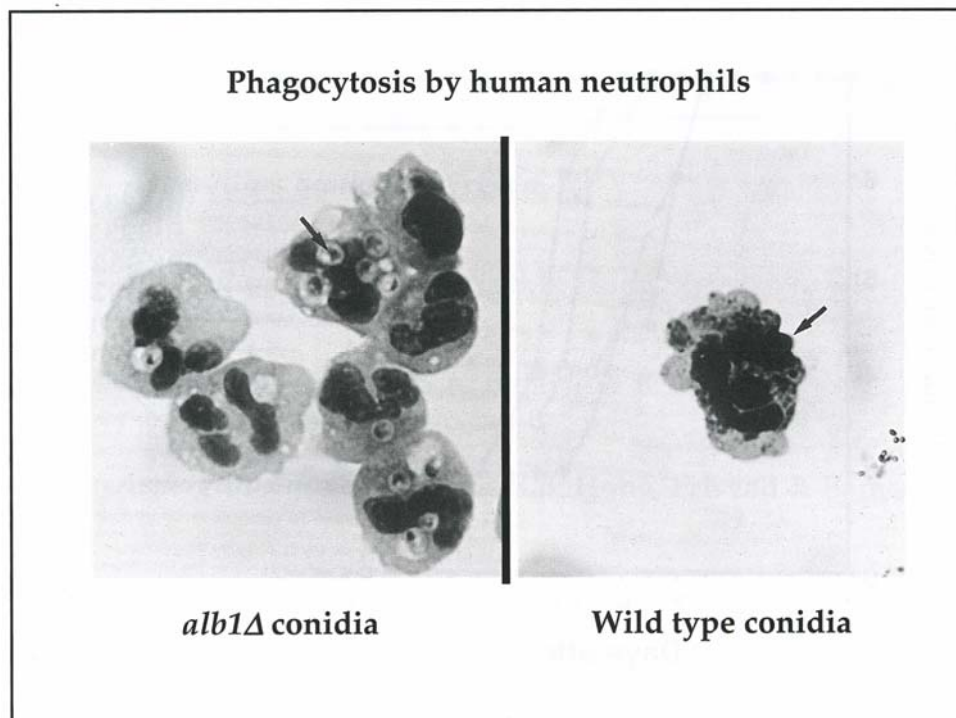
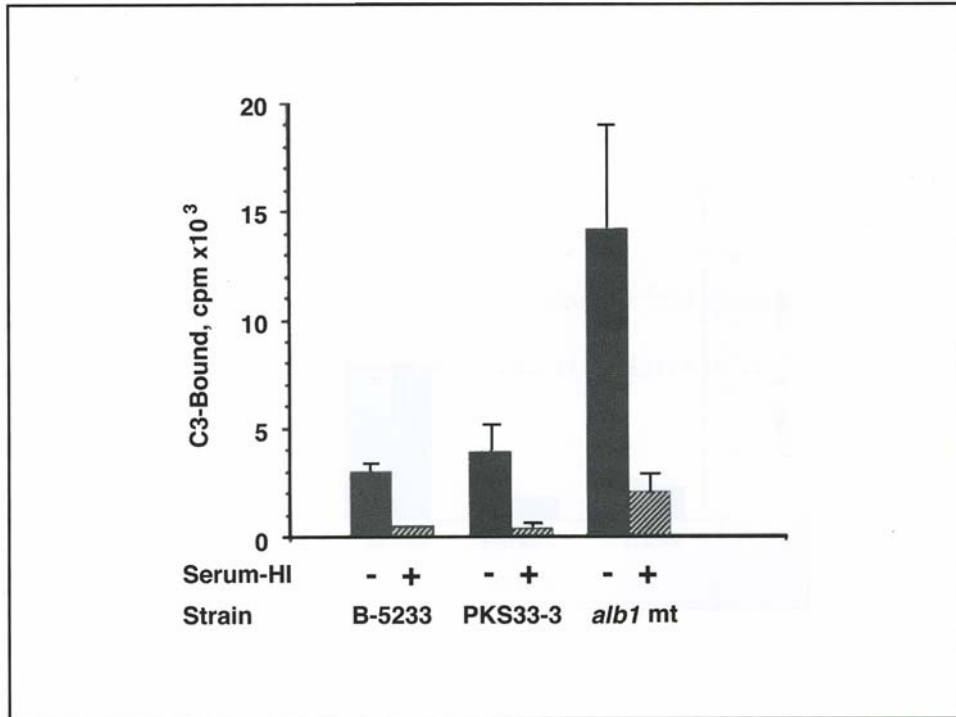
Conidial dispersions by the wild type but not by the *hyp1* mutant

