

# JCU ePrints

This file is part of the following reference:

**Rai, Numaya (2004) *Investigations in the aetiology and pathophysiology of sago haemolytic disease*. Masters (Research) thesis, James Cook University.**

Access to this file is available from:

<http://eprints.jcu.edu.au/4776>



**INVESTIGATIONS IN THE AETIOLOGY AND PATHOPHYSIOLOGY OF  
SAGO HAEMOLYTIC DISEASE**

Thesis submitted by  
Numaya RAI (Gurung) BSc (MLS), TU, IOM (NEPAL)  
in  
December, 2004

in partial fulfilment of the requirements  
for the degree of Master of Biomedical Sciences (Medical Lab Science)  
at the School of Veterinary & Biomedical Sciences  
James Cook University, Townsville, Australia

## **STATEMENT OF SOURCES**

### **DECLARATION**

I declare that this thesis is my own work and has not been submitted in any form for another degree or diploma at any university or other institution of tertiary education. Information derived from the published or unpublished work of others has been acknowledged in the text and a list of references given.

**Numaya RAI (Gurung)**

**December 2004**

## **STATEMENT ON ACCESS TO THE THESIS**

I, the undersigned, the author of this thesis, understand that the James Cook University will make this thesis available for use within the University Library and, via the Australian Digital Theses network, for use elsewhere.

I understand that, as an unpublished work, a thesis has significant protection under the Copyright Act and;

I do not wish to place any restriction on access to this thesis.

**Numaya RAI (Gurung)**

**December 2004**

## **ELECTRONIC COPY**

I, the undersigned, the author of this work, declare that the electronic copy of this thesis provided to the James Cook University Library is an accurate copy of the print thesis submitted, within the limits of the technology available.

**Numaya RAI (Gurung)**

**December 2004**

## ACKNOWLEDGMENTS

I sincerely thank my supervisor, Dr Jeffrey Warner for his encouragement and invaluable guidance during both the experimental and writing stages of this thesis.

I am grateful to A/Professor Warren Shipton for allowing me to work in his project and financial support.

Special thanks to Dr Wayne Melrose for his kind support and expert opinion in haematological aspect.

My personal thanks are expressed to Andrew Greenhill for his continuous support and advise during the experimental works and for providing me beautiful pictures of sago processing in PNG.

I wish to thank Laurie Reilly for providing me haematological staining reagents and required stuffs. Also Jenny Elliman for her kind cooperation.

I would like to thank the staff and students of the School of Biomedical science, James Cook University for their kind cooperation.

Special thanks to Linda Warner for her kind contribution in this project.

I am grateful to the member of “PNG WANTOK CLUB”, student association of PNG at James Cook University, and their families and relatives for their generous coordination and participation. Without their cooperation, completion of this work was virtually possible. I would like to acknowledge the support and friendship from Eare Forova, Daisy Raburabu and Taita Viri.

Finally, I wish to thank my husband Ganesh and two sons, Gahan and Mohit for their moral support and encouragement.

## ABSTRACT

Sago haemolytic disease (SHD) is a suspected mycotoxocosis that causes acute and sometime fatal intravascular haemolysis and has only been described in Papua New Guinea (Taufa, 1974; Donovan *et al.*, 1977). Although much is yet to be revealed about this condition, the main risk factor is the consumption of stale sago starch, a food stuff which is the staple carbohydrate for rural Papua New Guineans. It is thought that fungi that colonise the sago are responsible for the haemolytic compound that cleaves red cell membrane proteins. The condition often manifests in family clusters and a genetic predisposition has been postulated. Melanesian Ovalocytosis (MO), also known as South East Asian Ovalocytosis (SAO), is a autosomal recessive genetic disorder expressing a red cell membrane band 3 deletion in individuals who have inherited the gene responsible. The condition is subclinical but common in rural PNG where it is thought to offer some malaria protection (Bruce *et al.*, 2000). It is reasonable to assume that as this condition is widespread in rural PNG where SHD is endemic, it may a confounding predisposing factor to the manifestation of the acute haemolytic crisis.

A number of organisms implicated in SHD have been isolated and crude haemolytic compounds were isolated as per methods of Bernheimer (Bernheimer, 1988). Red cell membrane ghosts were prepared from individuals with and without the MO band 3 deletion and exposed to the toxins. Proteins were separated using Sodium dodecyl sulphate polyacrylamide gel electrophoresis (SDS-PAGE) and the activity of the toxin was demonstrated by the cleaving of band known to be present through comparison with untreated controls. Although cleavage of bands was demonstrated by various toxin compounds no discernable difference could be identified between the two groups. This may suggest that MO is not involved as a host factor which predisposes SHD, although further studies are required to elucidate this finding.

