

Multi-omic and functional study of the pathogenesis of *Trypanosoma cruzi* infection for the identification of new therapeutic and diagnostic targets

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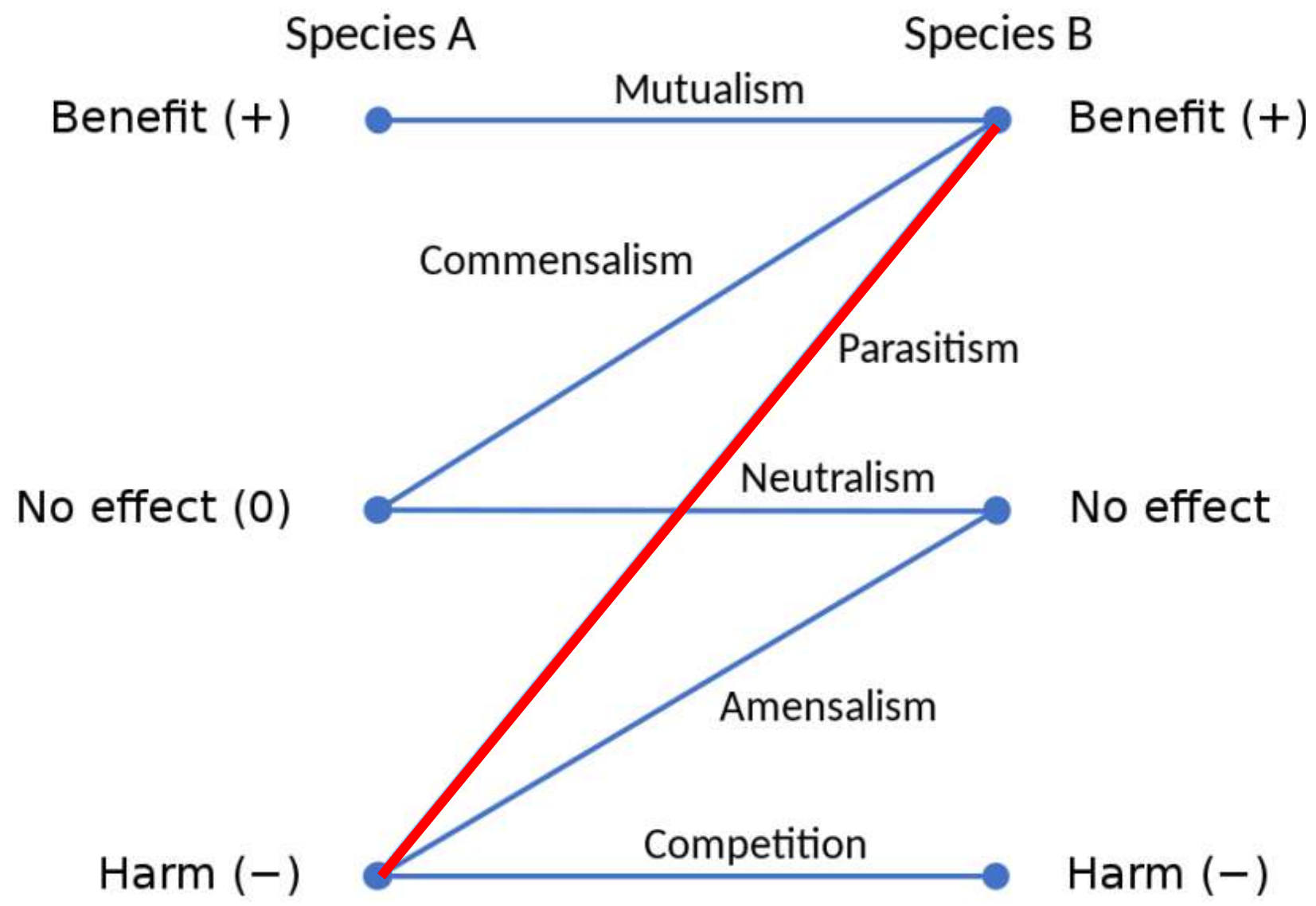
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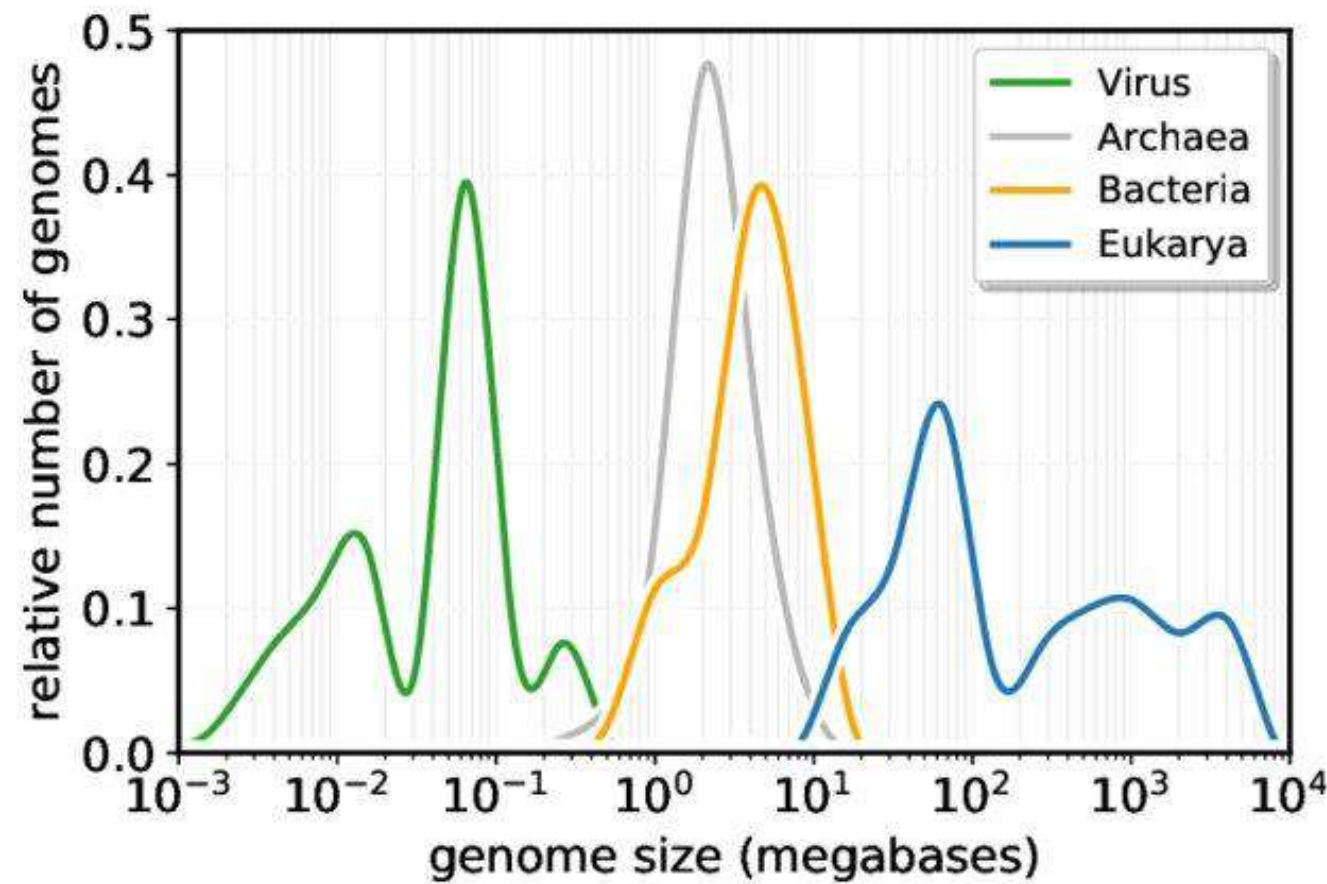
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What is a parasite?



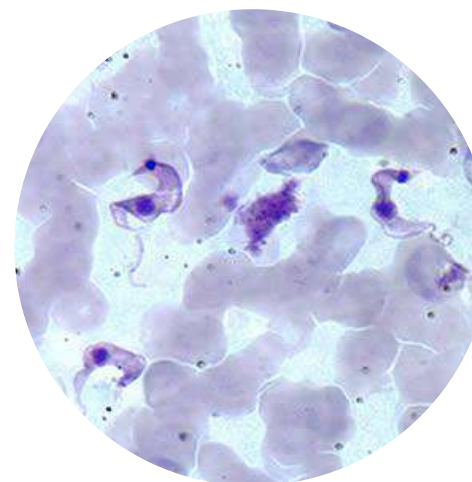
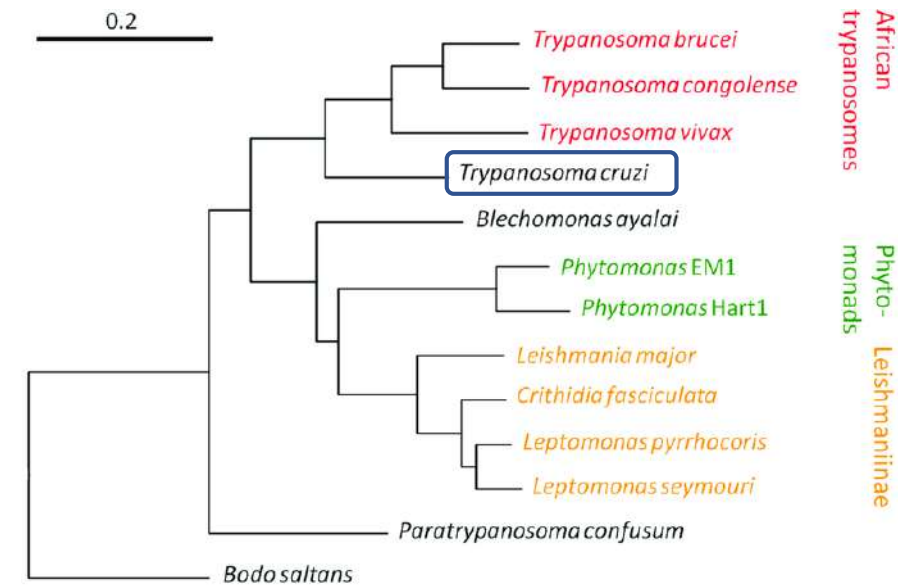
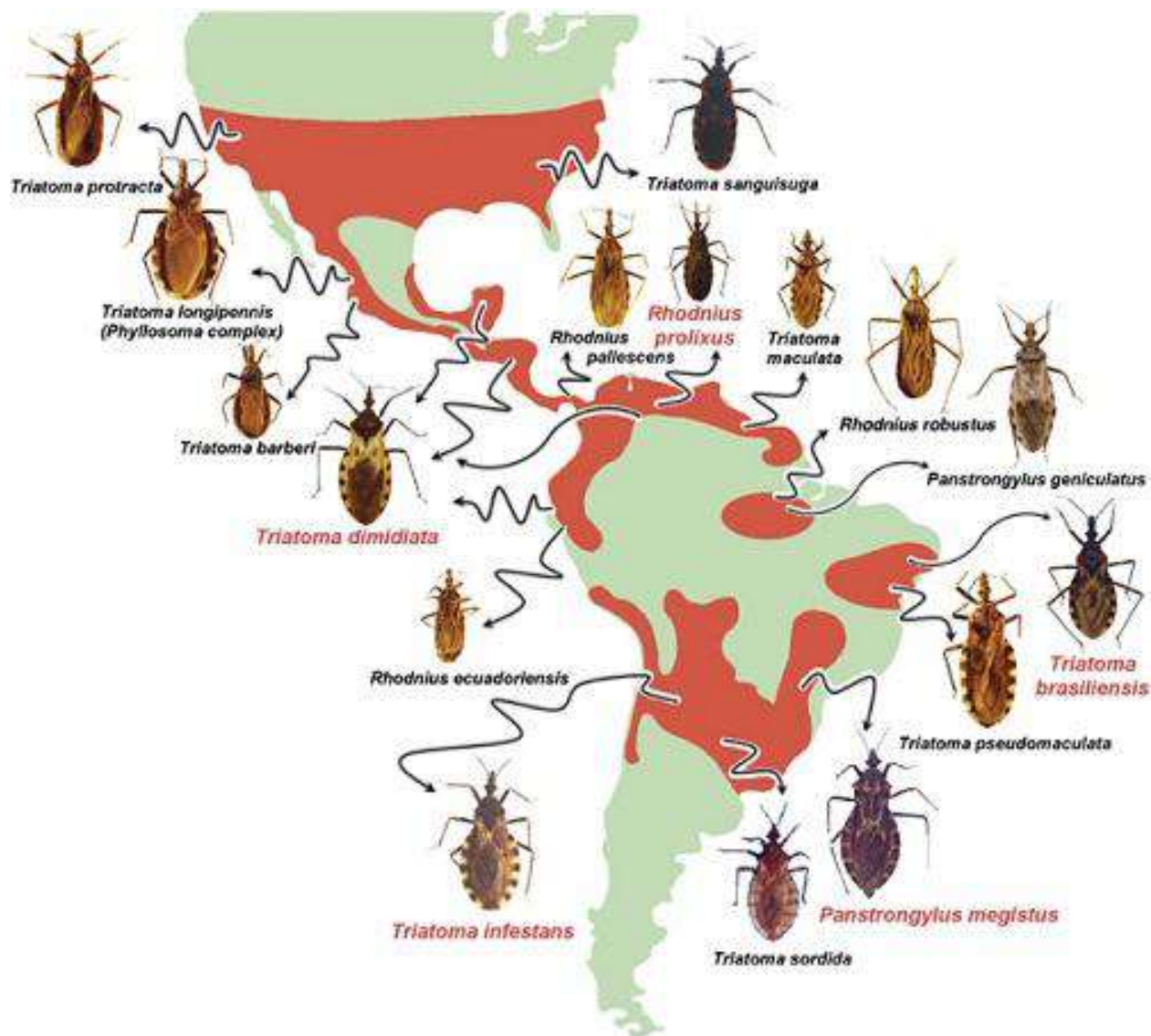
Parasites are very complex and represent a big problem