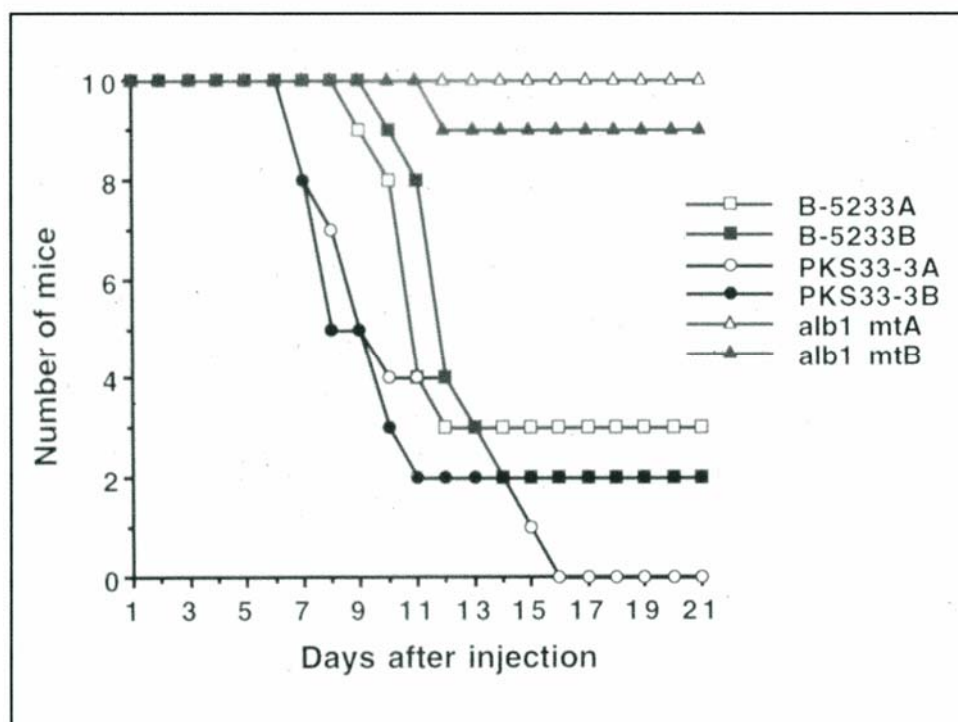
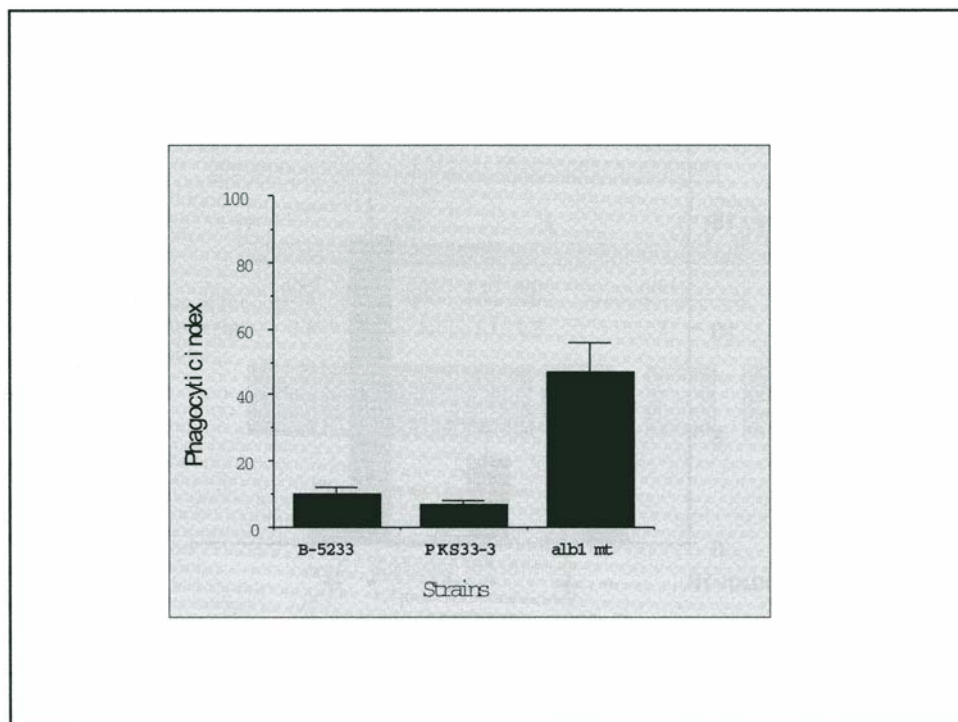


Saprophytic and parasitic life cycles of *A. fumigatus*











**Are there morphologically similar but genetically distinct strains among clinical isolates of *A. fumigatus* ?**

Anamorphic species closely resembling *A. fumigatus*

\* *Aspergillus fumigatus* Fresen.

