



Incidence of *Mycobacteria spp.* in shrimp in Iraq

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Abstract

This study was designed to determine the incidence of

mycobacteria in shrimp. Totally, 162 Shrimp samples (every sample was batch of 3 shrimp) were collected from Basra Governorate (24 fresh samples) and (30 frozen samples) from Baghdad. The samples were cultured on special media for *mycobacteria* (Lowenstein – jensen medium) and incubated at 25 °C for 8 weeks. Diagnosis of Mycobacteria species was based on rate of growth, colonies morphology, direct microscopic examination stained by acid-fast stain. The results revealed growth of bacterial isolates during 2-6 weeks that morphologically resemble mycobacterial colonies. Microscopically, acid-fast Ziehl-Neelsen staining bacteria showed red bacilli. Also, the results revealed 11 (20.3%) isolates out of 54 samples. The isolates were 9 (16.6%) of fresh samples and 2 (3.7%) from frozen samples. This is the first record of the occurrence of acid-fast bacterial infection in species of shrimp in Iraq.

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Introduction

Nontuberculous mycobacteria (NTM) are transmitted to humans from the environment, through ingestion of food. They have been isolated from beef, pork, lamb (Tison *et al.*, 1966), milk and other dairy products (Dunn and Hodgson, 1982; Tacquet *et al.*, 1966; Thomas and McDermont, 1975; Wolinsky, 1979, Wolinsky, 1992; Yajko *et al.*, 1995), water (Andern *et al.*, 1983, Du moulin and Stottmeier, 1986, von Reyn *et al.*, 1993), vegetables (broccoli, spinach, and lettuce), fruits (cherries, pomegranates, and apples), herbs (basil and parsley) (Yoder *et al.*, 1999), preserves and brine (Tison *et al.*, 1966) and oysters (Thomas and McDermont, 1975). In addition, NTM has been isolated from fish such as Pacific salmon

(Arakawa *et al.*, 1986) and Channastriatus (Chinabut *et al.*, 1990). So these food samples were considered as sources of human infection or colonization.

A genus *Mycobacteria* contains species that cause human leprosy, and tuberculosis. They are ubiquitous in the aquatic environment. Seafood-associated mycobacteria include *M. marinum*, *M. fortuitum*, *M. chelonae*, *M. shottsii*, and others. *M. marinum* is perhaps the most well-known of these, the organism causes disease in both fish and shrimp. It can result in devastating losses in aquaculture facilities. The human illness might be occurred during exposure of the skin (wound) to infected shrimp, contaminated water and sometimes after cleaning aquariums. The fish infection is sometimes known as fish TB, and in shrimp as shrimp TB. Whereas, infection in human has been called fish tank granuloma, fish handler's disease, and swimming pool granuloma. This terminology can be confusing and overlaps with several distinct illnesses (Daniel, 2005). Other species of atypical (or non-tuberculous) mycobacteria are saprophytes in the aquatic environments, such as *M. fortuitum* and *M. chelonae*, (Biondi, 1982). These species have been reported as etiological agents of human skin infection over the world (Wolinsky, 1979; Rosenmeier, 1991; Inglis, 1993; Hautmann and Lotti, 1994; Campo *et al.*, 2003). Cutaneous mycobacterial infections associated with shrimp have been previously reported, with both *Mycobacterium kansasii* and *M. marinum* (Owens, 1969; Miller, 1973). In 1972 and 1986, researcher mentioned that aquatic animals such as fresh or saltwater fish, snails, shellfish, dolphins, shrimps and water fleas can be considered as vectors of human skin infection (Huminer, 1986; Jolly and Seabury, 1972). An increasing number of cases have been reported from most countries with temperate climates (Falkinham., 1996). Predisposing occupations and activities include fishery worker, seafood handler, fish-tank owner, fisherman, pet shop worker, and water-related recreational exposure (Dobos *et al.*, 1999).

So far as we are aware, no articles have been published regarding the isolation and identification of *Mycobacteria spp.* from shrimp in Iraq. So this study was designed to determine the incidence of mycobacteria in shrimp.