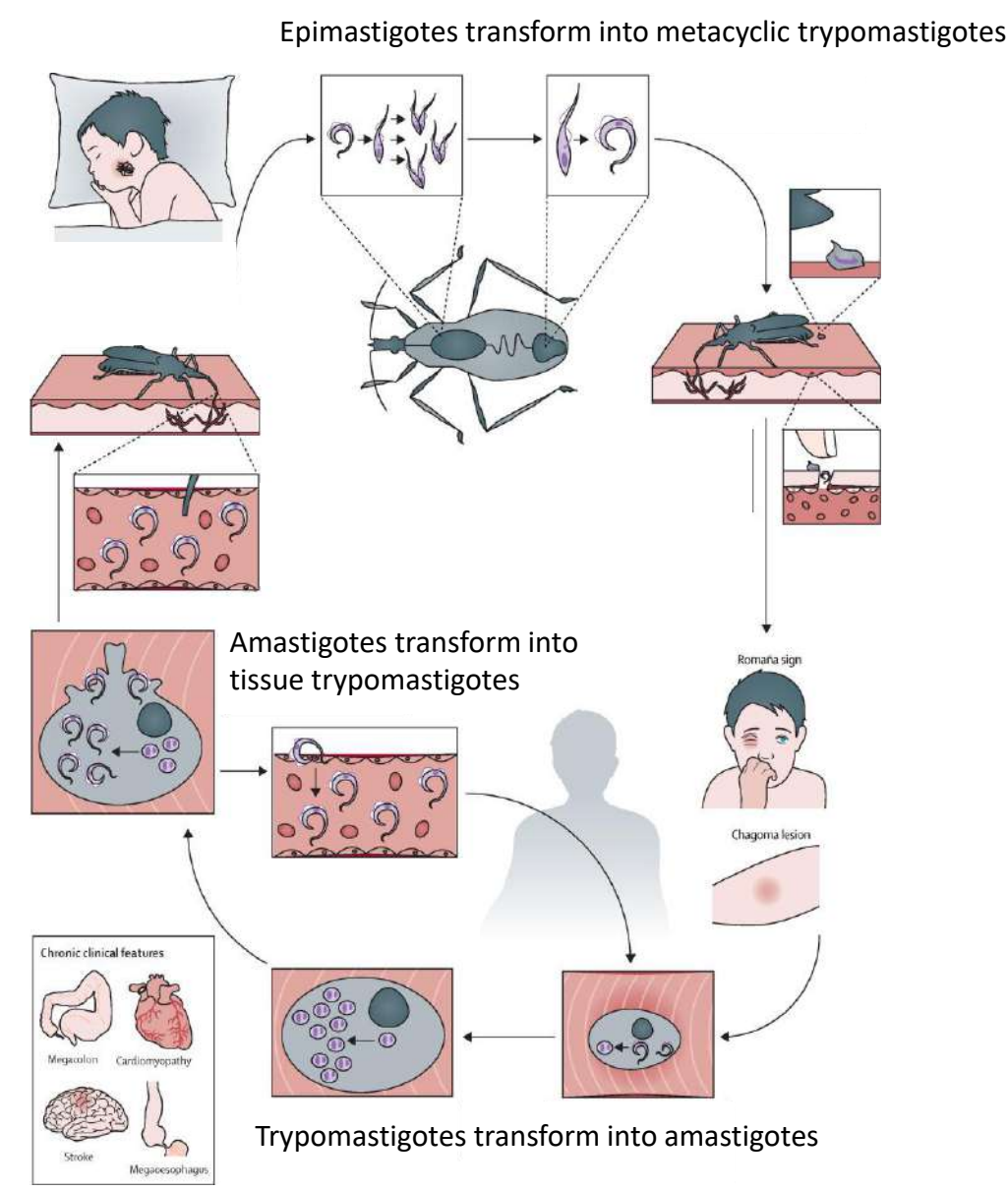
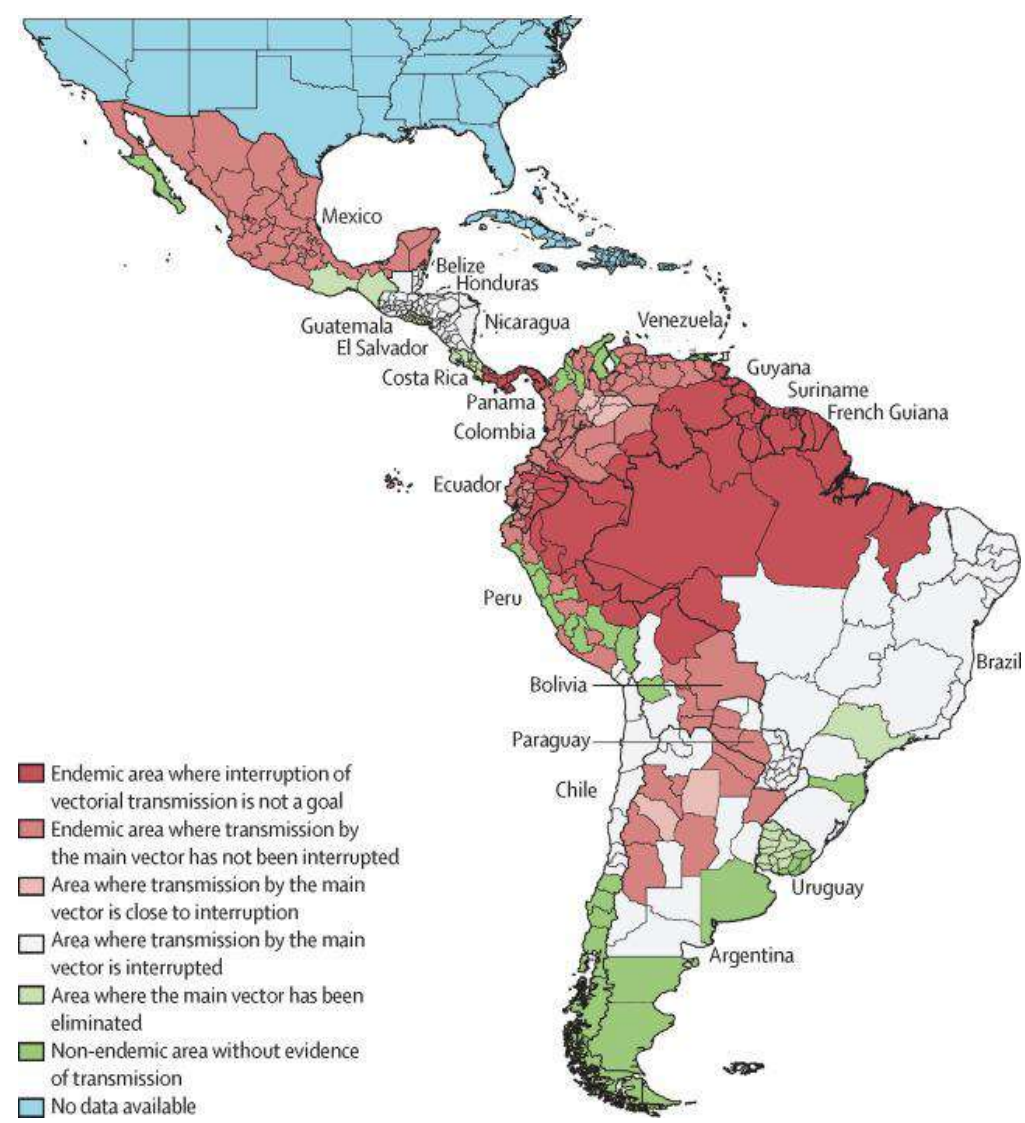
	DALYs (000s)
Parasitic and vector diseases	45,537
a. Malaria	33,398
b. African Trypanosomiasis	102
c. Chagas disease	217
d. Schistosomiasis	1,628
e. Leishmaniasis	722
f. lymphatic filariasis	1,616
g. Onchocerciasis	1,210
h. Cysticercosis	988
i. Echinococcosis	461
j. Dengue	1,952
k. Trachoma	194
l. Yellow fever	413
m. Rabies	2,635

<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys>

What is Chagas disease?



- Over 7 million people infected.
- 9,000 deaths per year
- Over 200k DALYs/year-

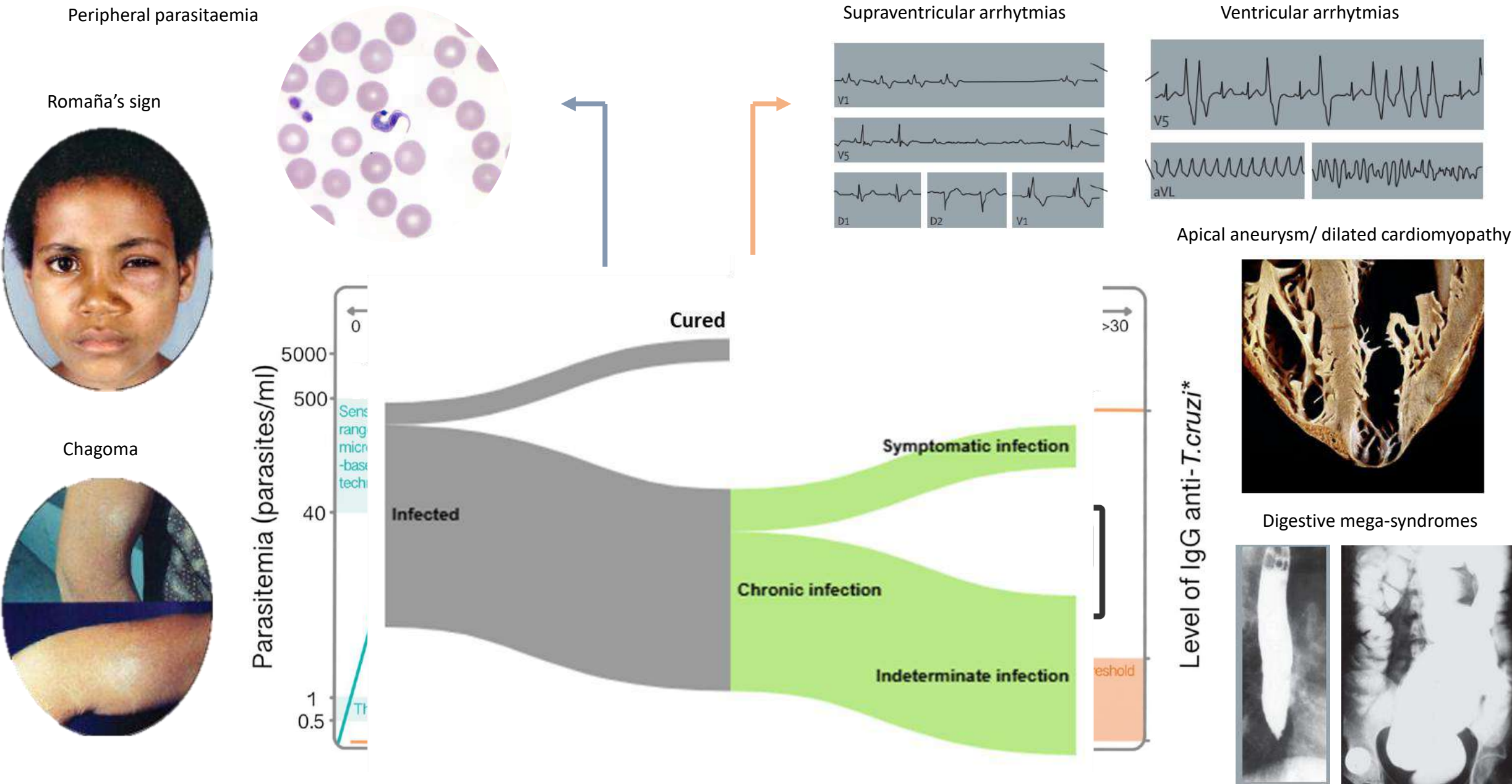


Epidemiology and transmission of Chagas disease

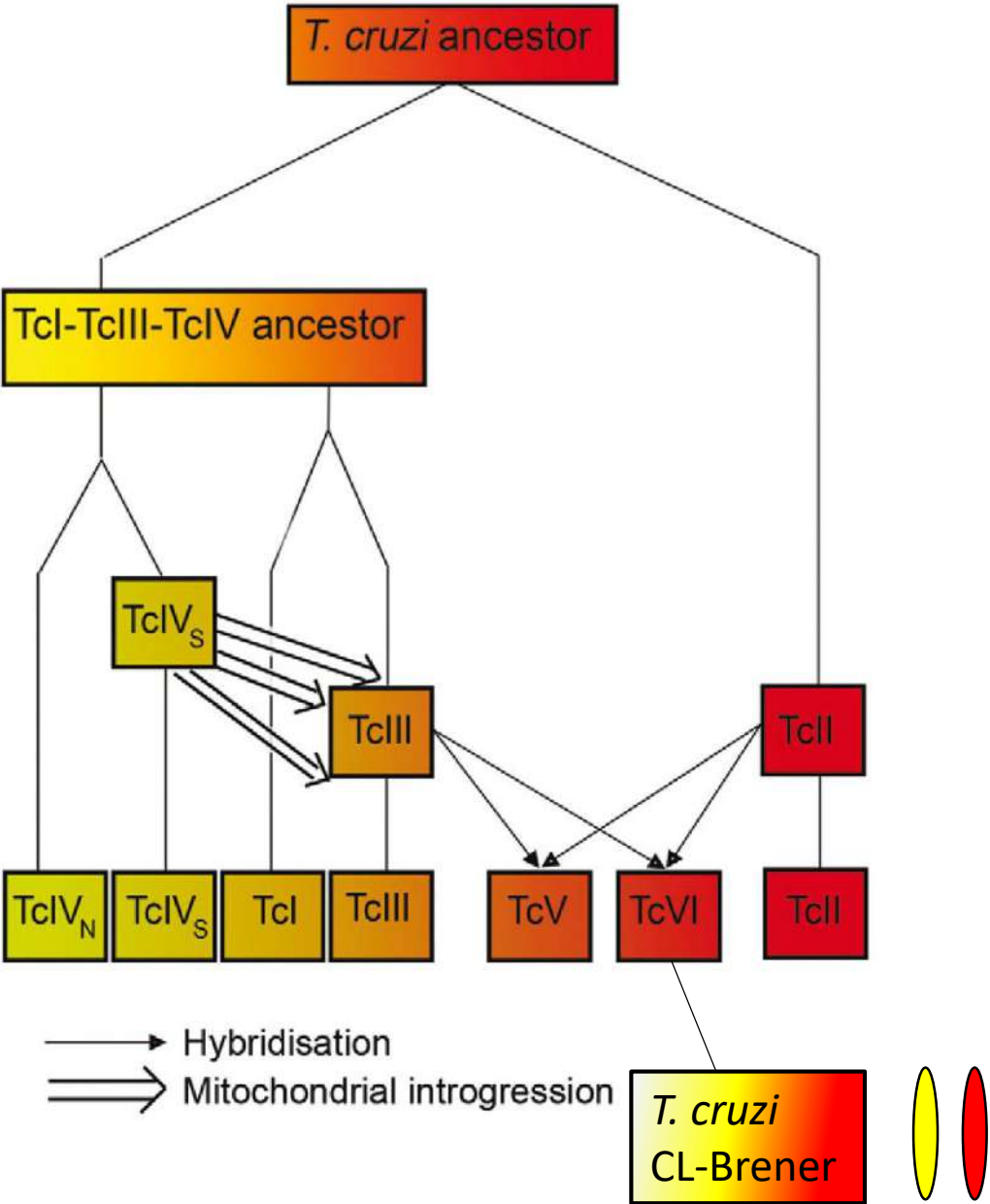
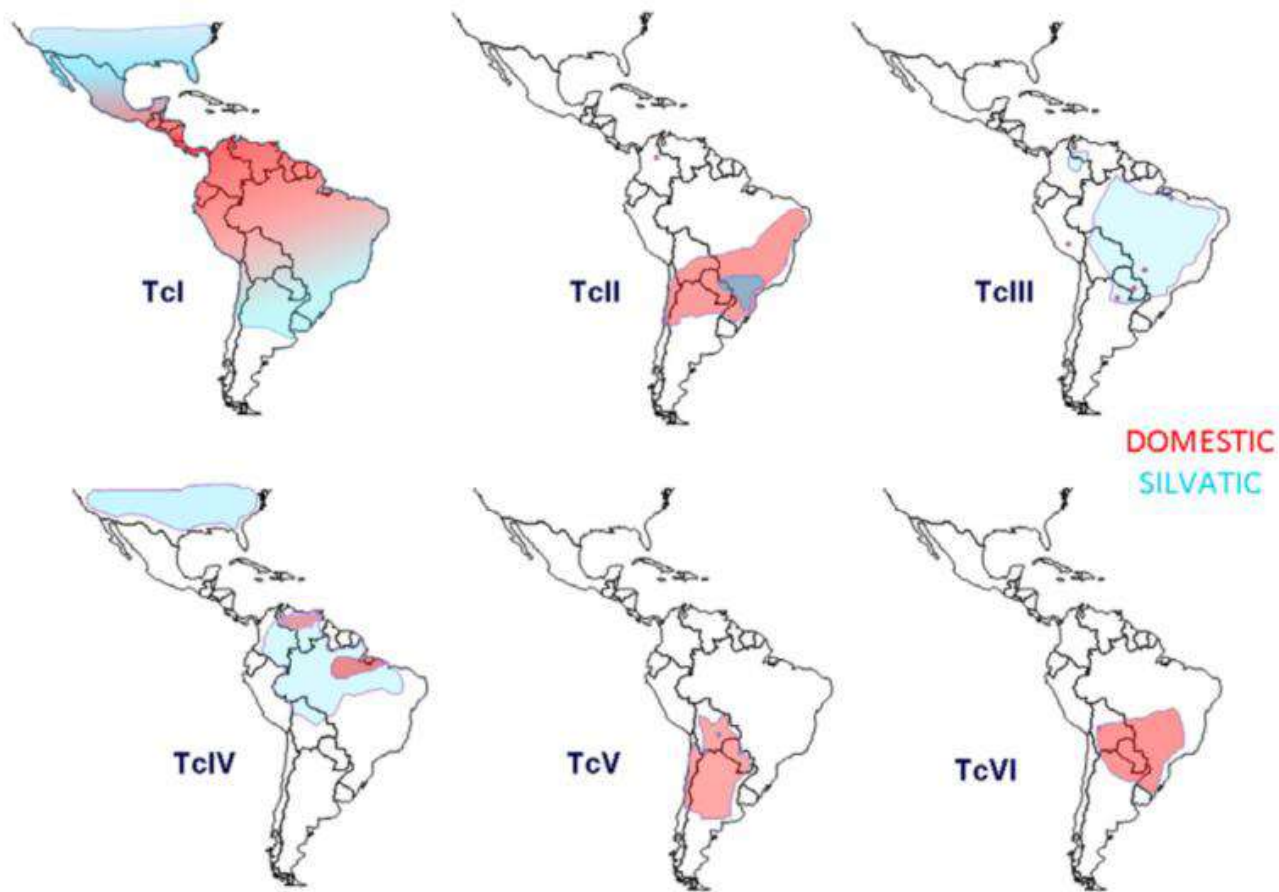
Chagas disease is an increasingly **global** public health concern