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	v
ABSTRACT .....	vi
ABBREVIATIONS .....	xi
CHAPTER 1 - INTRODUCTION .....	1
CHAPTER 2 - LITERATURE REVIEW .....	3
2.1 Introduction .....	3
2.2 Erythrocyte Membrane .....	3
2.2.1 Membrane composition .....	3
2.2.2 Membrane function .....	6
2.2.3 Red blood cell metabolism .....	7
2.2.3.1 Hexose- monophosphate shunt .....	7
2.2.4 Regulation of red blood cell membrane integrity .....	9
2.3 Clinical Signs and Symptoms of Haemolytic Anaemia .....	11
2.4 Infections Causing Haemolysis .....	15
2.4.1 Malaria .....	15
2.4.2 Babesiosis .....	17
2.4.3 Bartonellosis .....	17
2.5 Haemolytic Toxins .....	18
2.5.1 Streptolysin O .....	20
2.5.2 Streptolysin S .....	21
2.5.3 Phospholipase A .....	22
2.5.4 Phospholipase A <sub>2</sub> .....	24
2.5.5 Phospholipase C .....	29
2.6 Underlying Haemolytic Disorders Predisposing to Infections .....	30
2.7 Predisposition to Infection by Therapy for Haemolytic Disorders .....	33
2.7.1 Blood transfusion .....	33
2.7.2 Immunosuppression .....	34
2.7.3 Splenectomy .....	34
2.8 Zieve's Syndrome .....	34
2.8.1 Mechanisms of haemolysis in Zieve's syndrome .....	34
2.9 Sago Haemolytic Disease .....	35
2.10 Melanesian Ovalocytosis .....	37
2.11 Conclusion .....	38
CHAPTER 3 - GENERAL MATERIALS AND METHODS .....	39
3.1 Sample Collection .....	39
3.1.1 Finger prick .....	39
3.1.2 Venous blood draw .....	40
3.2 Haemolysin from Bacteria, Fungi and Yeasts .....	40
3.2.1 Isolation of bacterial toxin .....	41
3.2.1.1 Preparation of dialysis tube .....	41
3.2.1.2 Preparation of culture medium for bacteria .....	41
3.2.1.3 Culture .....	41



3.2.1.4	Toxin extraction .....	42
3.2.2	Fungal culture and isolation .....	42
3.2.2.1	Media preparation and fungal culture .....	42
3.2.2.2	Toxin extraction .....	43
3.2.3	Culture and toxin extraction of haemolytic yeast .....	43
3.2.3.1	Culture of haemolytic yeast .....	43
3.3	Sodium Dodecyl Sulphate Polyacrylamide Gel Electrophoresis by Laemmli Discontinuous Buffer System .....	44
CHAPTER 4 - DETERMINATION OF HAEMOLYTIC ACTIVITY OF ORGANISMS IMPLICATED IN SAGO HAEMOLYTIC DISEASE .....		
4.1	Introduction .....	46
4.2	Materials and Methods .....	46
4.2.1	Erythrocyte suspension preparation .....	46
4.2.2	Haemolytic assay .....	46
4.3	Results .....	47
4.4	Discussion .....	52
CHAPTER 5 - THE ACTIVITY OF HAEMOLYTIC FRACTIONS ON RED CELL MEMBRANES FROM NORMAL AND MELANESIAN OVALOCYTOSIS RED CELLS .....		
5.1	Introduction .....	54
5.2	Materials and Methods .....	54
5.2.1	Preparation of erythrocyte membranes (ghosts cells) .....	54
5.2.2	Preparation of test samples .....	55
5.2.3	Sample loading .....	55
5.2.4	Staining .....	56
5.2.5	Results .....	56
5.3	Discussion .....	60
CHAPTER 6 - GENERAL DISCUSSION .....		
APPENDICES .....		
REFERENCES .....		

## LIST OF TABLES

Table 2.01	Erythrocyte Membrane Composition . . . . .	4
Table 2.03	Classification of haemolysis . . . . .	12
Table 2.04	Classification of haemolytic anaemia . . . . .	13
Table 2.05	Categories of association of infection and haemolysis (Berkowitz, 1991). . . . .	14
Table 2.06	Infectious agents transmitted in blood . . . . .	33
Table 5.01	Details of samples used in different lanes. . . . .	57
Table 5.02	Details of samples used in different lanes. . . . .	58
Table 5.03	Details of samples used in different lanes. . . . .	59