Material and methods

A total 162 (every sample was a batch of 3 shrimp) (24 sample from fresh shrimp from Basra governorate and 30 samples from frozen shrimp from Baghdad governorate), were transported in closed plastic box to the laboratory. Subsequently, samples were subjected to a careful external and internal examination to detect the presence of any obvious disease signs. Each sample was homogenized with sterile Phosphate Buffer Saline (PBS). Then, the suspension was treated with 4% sodium hydroxide solution, and the mixture was incubated at 37 °C for 15 min with occasional shaking. The suspension was centrifuged and the supernatant removed. Then, the sediment suspended in 4 ml sterile distilled water and centrifuged at 3000 x g for 10 mins. The sediment was mixed with 1 ml of sterile distilled water, and 0.1 ml of this solution was used as an inoculum on the Lowenstein –jensen medium and cultured at 25 °C for 8 weeks. The samples were observed weekly (de Kantor and Laszlo, 1998; Laidlaw, 1989; Watt *et al.*, 1996). The presence of mycobacteria in the positive cultures was confirmed by; the colony morphology on Lowenstein-

Jensen medium, Ziehl-Neelsen staining method and time of growth through the weeks (Quinn *et al.*, 2006).

Results

Microscopic examination

Stained smears prepared from the sediment of the homogenized samples and from growth colonies, revealed red staining rods with different length. The isolation percentages were 11 (20.3%) out of 54 samples and 9 (16.6%) of fresh samples. While, it was 2 (3.7%) of frozen samples in different growth time from 2-6 week (Table.1).

Colony morphology

The isolated colonies appeared as whitish, sticky small colonies and broken up easily. Some of the colonies were smooth however, others were rough or intermediate. The colonies were appeared as pale yellow, buff or tan pigment colonies on LJ medium.

Table 1. Mycobacterium spp. incidence in fresh and frozen shrimp by culturing between 2-6 weeks

Positive samples	Types	Growth Time/ week	Percentage %
1	Fresh	6 weeks	16.6
2	Fresh	6 weeks	
3	Fresh	2 weeks	
4	Fresh	4 weeks	
5	Fresh	2 weeks	
8	Fresh	6 weeks	
9	Fresh	6 weeks	
11	Fresh	4 weeks	
12	Fresh	4 weeks	
46	Frozen	6 weeks	
47	Frozen	4 weeks	
Total 11	9/2	Between 2-6 weeks	20.3

Discussion

The demand in the consuming the natural and fresh food has increased recently between populations. There is a growing concern about the nutritional food losses upon processing and possible health risk of chemical preservatives. The number of foodborne illness remains a public concern, despite the improvement in the manufacturing standard and effective legislative control on processing procedures (Tharmaraj and Shah, 2009). The characteristics features of colony morphology,

including the appearance of different lengths red staining rods by microscopic examination of the acid-fast stain smear from the centrifuged sediment were in agreement with (Quinn *et al.*, 2006). Colony morphology of MA complex, exist in 3 forms; smooth transparent, smooth opaque and rough opaque (Ryan and Ray, 2004). *M. avium*, *M. intracellular* and sometimes *M. scrofulaceum* are grouped together because there was no mean to distinguish one species from another (Thegerstrom, 2009).

The results of this study revealed 11 (20.3%) isolate out of 54 samples, 9 (16.6%) from fresh samples, and 2 (3.7%) from frozen samples.

The percentages of isolation of Mycobacterium in this study from the fresh samples was higher than from the frozen samples. This results may be attributed to the cleaning and shelling of the frozen samples. Also, the number of microorganisms were killed by freezing and thawing (Sokatch and Ferreti, 1979).