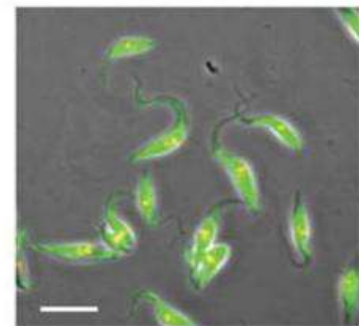
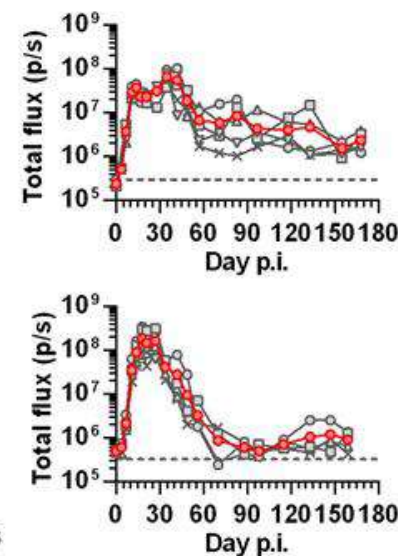
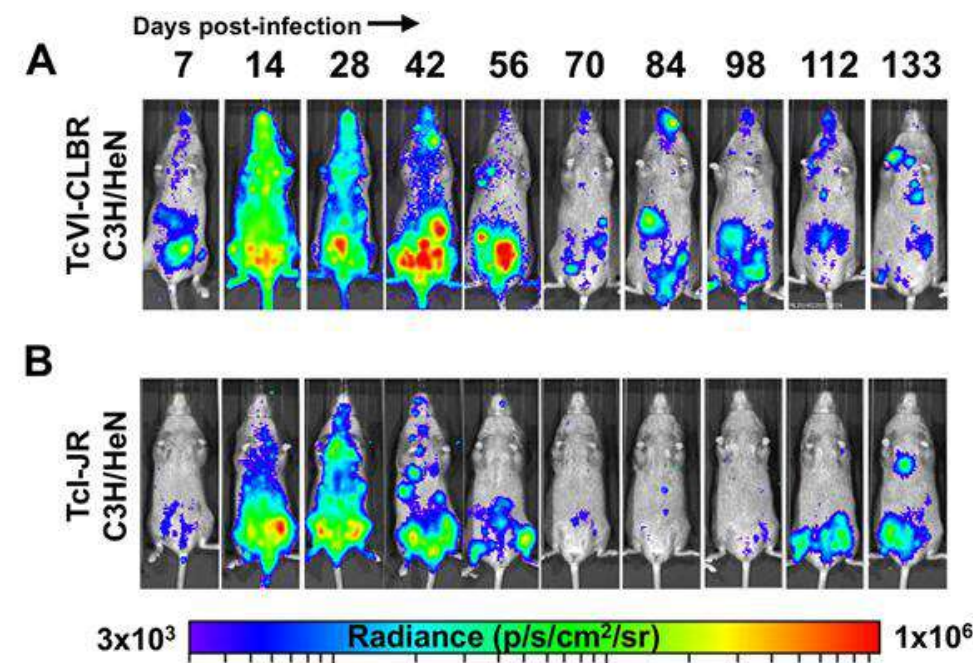
Clinical manifestations and evolution



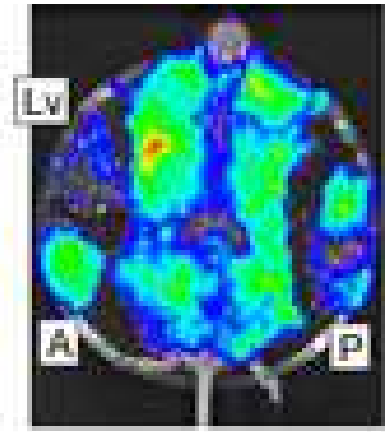
Adapted from Schijman et al 2024, and Rassi et al 2010.



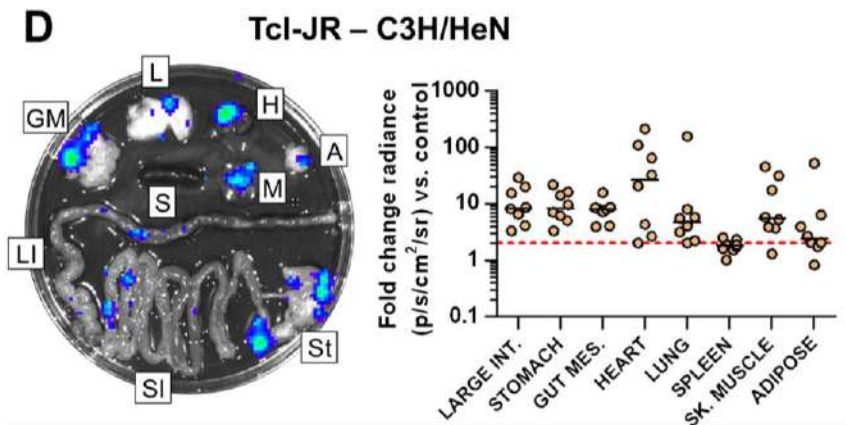
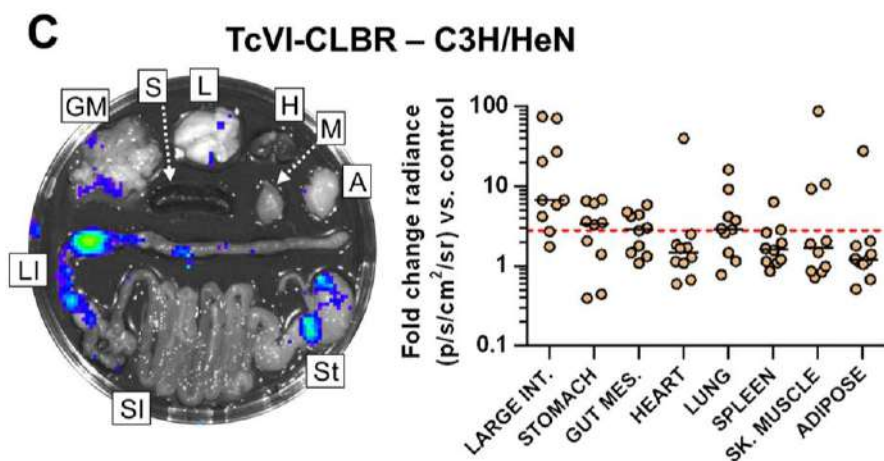
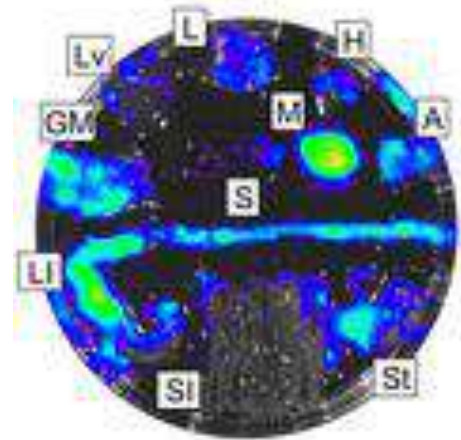
What determines the clinical evolution of Chagas disease?



Immunosuppression

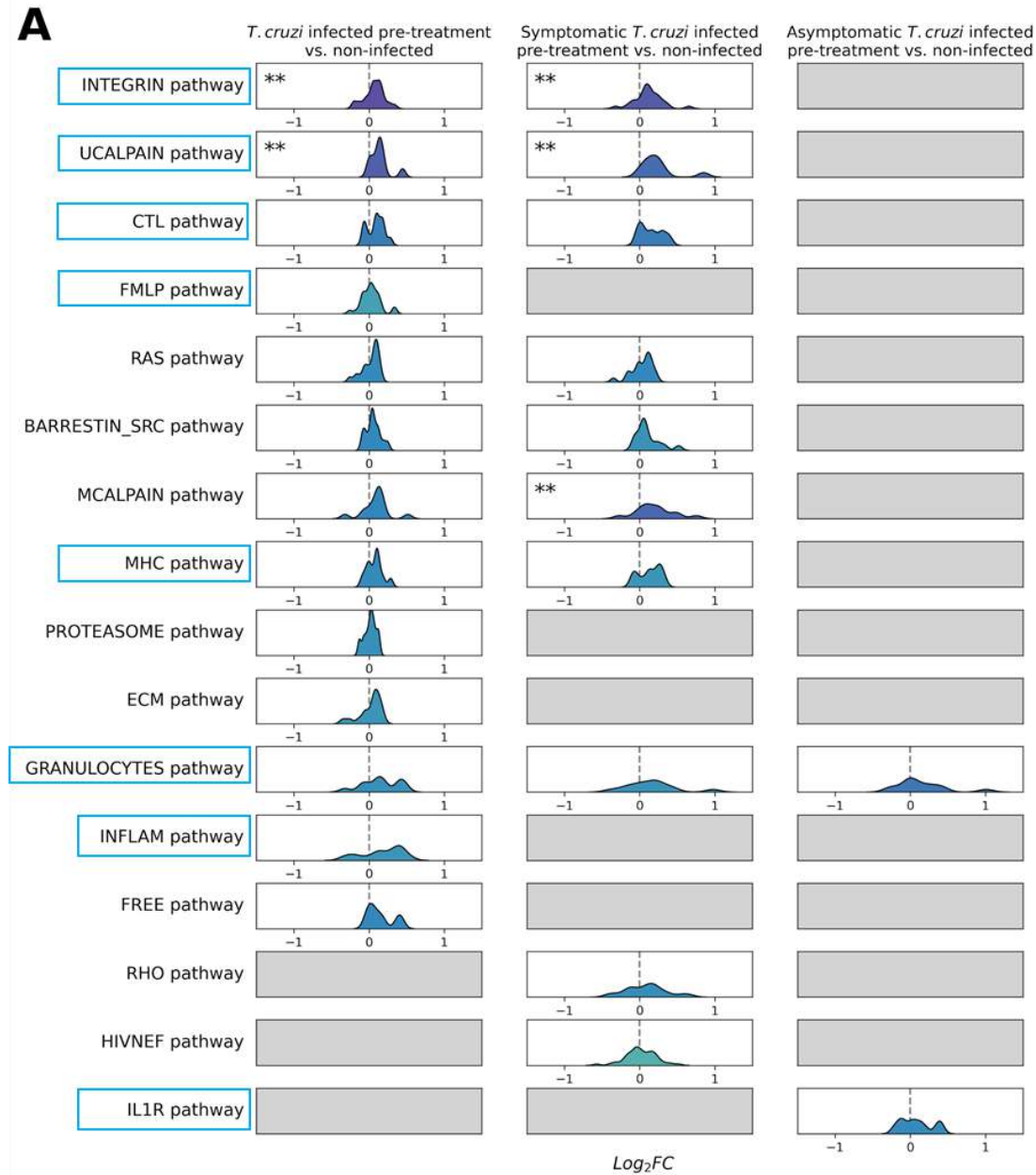


14 days immunosuppression

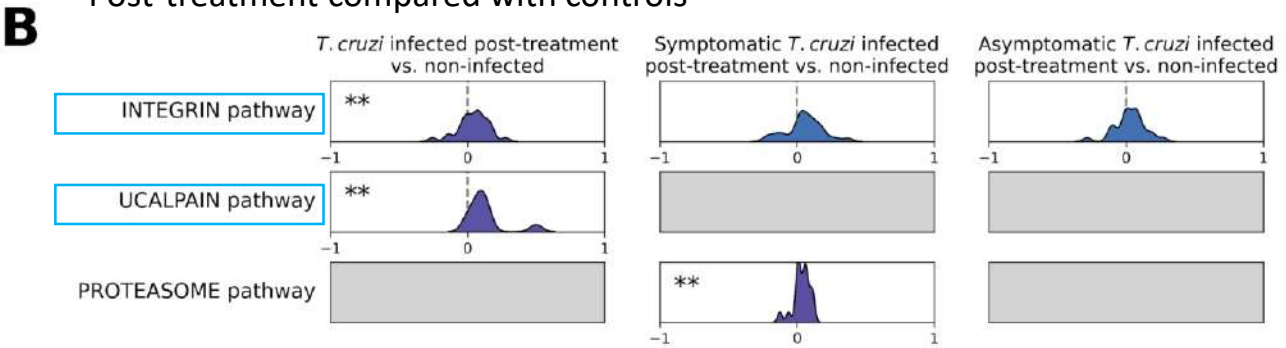


Transcriptomic evidence of immune modulation during infection and treatment

Pre-treatment compared with controls

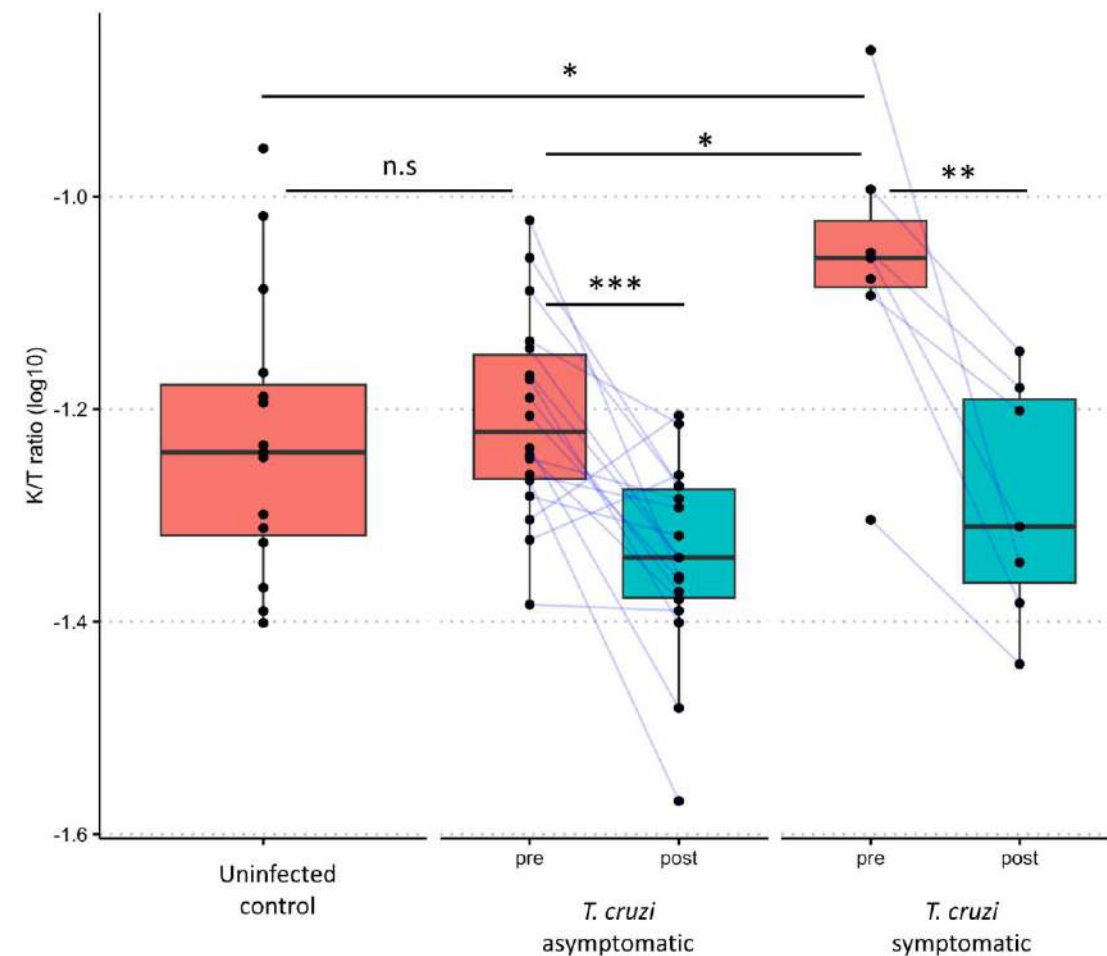
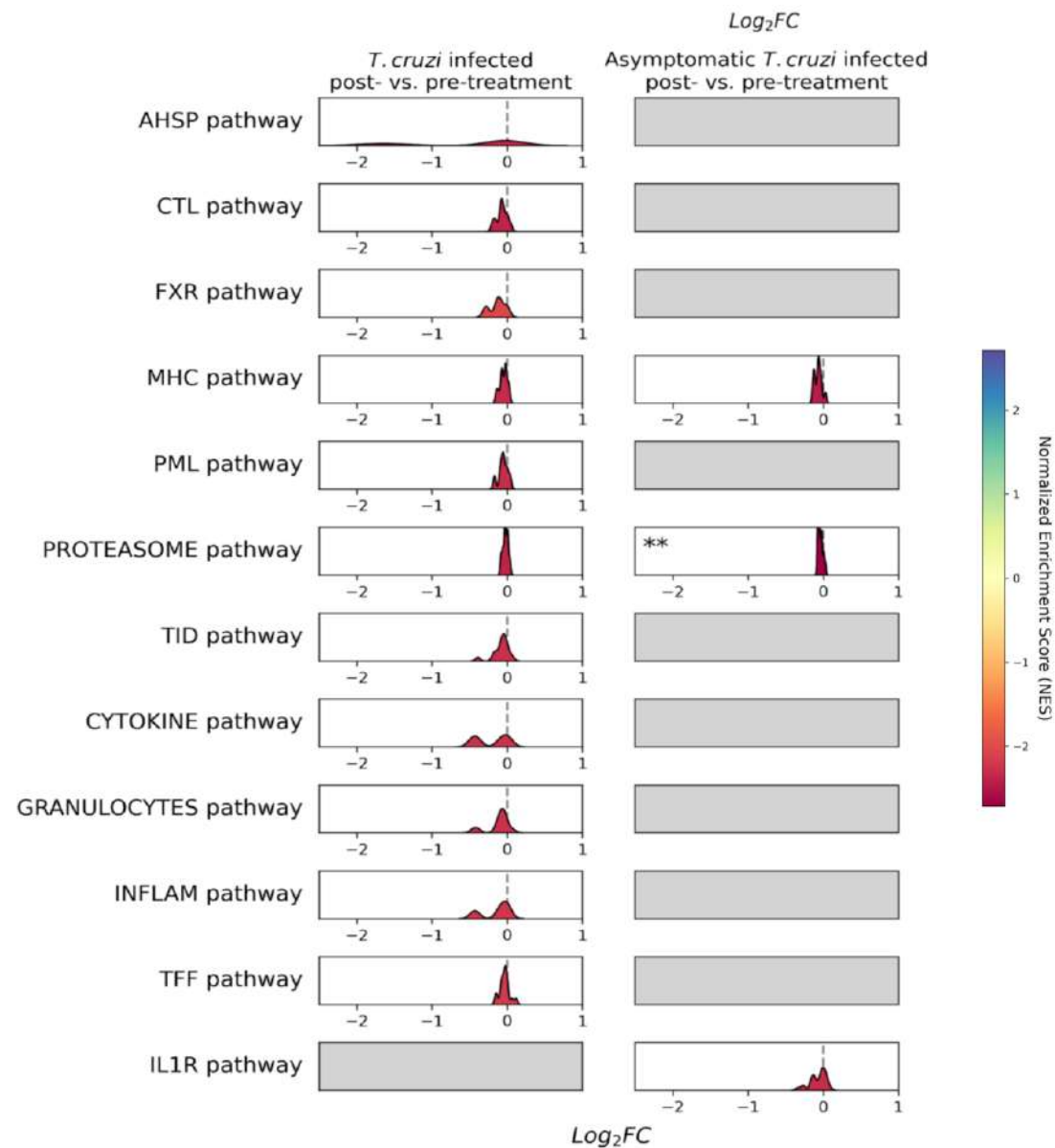