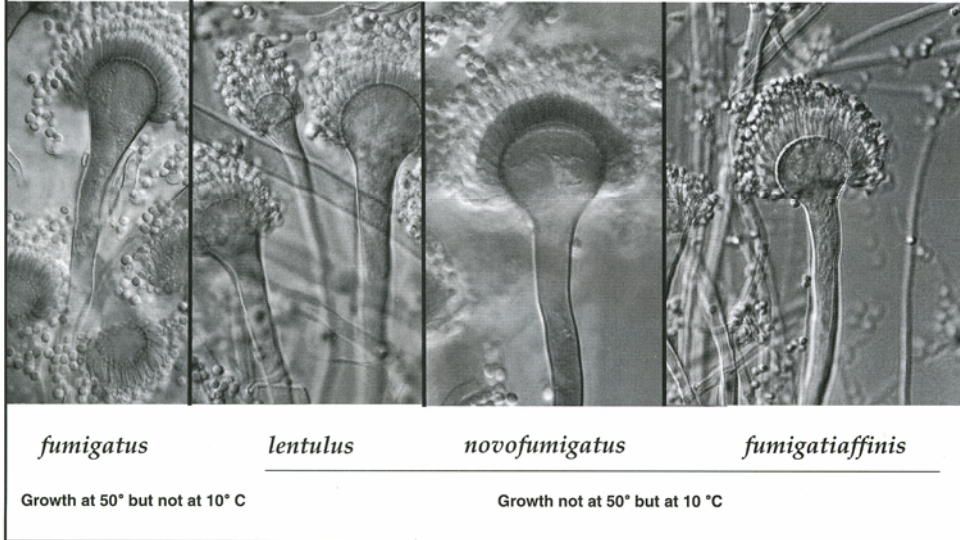
*Aspergillus fumigatiaffinis* S.B. Hong,

\* *Aspergillus lentulus* S.A. Balajee & K.A. Marr

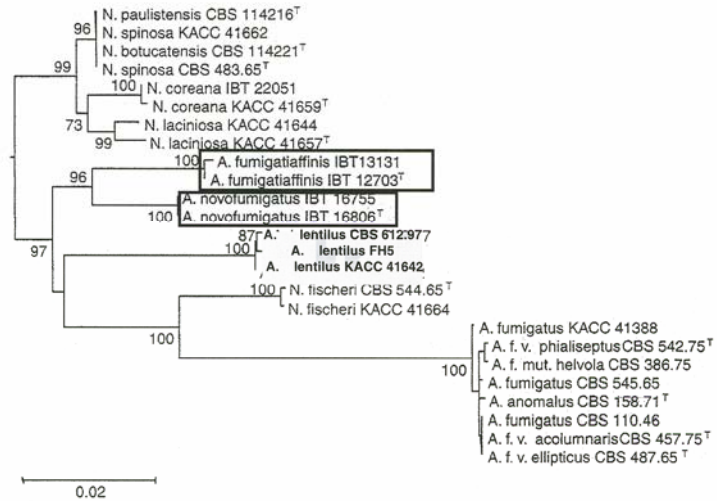
*Aspergillus novofumigatus* S.B. Hong, Frisvad & Samson