## LIST OF FIGURES

Figure 2.01	Schematic representation of red cell membrane architecture reproduced from Picart and Discher (1999). . . . .	4
Figure 2.02	The Hexose Monophosphate Shunt . . . . .	8
Figure 2.03	Embden – Meyerhof Pathway Reproduced from Michael W. King, PhD / IU School of Medicine mking@medicine.indstate.edu . . .	9
Figure 2.04	Schematic diagram of the suggested action of ceramide on cPLA <sub>2</sub> recruitment to the membrane. Reproduced from <i>The FASEB Journal</i> . 2001;15:7-9. . . . .	29
Figure 2.05	<i>Metroxylon sagu</i> . . . . .	36
Figure 3.01	Capillary blood collection . . . . .	39
Figure 3.02	Stale sago starch derived from <i>Metroxylon sagu</i> . . . . .	40
Figure 3.03	Screening blood slides . . . . .	45
Figure 4.01	Haemolytic activities of <i>C. perfringens</i> toxin extracted from sago (◆) and <i>C. perfringens</i> ATCC 13124 (■) . . . . .	47
Figure 4.02	Haemolytic activities of toxins extracted from <i>P. steckii</i> with TDS (◆) and with TDS / Ethanol (■) grown in rice medium. . . . .	49
Figure 4.03	Haemolytic activities of toxins extracted from <i>P. steckii</i> with TDS(◆) and with TDS / Ethanol (■) grown in wheat medium . . . . .	50
Figure 4.04	Haemolytic activities of toxins extracted from <i>Candida spp</i> with TDS (◆) and with TDS / Ethanol (■) grown in sago D . . . . .	51
Figure 4.05	Haemolytic activities of toxins extracted with TDS from <i>Candida spp</i> grown on sago S (◆), and grown on BA (■), and extracted with TDS / Ethanol (▲) grown on BA. . . . .	51
Figure 5.01	SDS-PAGE profile of erythrocyte membrane treated with various toxins. Result shows different toxins have cleaved different protein fractions of RBC membrane. . . . .	57
Figure 5.02	SDS-PAGE profile of erythrocyte membrane treated with various toxins. Result shows different toxins have cleaved different protein fractions of RBC membrane. . . . .	58
Figure 5.03	SDS-PAGE profile of erythrocyte membrane treated with various toxins. Result shows different toxins have cleaved different protein fractions of RBC membrane. . . . .	59

## ABBREVIATIONS

<i>B. cereus</i>	<i>Bacillus cereus</i>
BA	blood agar
<i>C. perfringens</i>	<i>Clostridium perfringens</i>
<i>C. albicans</i>	<i>Candida albicans</i>
CPA	carrot potato agar
DDT	diothiothreitol
DLF	direct lytic factor
<i>E. coli</i>	<i>Escherichia coli</i>
EDTA	Ethylene diamine tetra acetic acid
gm	gram
<i>g</i>	gravity
G6PD	glucose 6 phosphate dehydrogenase
GSH	glutathione
<i>H. influenzae</i>	<i>Haemophilus influenzae</i>
H <sub>2</sub> O <sub>2</sub>	hydrogen peroxide
Hb	haemoglobin
HIV	human immuno deficiency virus
HMP	hexose mono phosphate shunt
hr	hour
HUS	haemolytic uremic syndrome
IV	intravenous
K <sup>+</sup>	potassium
kDa	kilo dalton
l	litre
<i>L. monocytogenes</i>	<i>Listeria monocytogenes</i>
M	molar
min	minute
ml	milli litre
mM	milli molar
MO	Melanesian ovalocytosis
μl	micro litre
μm	micro metre
Na <sup>+</sup>	sodium
NADPH	nicotinamide adenine dinucleotide phosphate
nm	nano metre
°C	degree Celcius
OMPLA	outer membrane phospholipase A
<i>P. steckii</i>	<i>Penicillium steckii</i>
<i>P. citrinin</i>	<i>Penicillium citrinin</i>
<i>P. sizovae</i>	<i>Penicillium sizovae</i>
<i>P. aeruginosa</i>	<i>Pseudomonas aeruginosa</i>
PAT	platelets activating factor
PBS	phosphate buffered saline
PC	phosphotidylcholine
PCR	polymerase chain reaction

PE	phosphatidylethanolamine
PG	phosphatidylglycerine
PI	phosphatidylinositol
PNG	Papua New Guinea
PS	phosphatidylserine
RBC	red blood cell
RBCM	red blood cell membrane
rpm	revolution per minute
<i>S. aureus</i>	<i>Staphylococcus aureus</i>
<i>S. typhimurium</i>	<i>Salmonella typhimurium</i>
<i>S. pneumoniae</i>	<i>Streptococcus pneumoniae</i>
SC	subcutaneous
SDS-PAGE	sodium dodecyl sulphate polyacrylamide gel electrophoresis
<i>spp</i>	species
TDS	toxin diluting solution
<i>Y. enterocolitica</i>	<i>Yersenia enterocolitica</i>