Post-treatment compared with controls

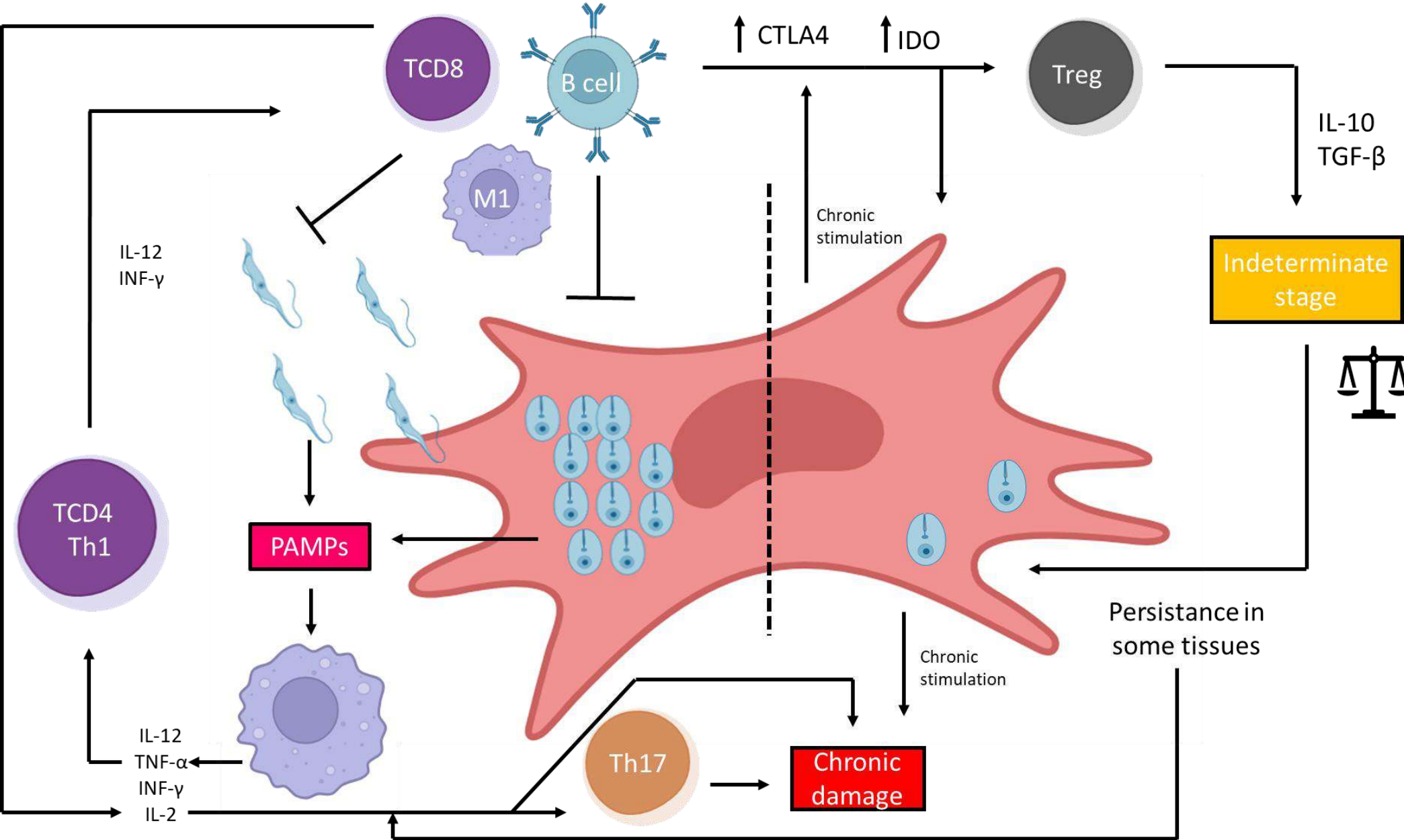


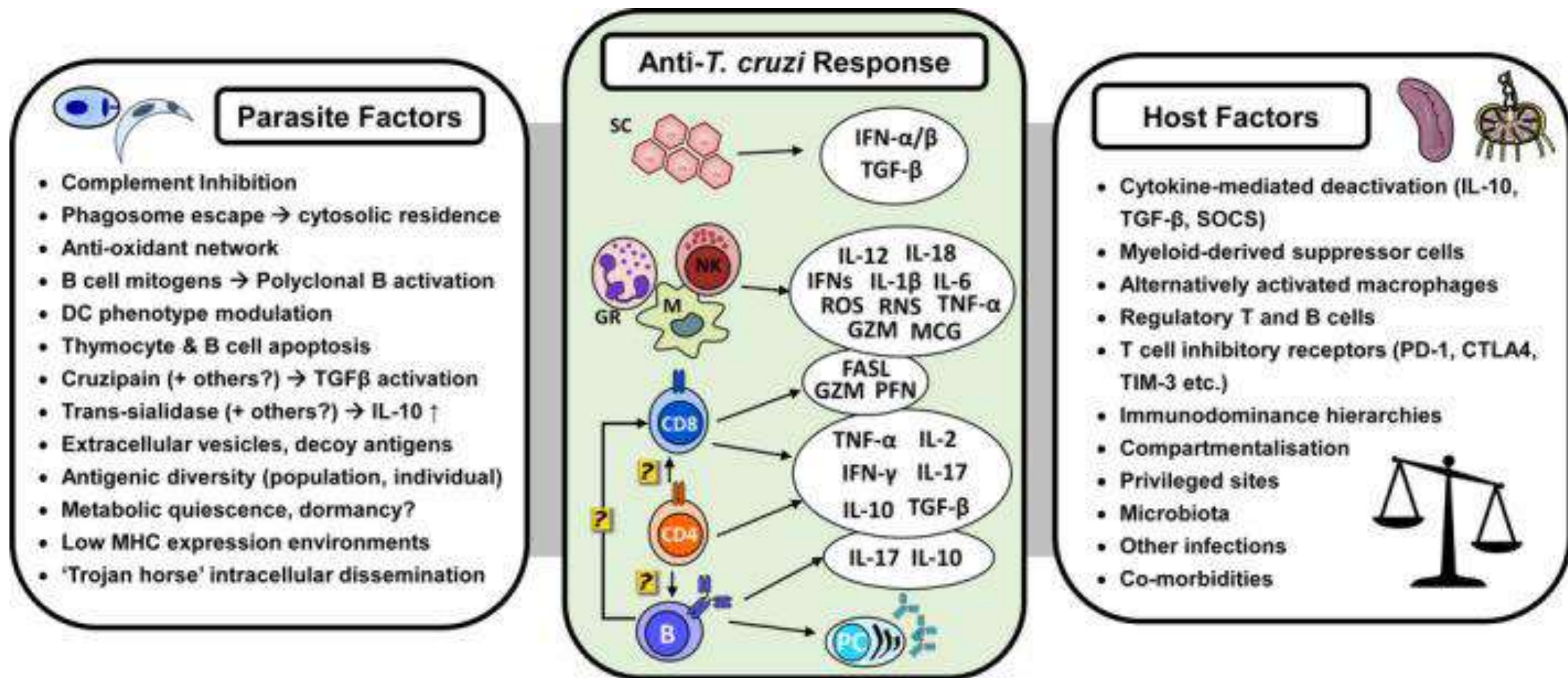
Comparison	Downregulated	Upregulated
<i>T. cruzi</i> infected pre-treatment vs. non-infected	206	12
Symptomatic <i>T. cruzi</i> infected pre-treatment vs. non-infected	215	47
Asymptomatic <i>T. cruzi</i> infected pre-treatment vs. non-infected	1	0
Symptomatic vs. Asymptomatic <i>T. cruzi</i> infected pre-treatment	1	1
<i>T. cruzi</i> infected post-treatment vs. non-infected	4	0
Symptomatic <i>T. cruzi</i> infected post-treatment vs. non-infected	3	0
Asymptomatic <i>T. cruzi</i> infected post-treatment vs. non-infected	0	0
Symptomatic vs. Asymptomatic <i>T. cruzi</i> infected post-treatment	0	0
<i>T. cruzi</i> infected post- vs. pre-treatment	0	0
Symptomatic <i>T. cruzi</i> infected post- vs. pre-treatment	0	0
Asymptomatic <i>T. cruzi</i> infected post- vs. pre-treatment	0	0

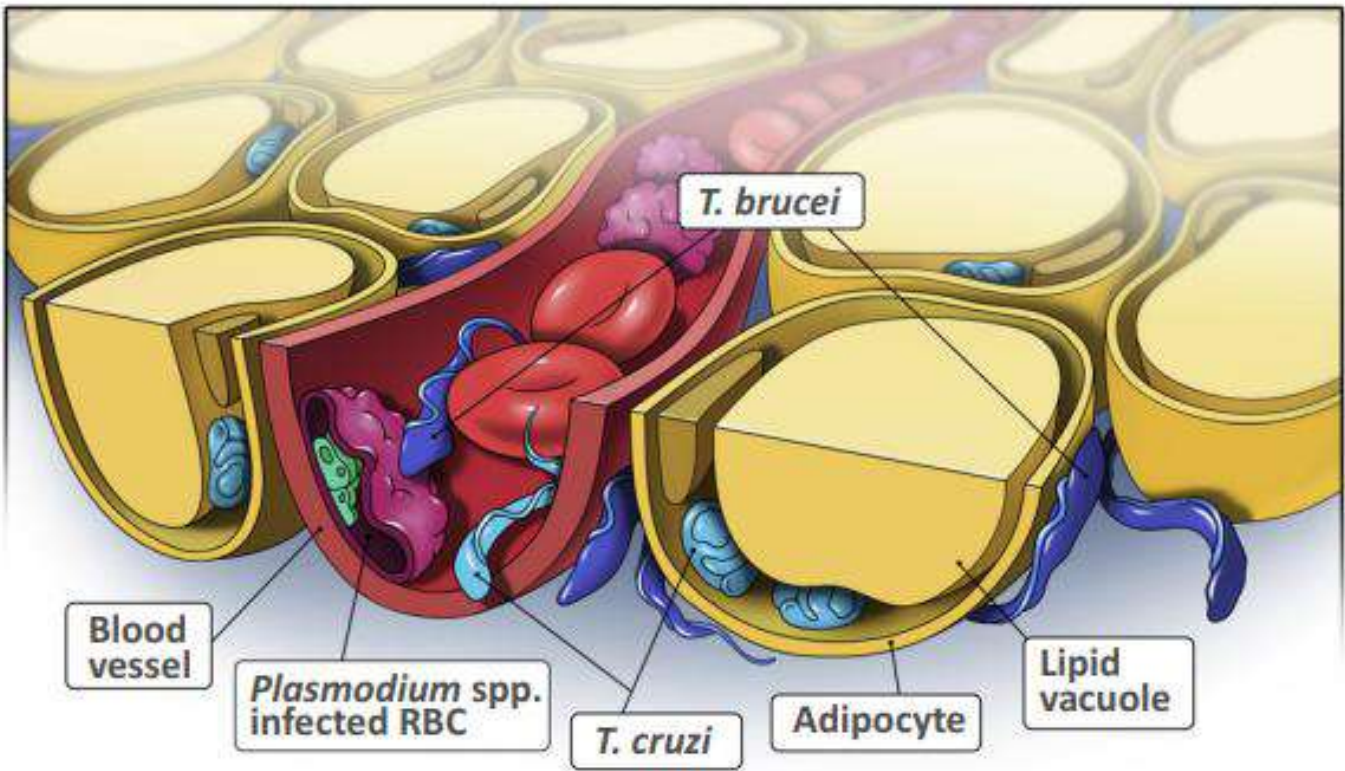
Chronic immune stimulation and exhasution are associated with symptomatic disease



Treatment is associated with down-regulation of pro-inflammatory pathways and reductions in the K/T ratio.