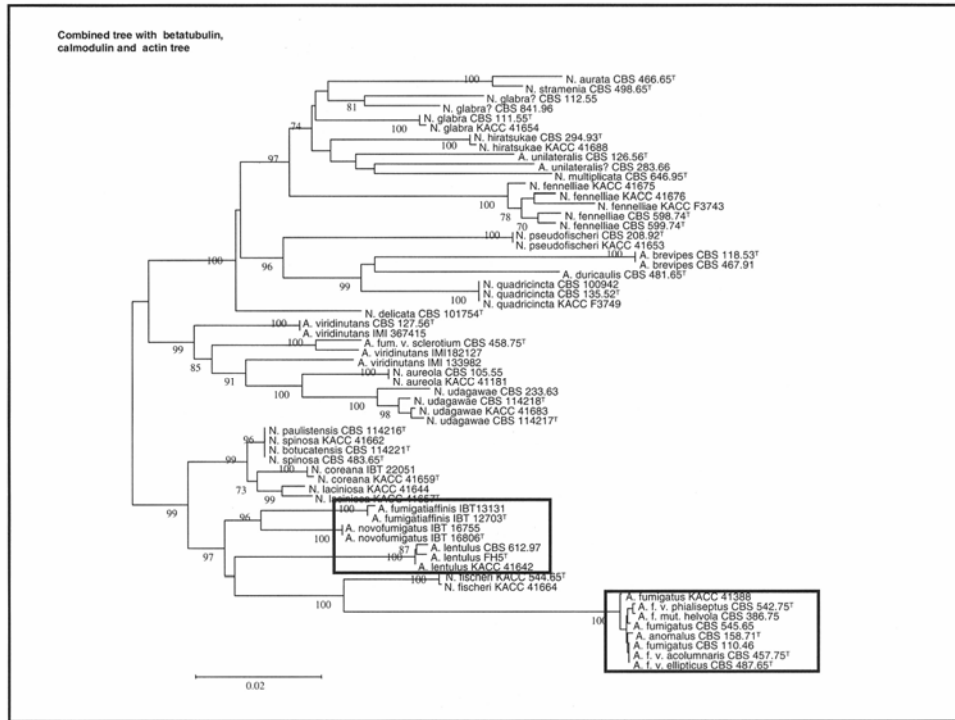
\* Isolated from clinical cases

**Microscopical similarities of *Aspergillus fumigatus*, *A. lentulus*, *A. novofumigatus* and *A. fumigatiaffinis***



**Genetic diversity between sister species of *A. fumigatus***





Mycotoxins of *A. fumigatus* and its closely related species

Toxins	<i>A. fumigatus</i>	<i>A. lentulus</i>	<i>A. fumigatiaffinis</i>	<i>A. novofumigatus</i>
Indolalkaloids	-	-	-	+
Auranthine	-	+	+	-
Fumagillin	+	-	-	-
Fumigaclavines	+	-	+	-
Fumigatin	+/-	-	-	-
Fumitremorgins	+	-	-	-
Gliotoxin	+	-	-	-
Helvolic acid	+	-	+	+