Mycobacteria can survive under environmental conditions. They are intolerable for most other bacterial genera, including temperatures below 0°C. These strains are known to have remained viable in nutrient broth at -70°C for years (Iivanainen *et al.*, 1995; Kim and Kubica, 1973). This may be due to the specific properties of their cell walls, such as high lipid content and therefore hydrophobicity, which renders them resistant to changes in environmental conditions (Ratledge, 1982). Due to the association between mycobacteria and a variety of different aqueous environments, it seems reasonable to believe that these organisms may occur in frozen foods, including shrimp widely consumed by humans (Carson, 1978; Falkinham, 1996; Slosa rek *et al.*, 1993). Mycobacterial colonies appeared within 2-6 weeks on *L.J* medium this indicate that these mycobacteria were of the slow grower that may be *M. marinum*, *M. kansasii*, *M. simiae*, *M. scrofulaceum*, *M. avium intracellular*, *Mulceranceor M. xenopi* (Quinn *et al.*, 2006). The contamination and growth of psychotropic and pathogenic spoilage microorganisms in refrigerated foods is a major risk in the food industry (Quinn and Markey 2003). Mycobacteria are widely distributed in both fresh and marine waters. It includes pathogenic species to marine animals and humans (Collins *et al.*, 1984; Falkinham, 1996; Dailloux *et al.*, 1999). Isolation of *Mycobacterium* from shrimp indicated that the shrimp carry or infected with this microorganism. However, many studies reported *Mycobacterium* infection from crustaceans such as, white shrimp, *Penaeus vannamei* (Lightner and Redman, 1986; Mohny *et al.*, 1998), *Macrobrachium rosenbergi* (Brock *et al.*, 1986; Lightner, 1996). LeBlanc *et al.*, (2012) also isolated *Mycobacterium marinum* infection from sea monkeys (type of shrimp). This infection originated from the direct inoculation of bacteria into skin and wounds, or ingestion of contaminated shrimp. Shrimp-vectored human infections can be grouped into two types according, to the route of entry and subsequent site of infection those originating from direct inoculation of skin and wounds, and those from ingestion of contaminated shrimp. Wound infections can be caused by bacteria that also cause disease in shrimp or those that are incident a line the marine environment from which the shrimp are harvested and processed. Cleaning and shelling shrimp can result in small lacerations or puncture wounds, especially on the hands, which provide sites of entry for the bacteria. Shrimp consumers may also be at a slight risk when preparing shrimp for the table (Daniel, 2005). *M. marinum* cutaneous infections have been reported from

exposure to contaminated water in aquariums or unchlorinated swimming pools, this has led to the nickname of ‘swimming pool granuloma’ or ‘fish tank granuloma’ (Bhambri *et al.*, 2009; Griffith *et al.*, 2007). Identified vectors include dolphins, snails, water fleas, saltwater and freshwater fish, oysters and shrimp (Bhambri *et al.*, 2009; Bhatti *et al.*, 2000; Jolly and Seabury 1972). Cutaneous mycobacterial infections associated with shrimp have been previously reported, with both *Mycobacterium kansasii* and *M. marinum* (Owens and McBride, 1969; Miller, 1973). A review of the literature by Jernigan and Farr, (2000) identified nine cases of *M. marinum* infection secondary to injury associated with shrimp. Many species of nontuberculous mycobacterium can cause extra pulmonary infections such lymphadenitis and osteoarticular infections in immunocompetent persons (Claudio and Claudio, 2009).

In conclusion, the results of this study revealed the incidence of *Mycobacteria* in the fresh and frozen shrimp, for the first time in Iraq. However, other studies need to be done and further microbiological and molecular investigation need to confirm and identify the *Mycobacteria spp.* in shrimp.

References

- Andreu A, Martí'n N, Gonzalez T, and Fernandez F. (1983).** Ecología de las micobacterias atípicas en la ciudad de Barcelona. *Gac. Sanit*, **9**:103–106.
- Arakawa CK, Fryer JL and Sanders JE. (1986).** Serology of *Mycobacterium chelonae* isolated from salmonid fish. *J. Fish Dis*, **9**:269–271.
- Bhambri S, Bhambri A, Del Rosso JQ. (2009).** Atypical mycobacterial cutaneous infections. *Dermatol Clin*, **27**:63-73.
- Bhatti MA, Turner DP, Chamberlain ST. (2000).** *Mycobacterium marinum* hand infection: case reports and review of literature. *Br J Plast Surg*, **53**:161-5.
- BROCK JA, NAKAGAWA K LAUREN, CAMPEN VAN HANA, HAYASHI T and TERUTA STEPHANIE. (1986).** A record of Baculovirus penaei from *Penaeus marginatus* Randall in Hawaii. *J. Fish Dis*, **9**(4): 353–355.
- Biondi M, Marranzano M, Allegra A, di Fazio G, Faro G, Ferrante M. (1982).** Micobatteriatipici isolati dal suolo e dalle acque. *Ann Sclavo*, **24**:496–502.
- Campo Dall’Orto B, Penati V, Florio D, Pavoletti E, Zanoni RG, Prearo M. (2003).** Su di un caso di micobatteriosiumana da *Mycobacterium chelonae*. *Boll Soc It Patol Ittica*, **38**:36–46.
- Carson LA, Peterson NJ, Favero MS. and Agüero SM. (1978).** Growth characteristics of atypical mycobacteria in water and their comparative resistance to disinfectants. *Appl. Environ. Microbiol*, **36**:839–846.