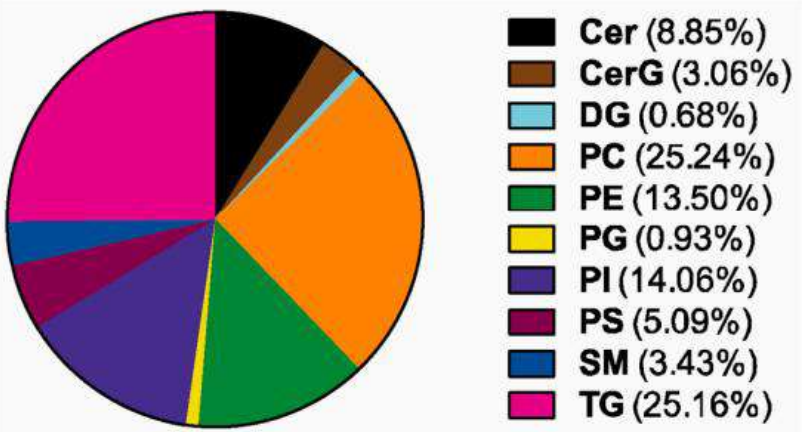




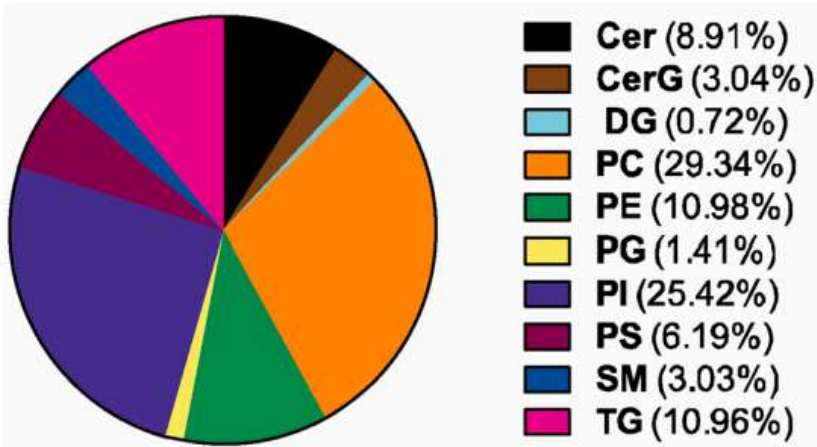
Trends in Parasitology

Tanowitz et al, 2017

Amastigote



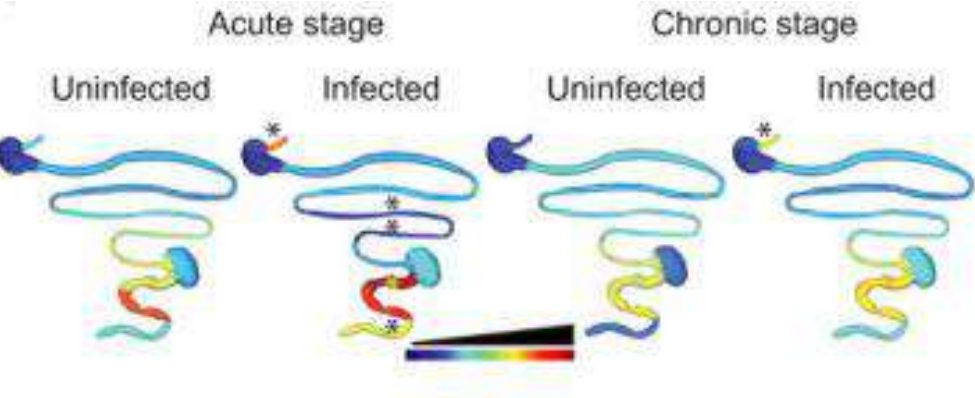
Trypomastigote



Parreira de Aquino et al, 2021

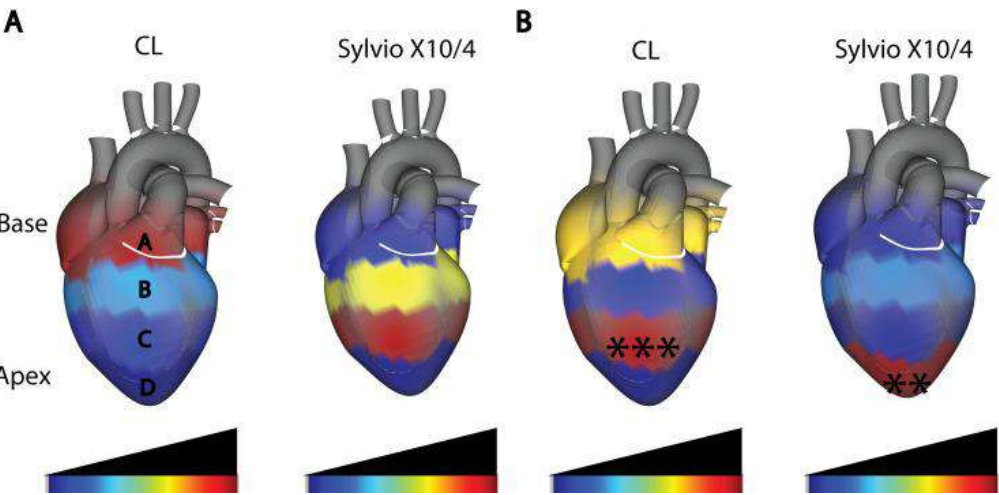
Infection with *T. cruzi* leads to detectable metabolic changes

Abundance of PC(20:4)



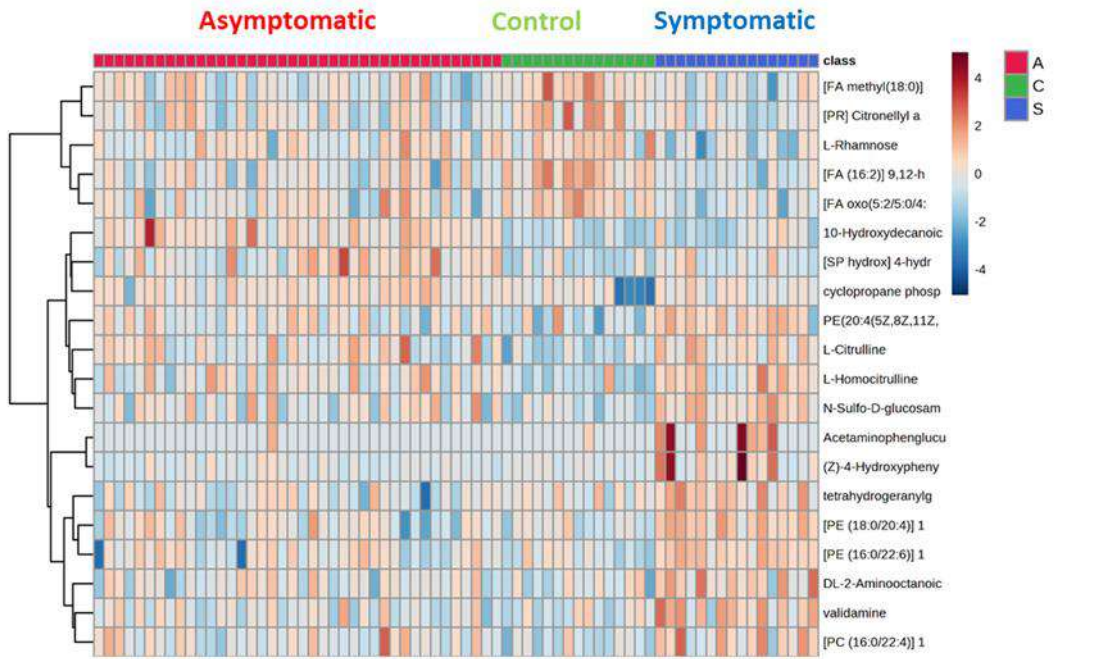
Overall metabolic disturbance

Hossain et al, 2020

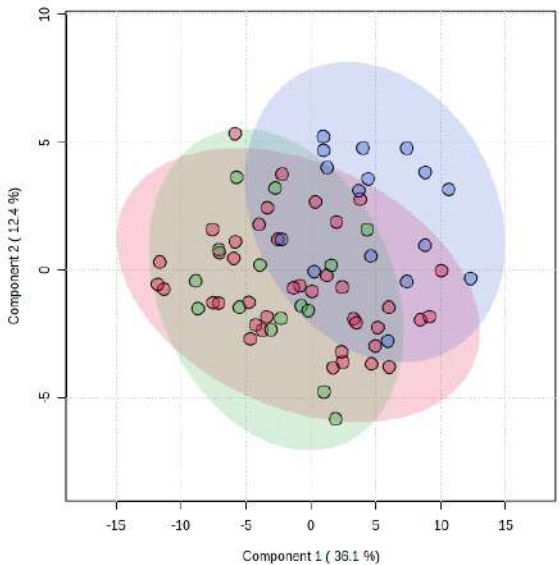


Dean et al, 2021

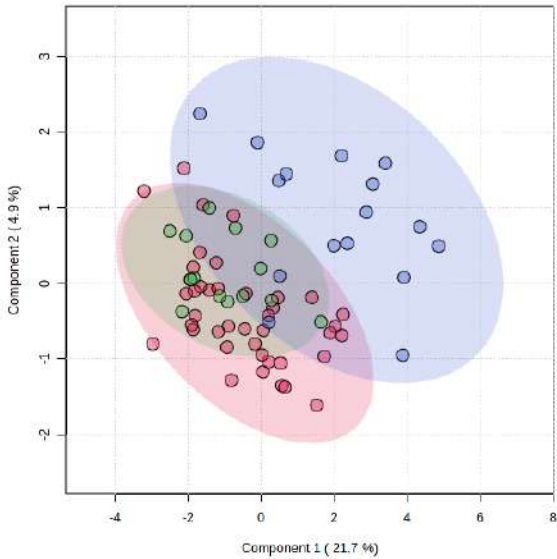
Gabaldón-Figueira et al, 2024



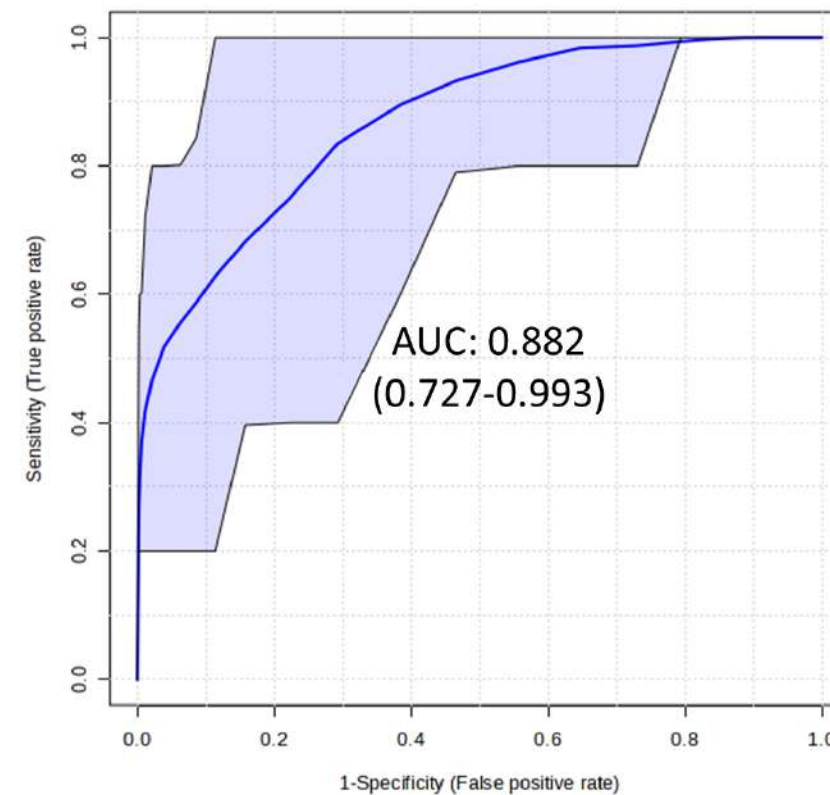
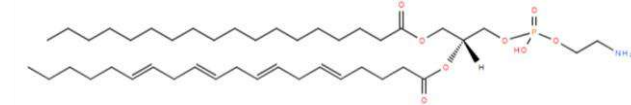
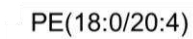
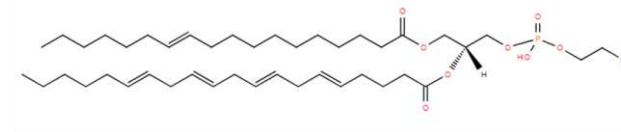
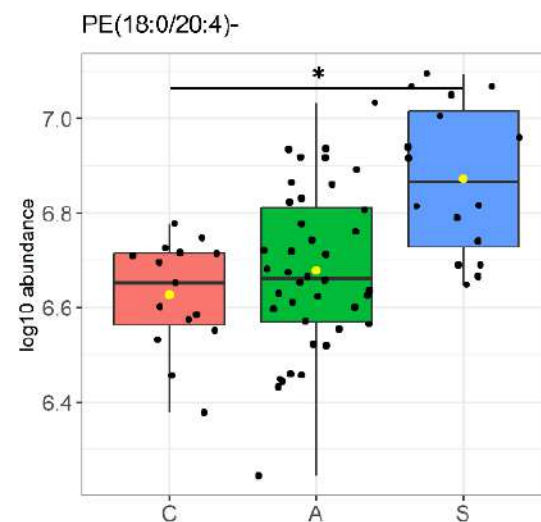
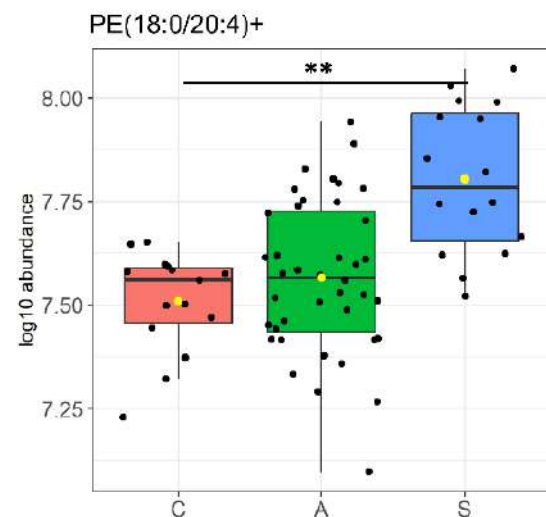
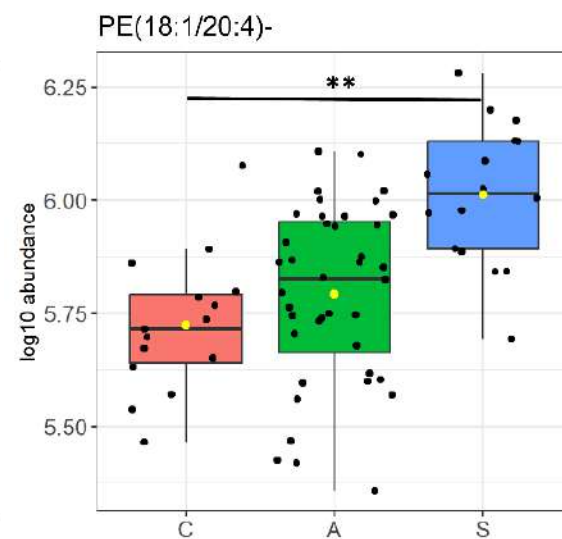
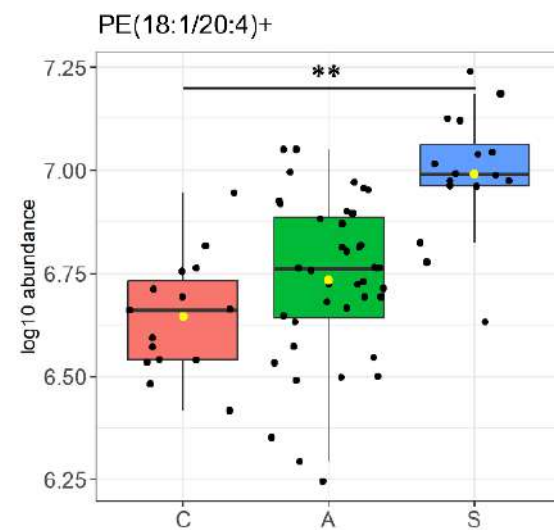
Negative lipids