## Fungal secondary metabolites

### Non-ribosomal peptide synthase (NRPS)

b-lactam antibiotics

Cyclosporin- immunosuppressant

Echinocandin- antifungal drug

Gliotoxin- toxin

### Polyketides (PKS)

Lovastatin- cholesterol lowering agent

Aflatoxin- carcinogen

### Indole alkaloids

Ergotamine- migraine treatment

- Control of post partum bleeding

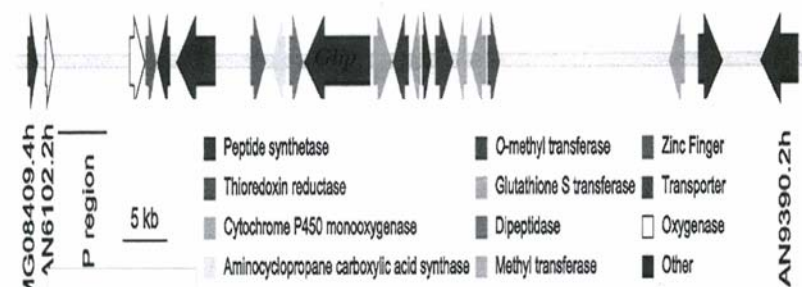
### Terpenes

Trichodiene- toxin

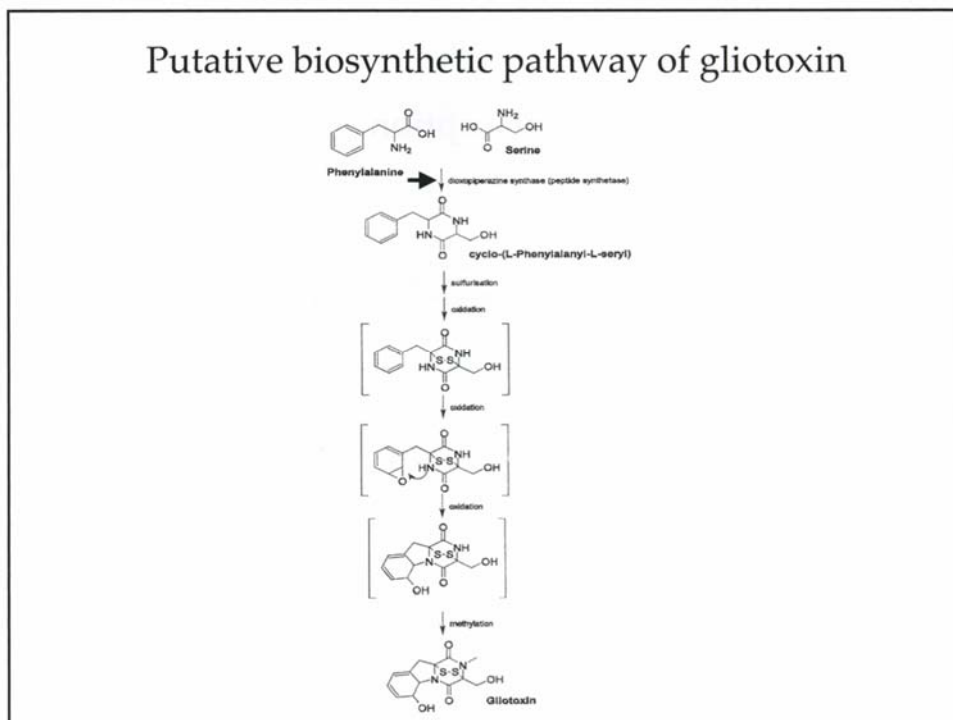
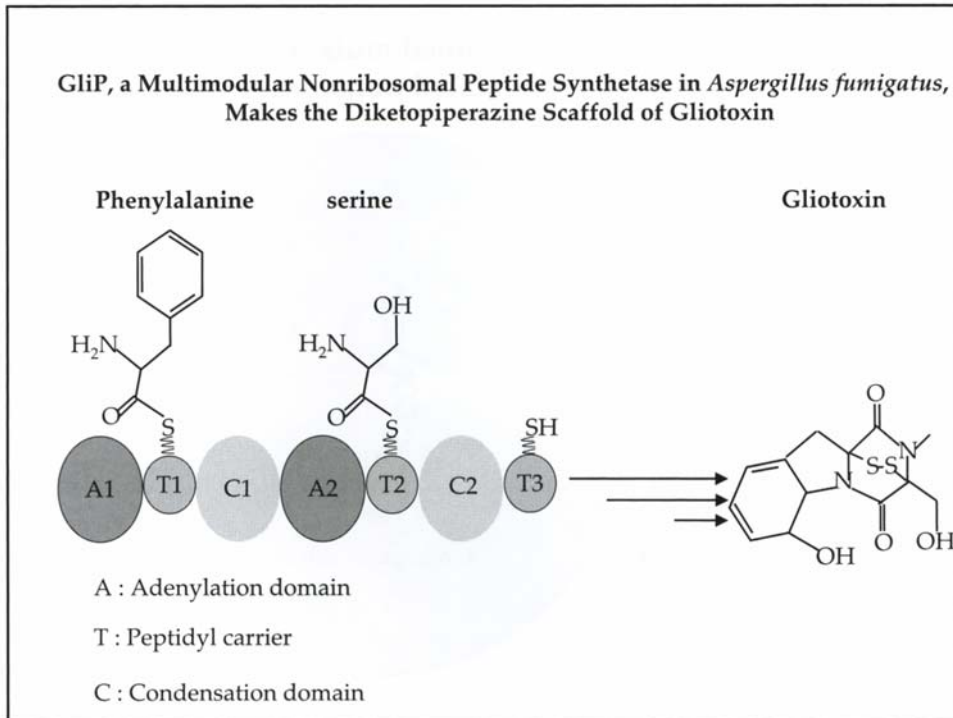
Aristolochene- toxin