Chinabut S, Limsuwan C and Chanratchakool P. (1990). Mycobacteriosis in the snake head, *Channa striatus* (Fowler). J. Fish Dis, 13:531–535.

Claudio Piersimoni and Claudio Scarparo. (2009). Extrapulmonary Infections Associated with Nontuberculous Mycobacteria in Immunocompetent Persons. Emerging Infectious Diseases, 15 (9):1351- 1358.

Collins CH, Grange JM and Yates MD.(1984). Mycobacteria in water. J .Appl Bacteriol, 57:193–211.

Dailoux M, Laurain C, Weber M and Hartemann Ph. (1999). Water and nontuberculous mycobacteria. Water Res, 33, 2219–2228.

Daniel Holliman MD. (2005). skin infections linked to handling shrimp global aquaculture advocate seafood and health, 44-51.

De Kantor IN, Laszlo A. (1998). Tuberculosis: Laboratory procedure 5. for developing countries. In: Gangadharan PRJ, editor. *Mycobacteria basic aspects*. 1. New York: Chapman Hall ITP, 351-99.

Dobos KM, Quinn FD, Ashford DA, Horsburgh CR, King CH. (1999). Emergence of a unique group of necrotizing mycobacterial diseases. Emerg Infect Dis, 5:367–378.

Du Moulin GC, and Stottmeier KD. (1986). Waterborne mycobacteria: an increasing threat to health. ASM News, 52:525–529.

Dunn BL and Hodgson DJ. (1982). Atypical mycobacteria in milk. J. Appl.Bacteriol, 52:373–376.

Falkinham JO, III. (1996). Epidemiology of infection by nontuberculous mycobacteria. Clin. Microbiol. Rev, 9:177–215.

Griffith DE, Aksamit T, Brown-Elliott BA. (2007). An official ATS/IDSA statement: Diagnosis, treatment, and prevention of nontuberculous mycobacterial diseases. Am J Respir Crit Care Med, 175:367-416.

Hautmann G, Lotti T. (1994). Atypical mycobacterial infections of the skin. *Dermatol Clin*, 12:657–68.

Huminer D, Pitlik SD, Block C, Kaufman L, Amit S, Rosenfeld JB.(1986). Aquarium- borne *Mycobacterium marinum* skin infection. Report of a case and review of the literature. *Arch Dermatol*. 122(6):698–703.

Inglis V, Roberts RJ, Bromate NR.(1993). Mycobacteriosis: Nocardiosis. In: Blackwell. *Bacterial Diseases of Fish*. Scientific Publications: Oxford, England. 219–33.

Jernigan JA and Farr BM. (2000). Incubation period and sources of exposure for Cutaneous *Mycobacterium marinum* infection: Case report and review of the literature. *Clin Infect Dis*, 31:439-43.

Henry W. Jolly Jr and John H. Seabury (1972). Infections with *Mycobacterium marinum*. *Arch Dermatol*,106:32-6.

Kim TH and Kubica GP. (1973). Preservation of mycobacteria: 100% Viability of suspensions stored at 270°C. *Appl. Microbiol*, 25:956–960.

Laidlaw M. (1989). *Mycobacterium*: tubercle bacilli. In: Collee JG, Duguid JP, Fraser AG, Marmion BP, editors. *Mackie & McCartney practical medical microbiology*, vol. 2. Edinburgh: Churchill Livingstone, 399-416.

LeBlanc JD, Webster GJ, Tyrrell I Chiu. (2012). *Mycobacterium marinum* infection from sea monkeys. *Can J Infect Dis Med Microbiol*, 23(4): 106-108.

Lightner DV and RM Redman. (1986). A probable *Mycobacterium* sp. infection of the marine shrimp *Penaeus vannamei* (Crustacea: Decapoda). *J. Fish Diseases*, 9: 357-369.

Lightner DV (ED.)(1996). A Handbook of Shrimp Pathology and Diagnostic Procedures for Diseases of Cultured Penaeid Shrimp. World Aquaculture Society, Baton Rouge, Louisiana, USA. 304.