Positive lipids



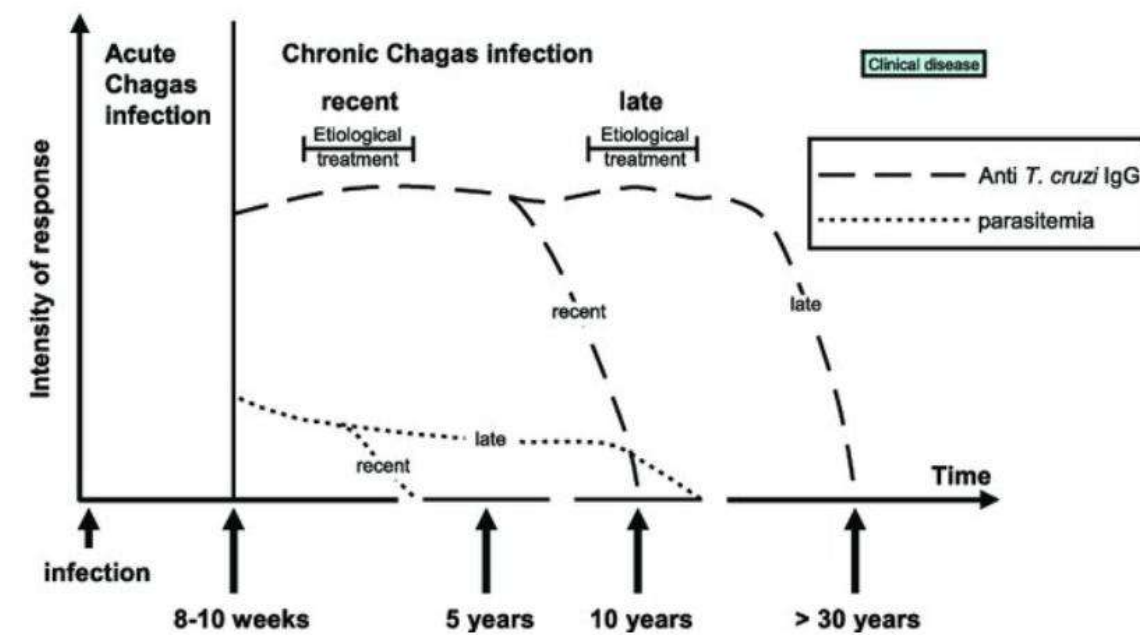
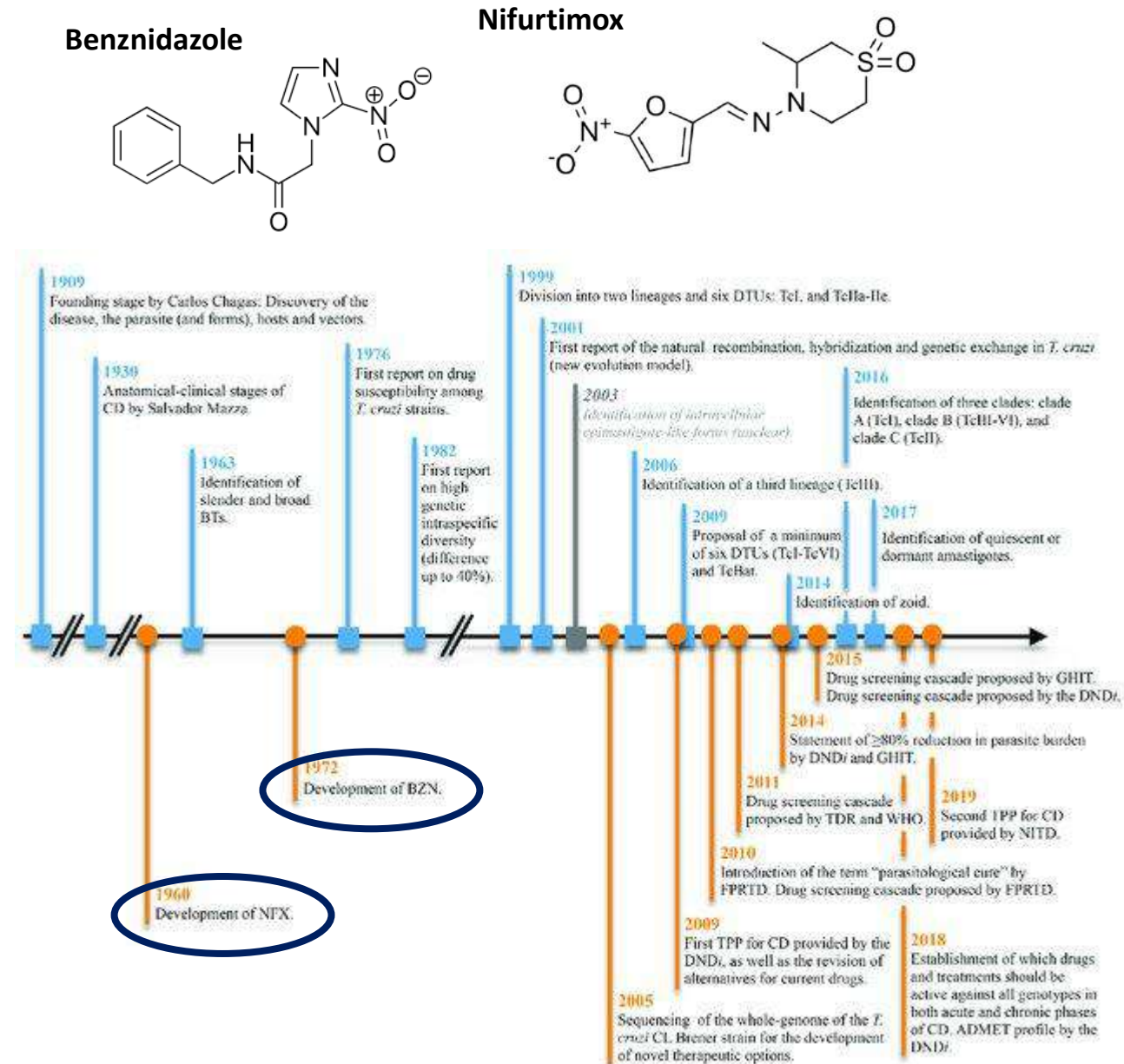
Some lipids are differentially abundant in symptomatic participants



Phosphoethanolamines have a good capacity to discriminate symptomatic and asymptomatic participants

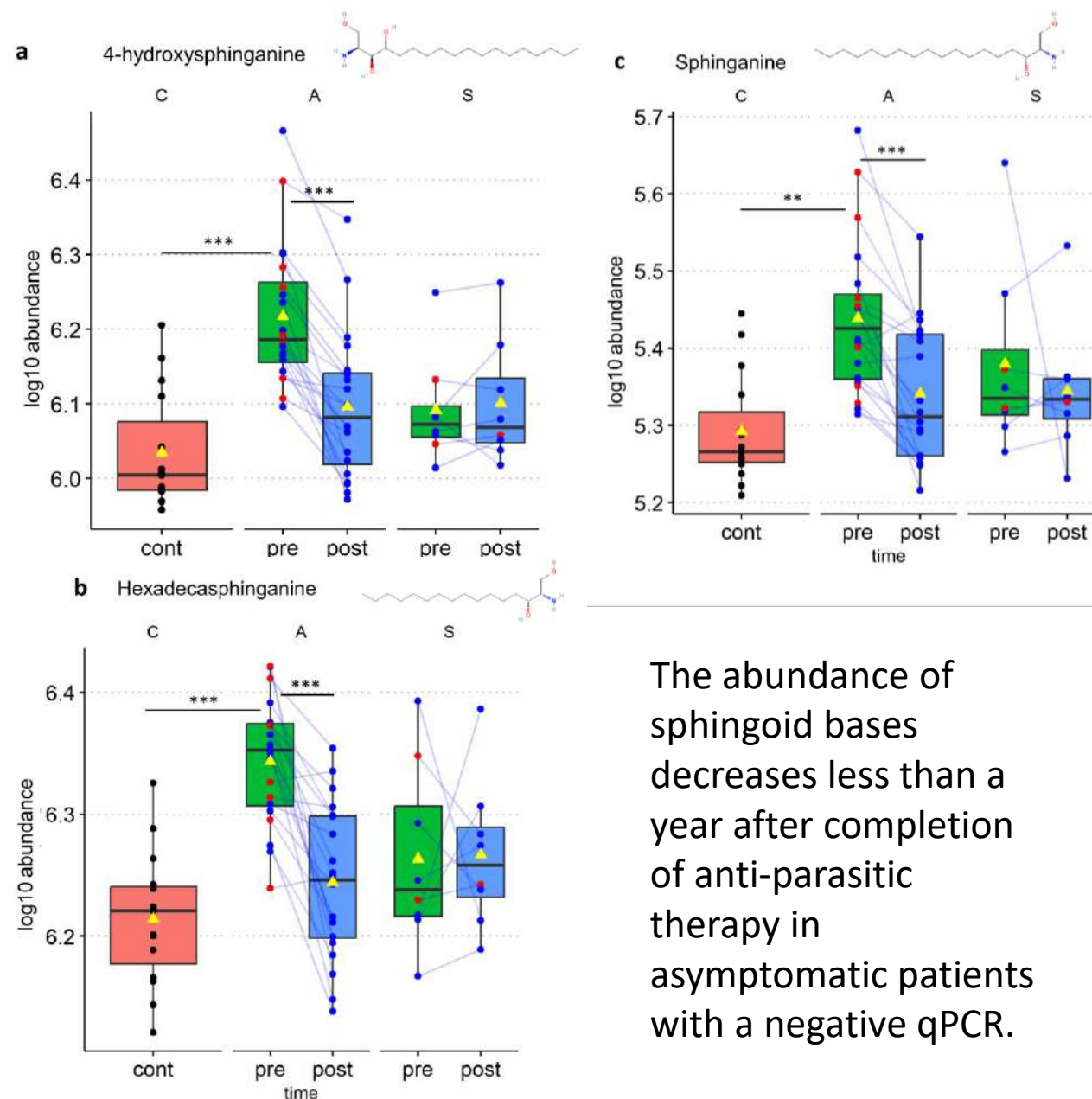
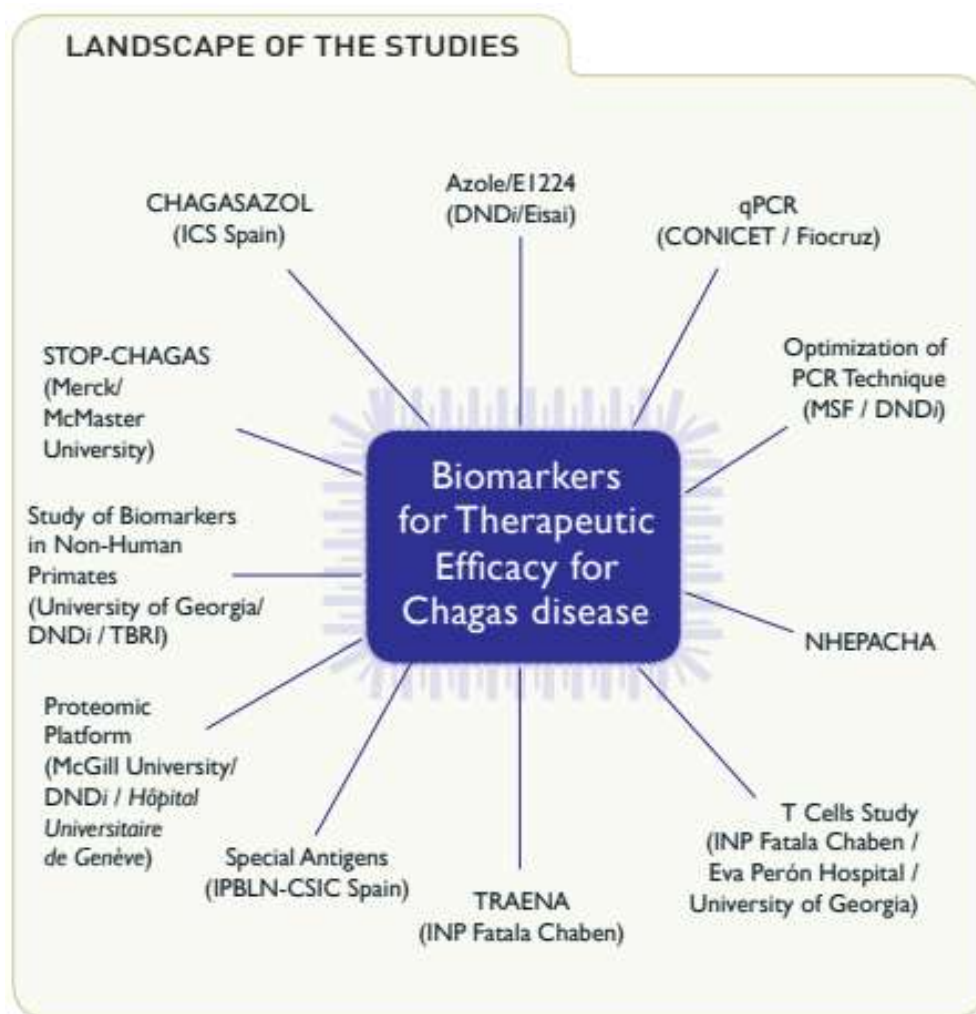
More likely a consequence rather than a cause...

Modulating host-pathogen interactions can help us improve treatment alternatives



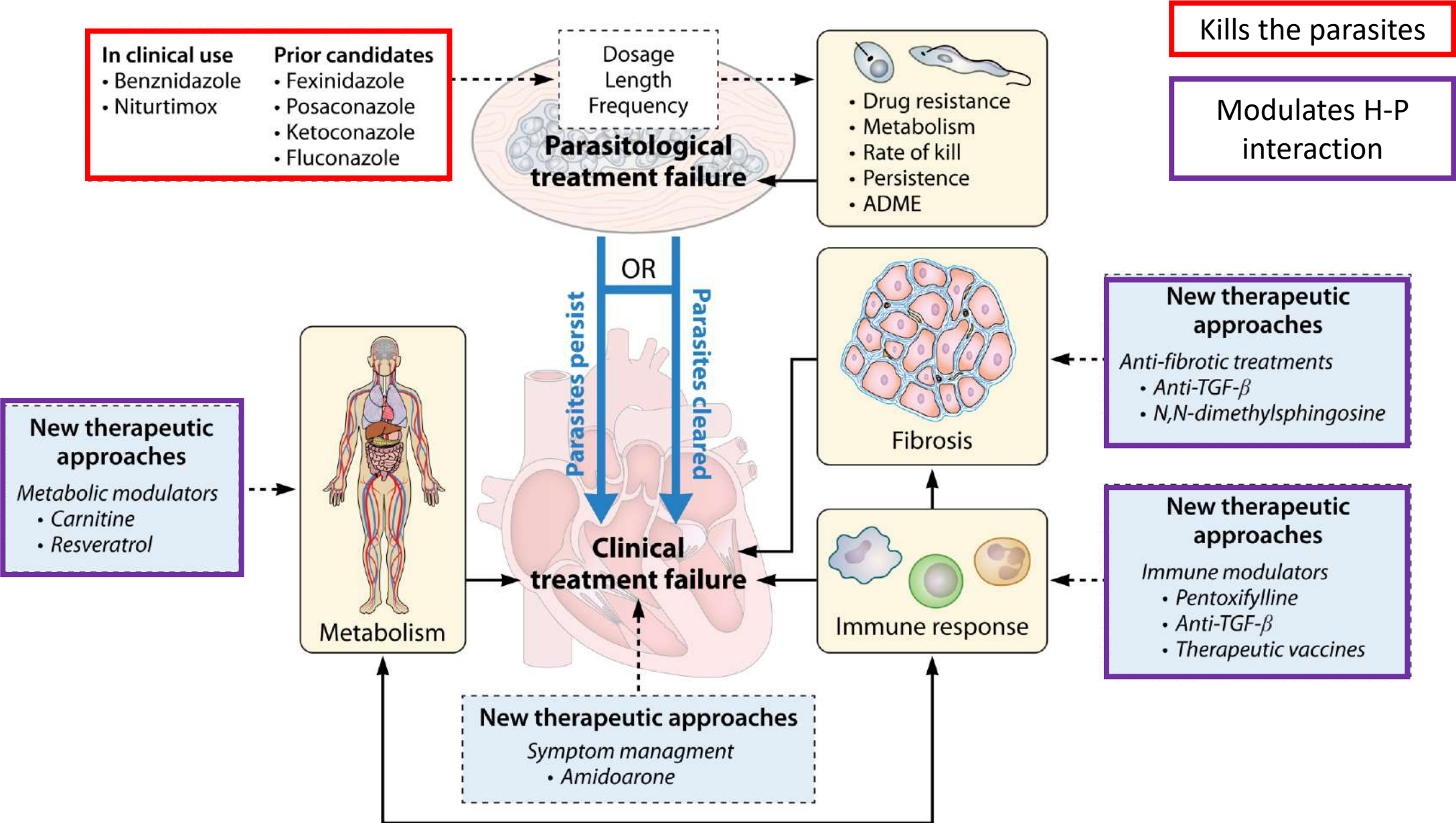
Knowing if an infected patient has been cured is incredibly difficult!

Changes during the course of infection can be useful for monitoring early treatment efficacy

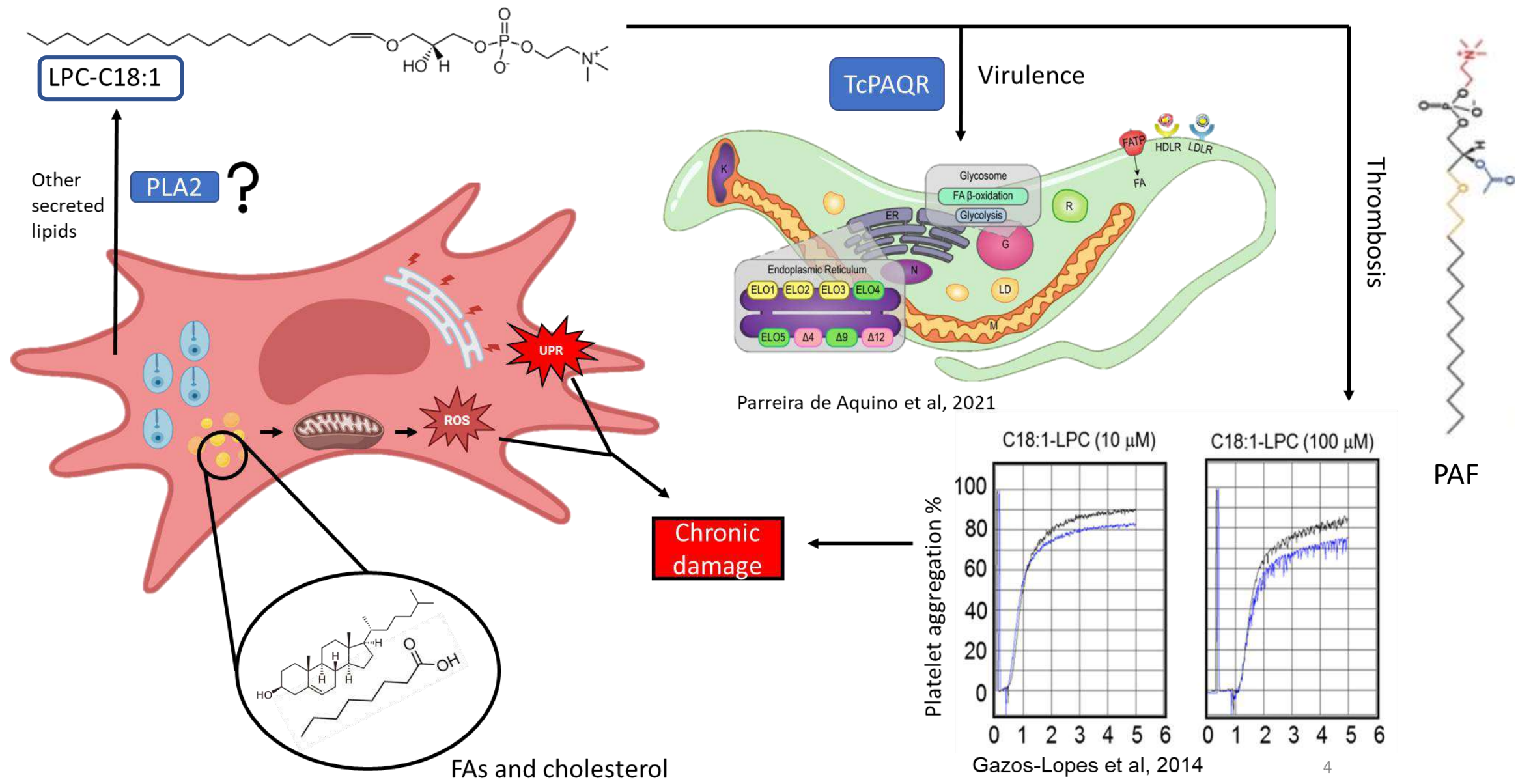


The abundance of sphingoid bases decreases less than a year after completion of anti-parasitic therapy in asymptomatic patients with a negative qPCR.