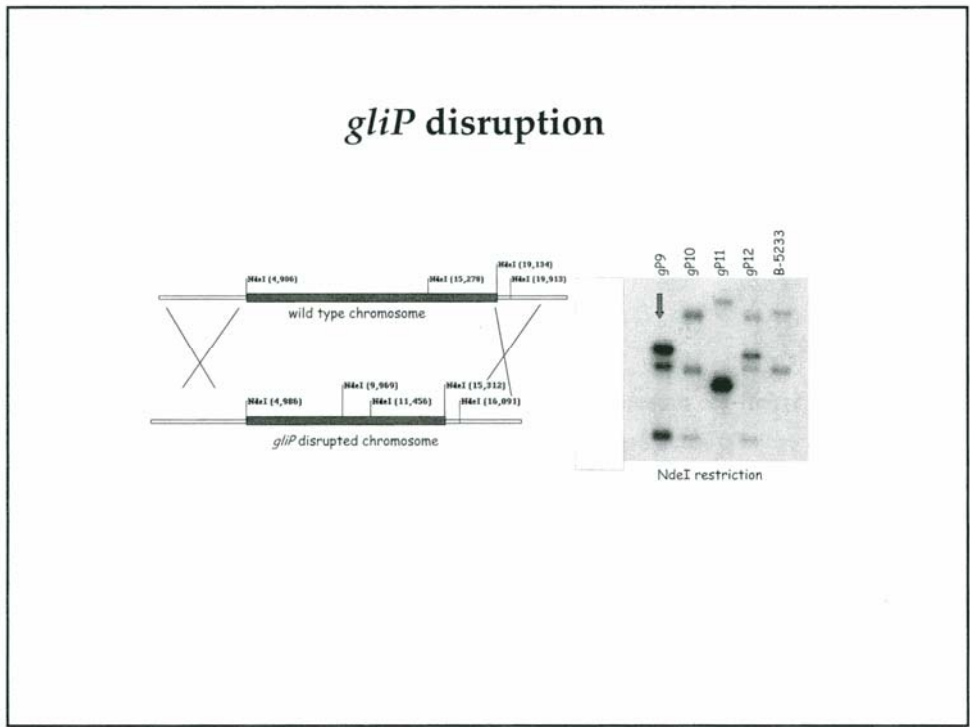
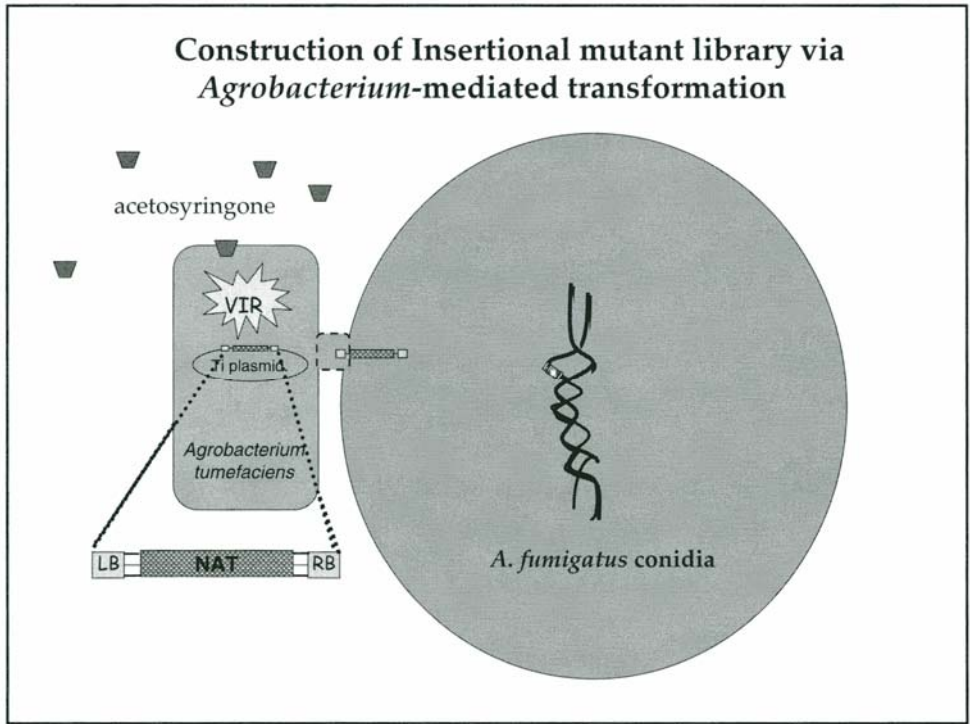
## Gliotoxin gene cluster found in *Aspergillus fumigatus* genomic data base