Iivanainen EK, Martikainen PJ, Katila ML. (1995). Effect of freezing of water samples on viable counts of environmental mycobacteria. *Lett Appl Microbiol*, 21:257–260.

Miller WC, Toon R. (1973). *Mycobacterium marinum* in Gulf fishermen. *Arch Environ Health*, 27:8-10.

Mohney LL, Poulous BT, Brooker JH, Cage GD, Lightner DV.(1998). Isolation and identification of *Mycobacterium peregrinum* from the Pacific White Shrimp. *Penaeus vannamei*. *J. Aquatic Anim. Health* 10, 83-88

Owens DW and McBride ME. (1969). Sporotrichoid cutaneous infection with *Mycobacterium kansasii*. *Arch Dermatol*, 100:54-8.

Quinn PJ and Markey BK.(2003). Concise Review of Veterinary microbiology. Computer graphics by Maguire .Black well.Publishing Ltd.

Quinn PJ, Markey BK, Carter ME, Donnally WJC, Leonard, F.C. (2006) Veterinary Microbiology and Microbial Disease, TJ International LTD Pads tow, Cornwall. Great Britain.

Ratledge C. (1982). Nutrition, growth and metabolism, 183–271. In C.Ratledge and K. Stanford (ed.). The biology of the mycobacteria. 1. Physiology, identification and classification. Academic Press Inc., London, England.

Rosenmeier GJ, Keeling JH, Grabski WJ, McCollough ML, Solivan GA. (1991). Latent cutaneous *Mycobacterium fortuitum* infection in a healthy man. J Am Acad Dermatol, 25:898–902.

Ryan KJ and Ray CG. (2004). Sherris Medical Microbiology (4th ed.) McGraw Hill. ISBN, 0-8385-8529-9.

Slosa'rek M, M Kubin and M Jaresova. (1993). Water-borne house hold infections due to *Mycobacterium xenopi*. Cent. Eur. J. Public Health 1:78–80.

Sokatch JR and Ferretti JJ. (1979). Basic Bacteriology and Genetics. Year book Medical Publishers, Inc. Chicago.

Tacquet A, Tison F, Devulder B, and Roos P. (1966). Techniques de recherche des mycobactéries dans le lait et les produits laitiers. Ann. Inst. Pasteur de Lille, 17:161–171.

Tison F, Devulder B, Roos P and Tacquet A. (1966). Techniques et résultats de la recherche des mycobactéries dans les viandes. Ann. Inst. Pasteur de Lille, 17:155–160.

Tharmaraj N and Shah NP. (2009). Antimicrobial effects of probiotic against selected pathogenic and spoilage bacteria in cheese-based dips. International Journal of Food Science and Technology, 44(10):1916–1926.

Thegerstrom J. (2009). Mycobacterium avium infection in children. Linköping University Medical Dissertation, 1130:8-77.

Thomas S and McDermont C. (1975). Isolation of acid-fast organisms from milk and oysters. Health Lab, Sci. 12:16.

Von Reyn CF, Waddell RD, Eaton T. (1993). Isolation of *Mycobacterium avium* complex from water in the United States, Finland, Zaire, and Kenya. J. Clin. Microbiol, 31:3227–3230

Watt B, Rayner A, Harris G. (1996). *Mycobacterium*. In: Fraser AG, Marmion BP, Simmons A, editors. *Mackie & McCartney's practical medical microbiology*, vol. II. Edinburgh: Churchill Livingstone, 329-341.

Wolinsky E. (1979). Nontuberculous mycobacteria and associated diseases. *Am. Rev. Respir. Dis*, 119:107–159.

Wolinsky E. (1992). Mycobacterial diseases other than tuberculosis. *Clin.Infect. Dis*, 15:1–12.

Yajko DM, Chin DP and Gonzalez PC. (1995). *Mycobacterium avium* complex in water, food and soil samples from the environment of HIV infected individuals. *J. Acquir. Immune Defic. Syndr. Hum. Retro virol.*9:176–182.

Yoder S, Argueta C, Holtzman A (1999). PCR comparison of *Mycobacterium avium* isolates obtained from patients and foods. *Appl. Environ. Microbiol.* 65:2650–2653.