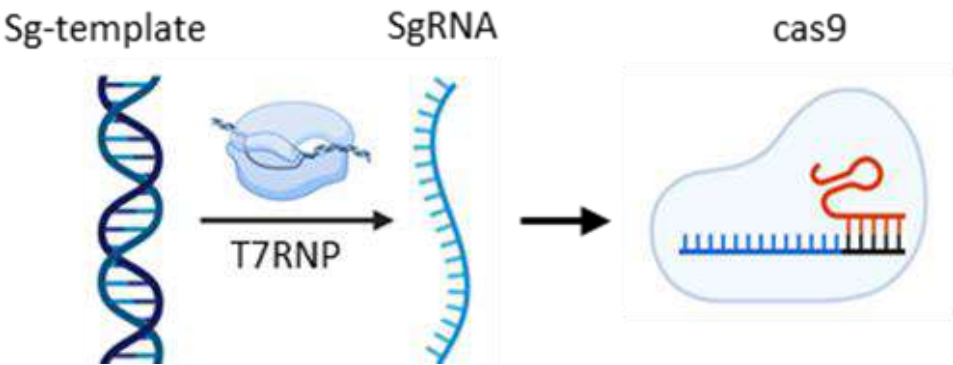
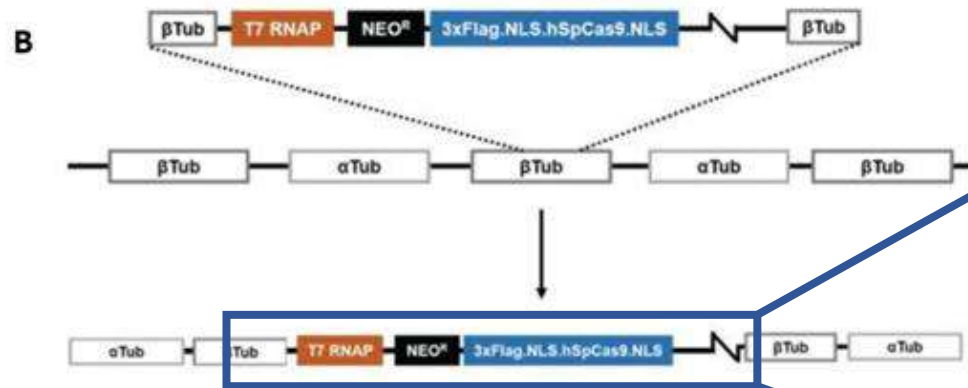
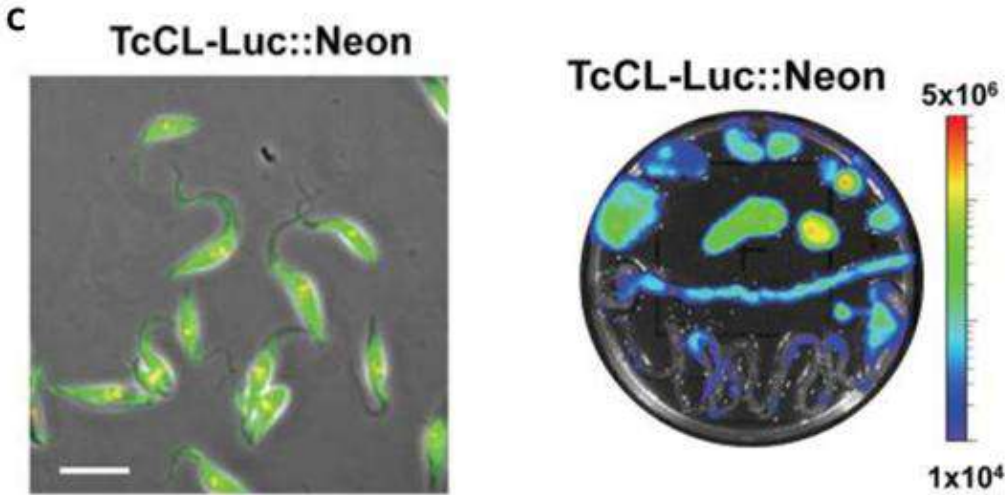
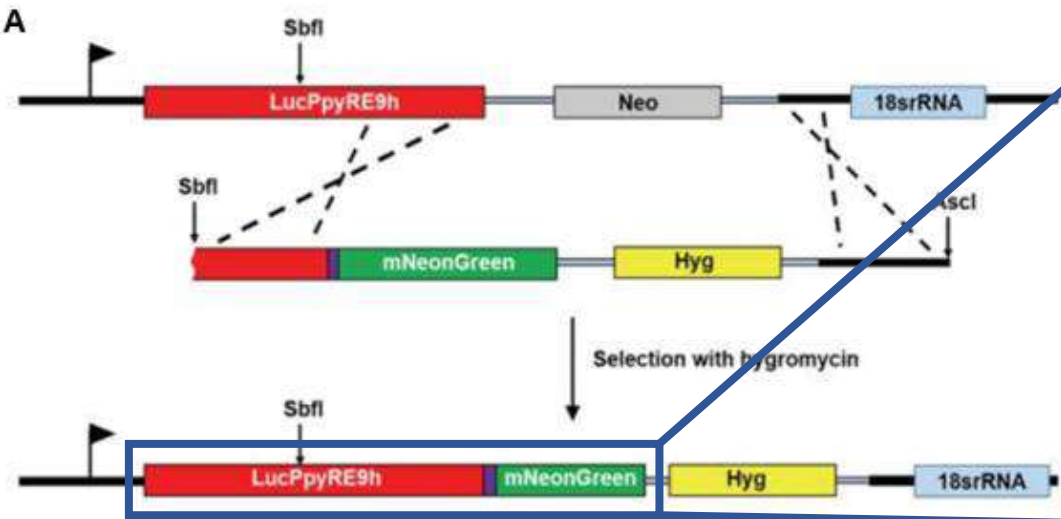
New medications should not exclusively focus on killing the parasites



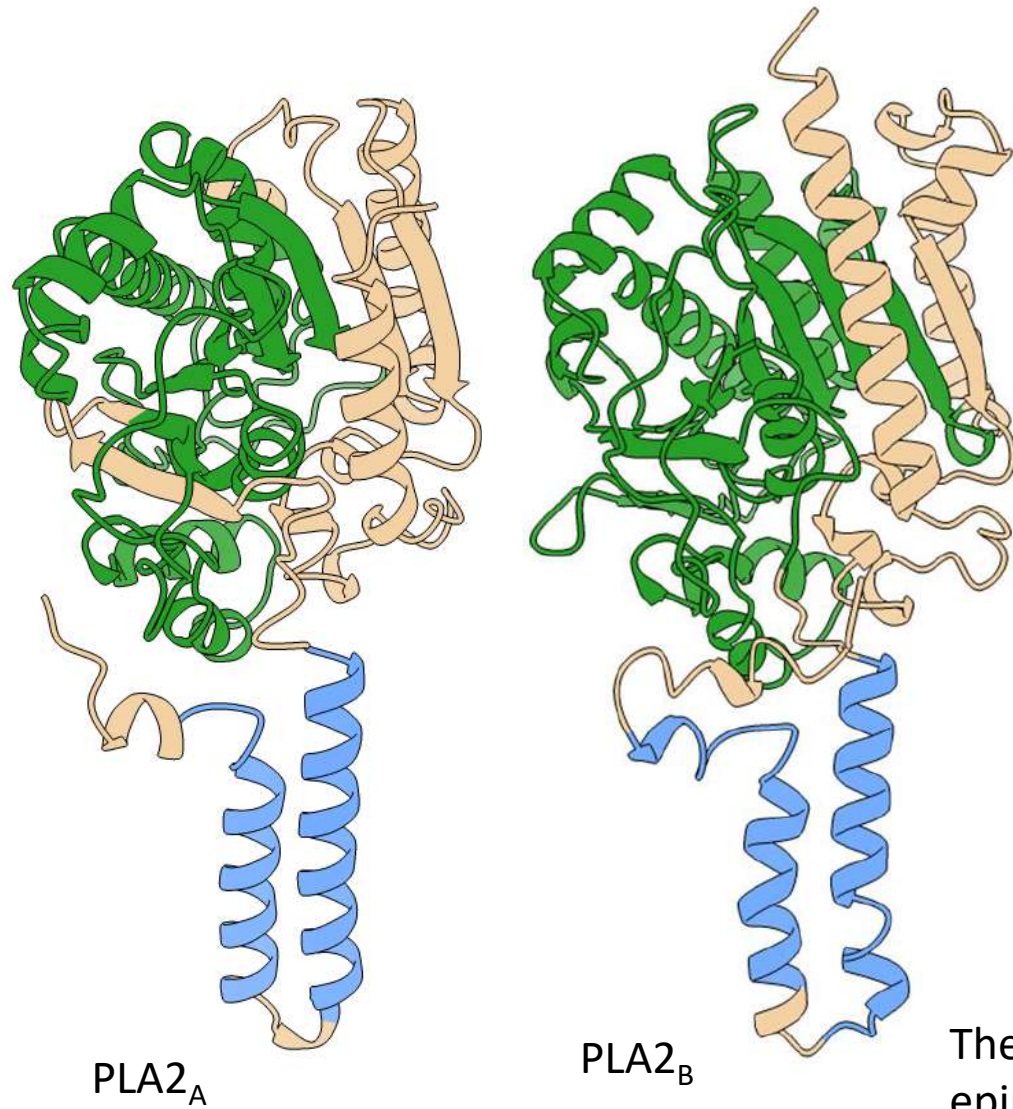
Disruption of lipid metabolism also conditions organ damage



Recent tools to understand host-pathogen interactions during *T. cruzi* infection

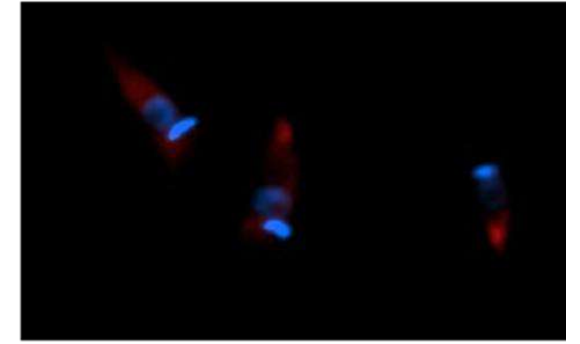
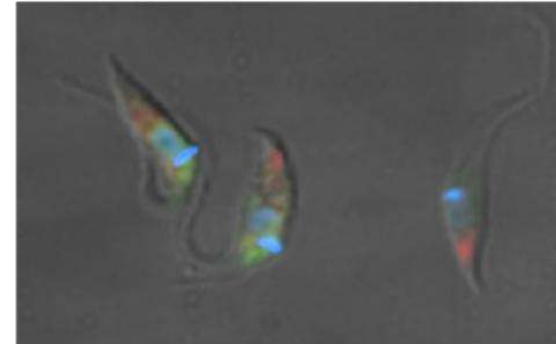


Structure and localization of PLA2_A and PLA2_B

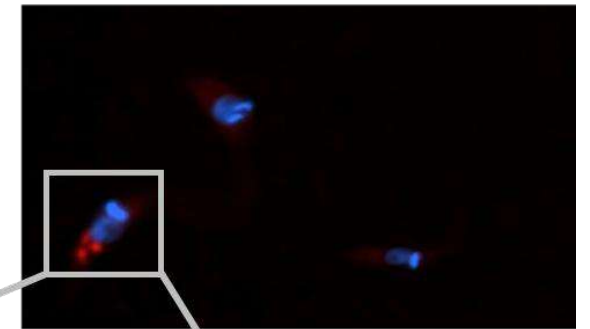
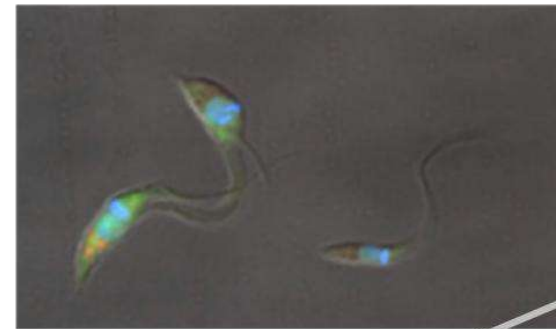


The posterior end of epimastigotes is known to be rich in **reservosomes**.

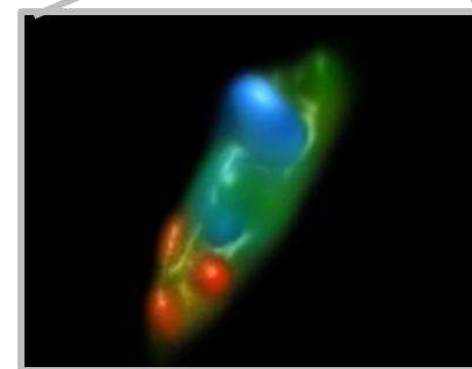
PLA2_B



PLA2_A

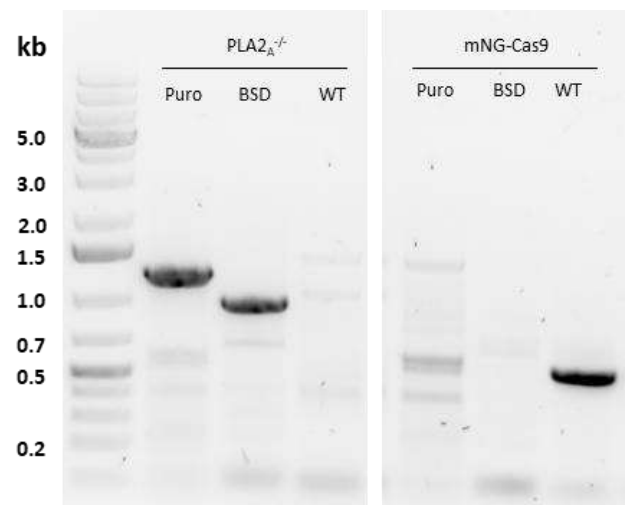


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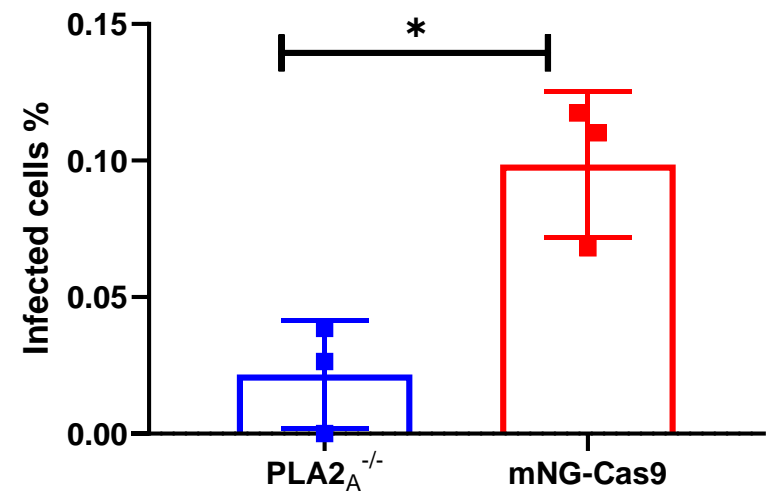