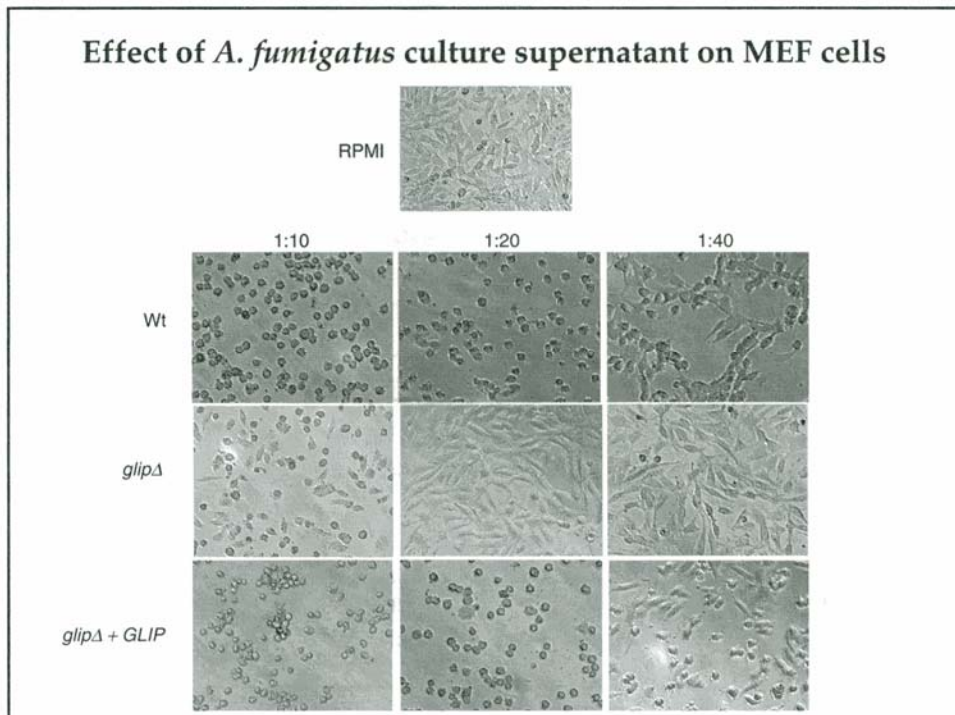
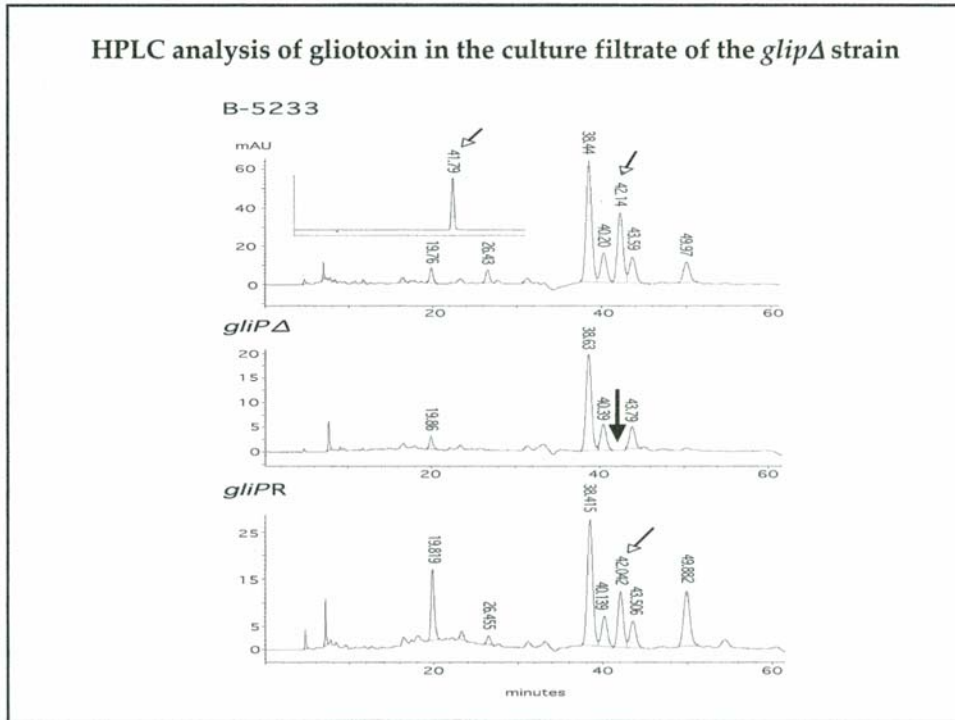
### *Aspergillus fumigatus* putative gliotoxin gene cluster



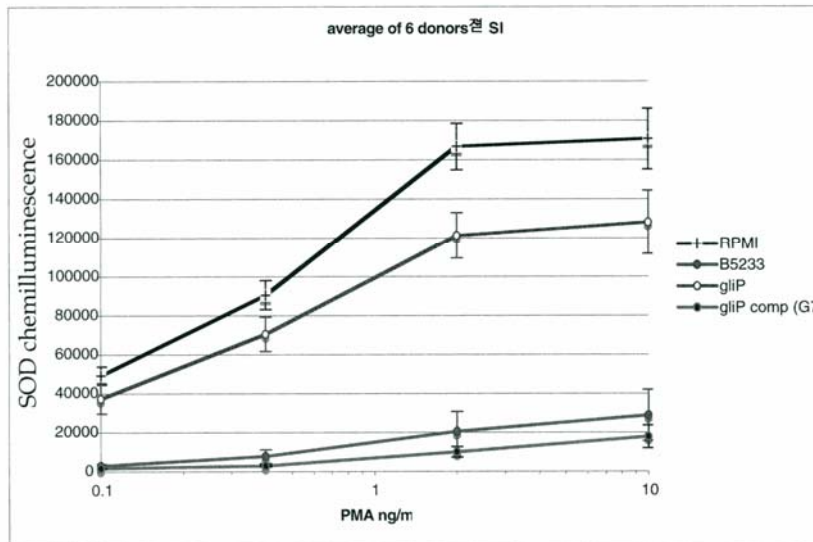
### *Leptosphaeria maculans* sirodesmin biosynthetic gene cluster



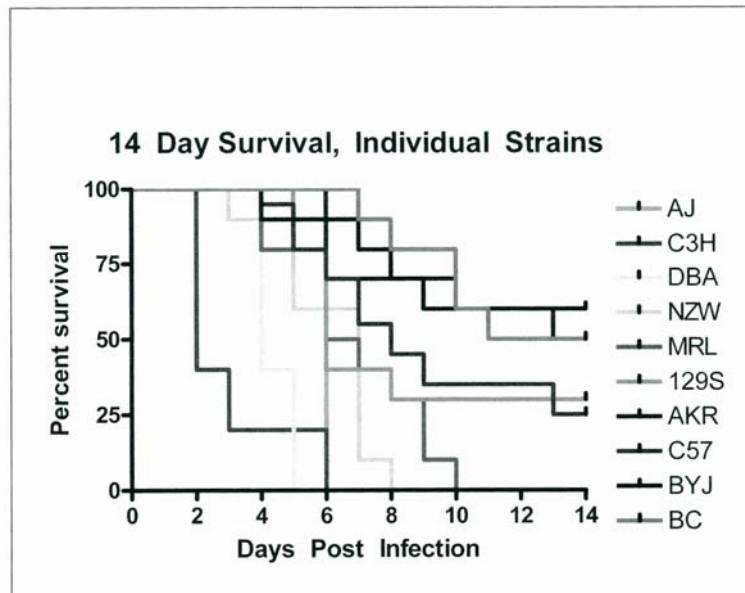




### Effect of gliotoxin on the oxidative burst of human neutrophils

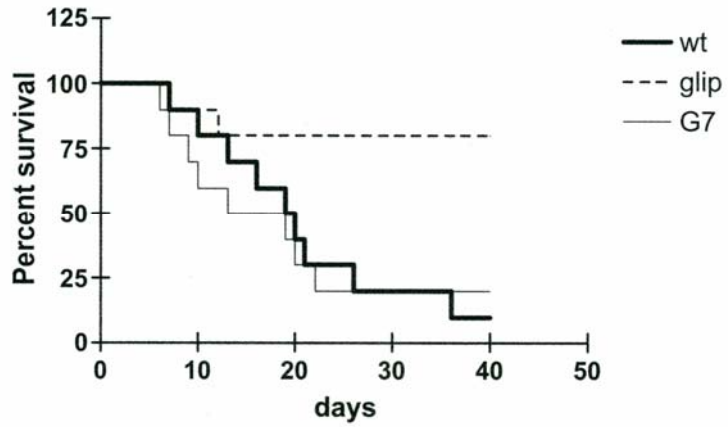


### Host genetic background and susceptibility to aspergillosis



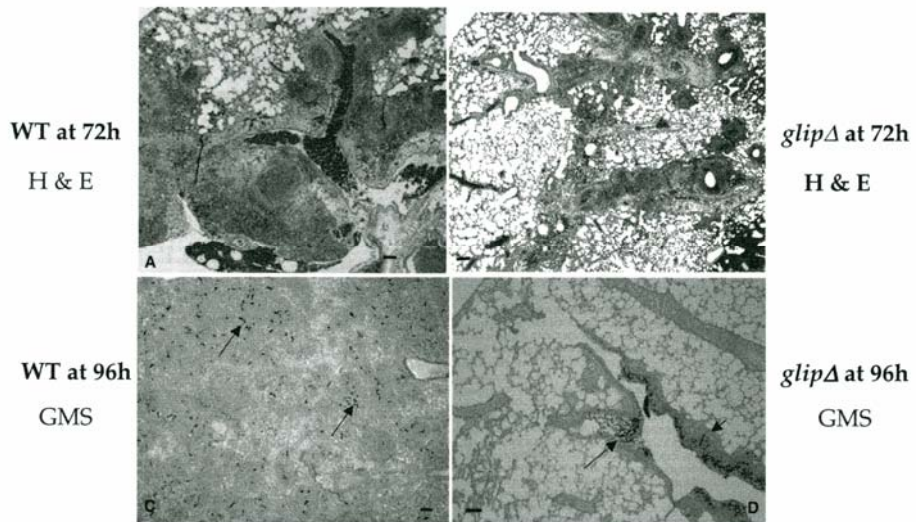


Effect of gliotoxin on the virulence of *A. fumigatus* in 129/Sv mice



P= 0,005, wt vs glip

Histopathology of mouse lungs



## Conclusions

- Invasive aspergillosis is on the rise world-wide
- Early diagnosis is pivotal in saving lives of IA patients
- *A. fumigatus* is the most common cause of IA
- Routine laboratory diagnosis may misidentify the species morphologically similar to *A. fumigatus*
- Surrogate antigen markers may assist in monitoring
- Secondary metabolites such as gliotoxin are important virulence determinants of *A. fumigatus*

## Acknowledgements

<i>MMS/LCID</i>	<i>Clin. Pathol. Unit/LHD/NIAID</i>	<i>Max-Planck-Institut für Immunbiologie</i>
Janyce Sugui	John Gallin	Markus Simmon
Yun C. Chang	Kol Zarembor	Julian Pardo
Huei-Fung Tsai		