Phenotypic characterization of the PLA2_A^{-/-} line

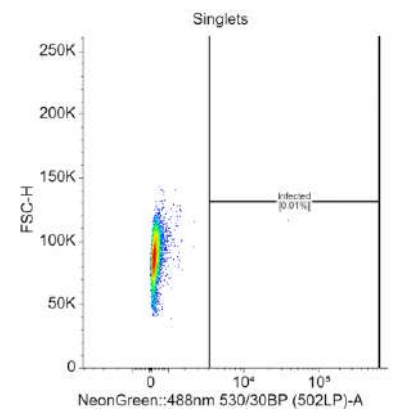
PLA2_A



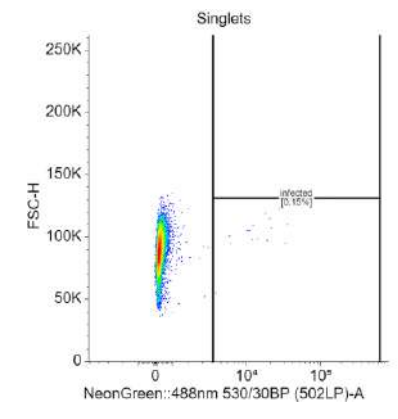
Infectivity (epimastigotes)



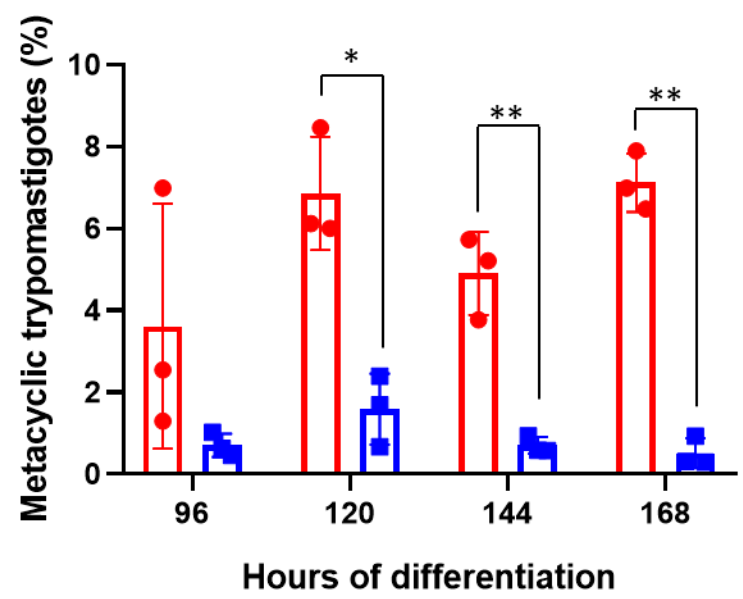
PLA2_A^{-/-}



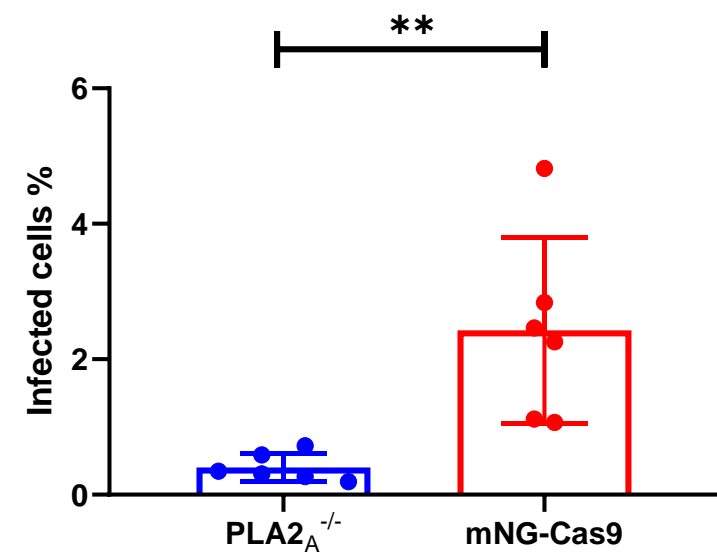
mNG-Cas9



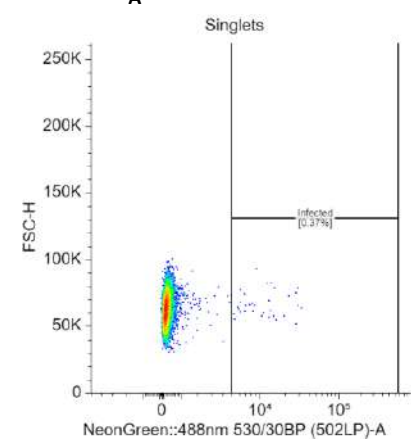
Metacyclogenesis



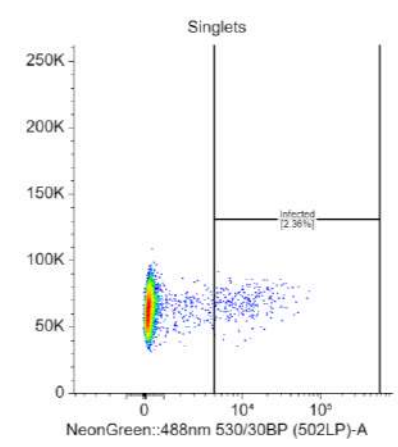
Infectivity (TCT)



PLA2_A^{-/-}

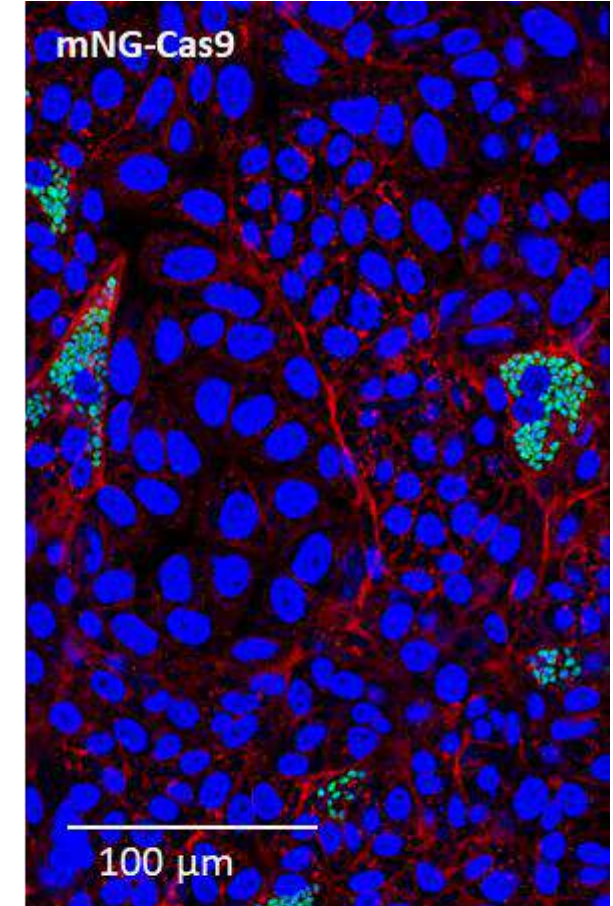
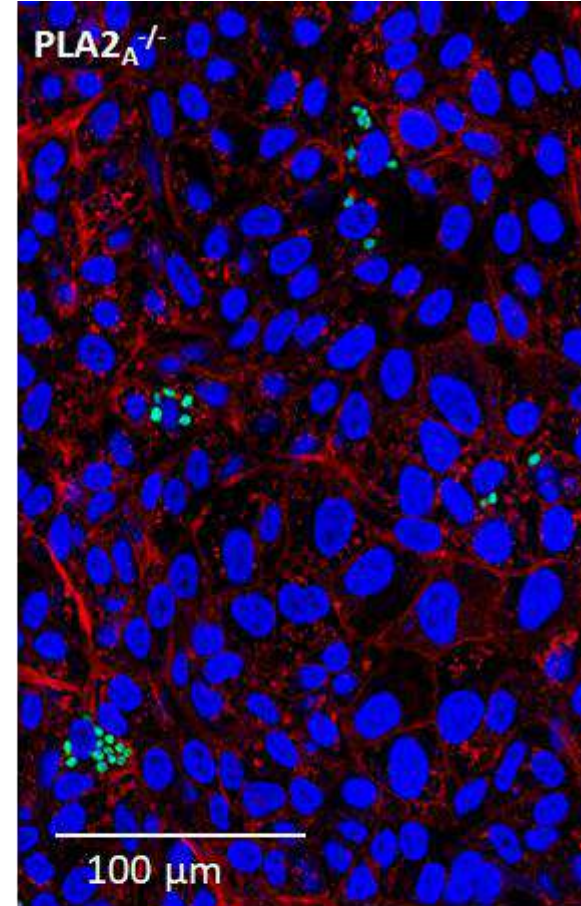
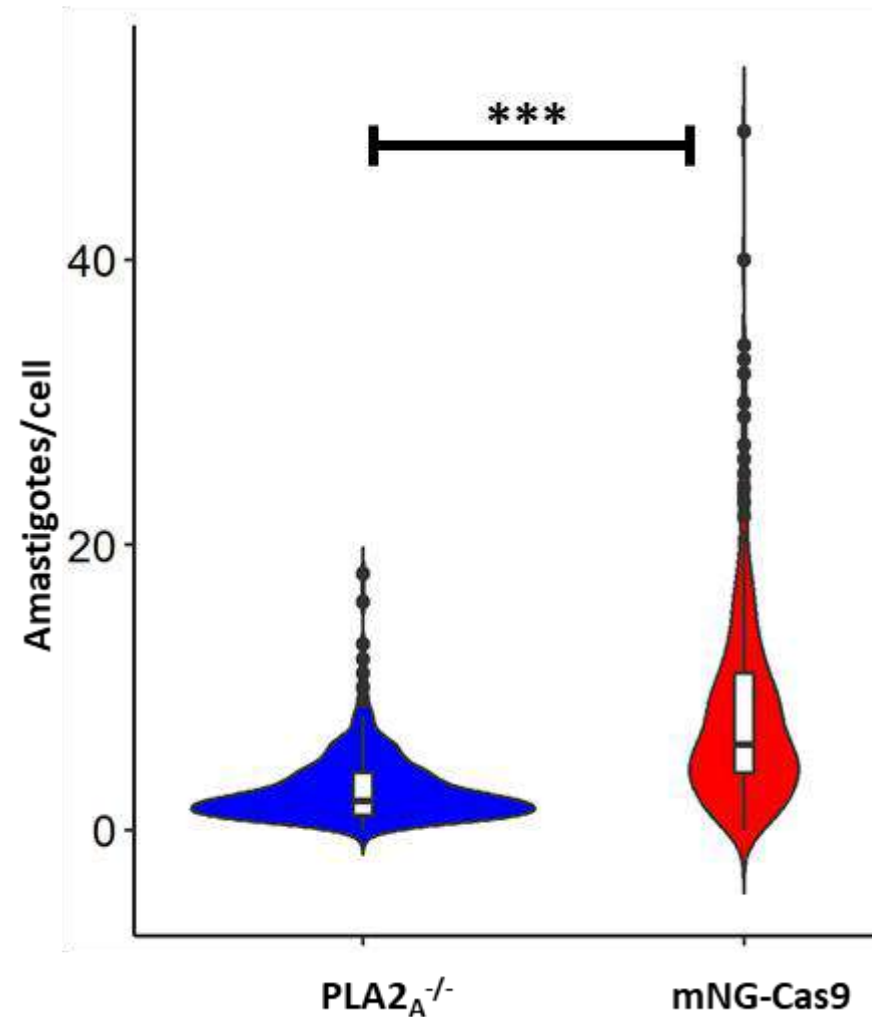


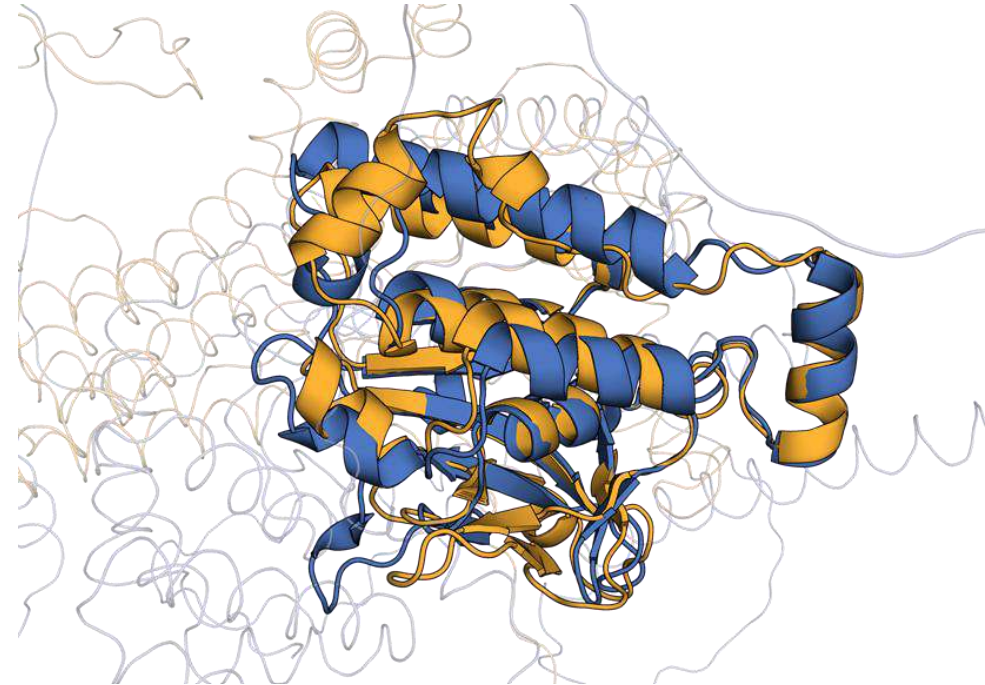
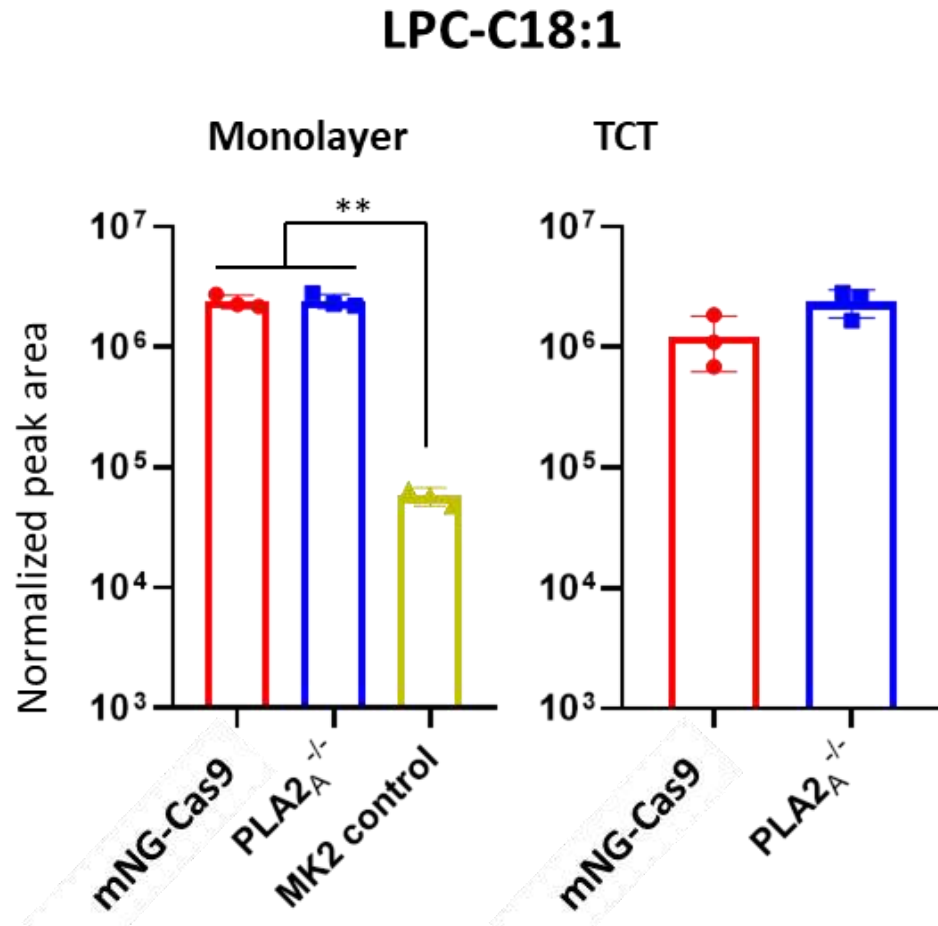
mNG-Cas9



PLA2_A deletion **hinders metacyclogenesis** and is associated with a **reduced capacity to infect cells and replicate**.

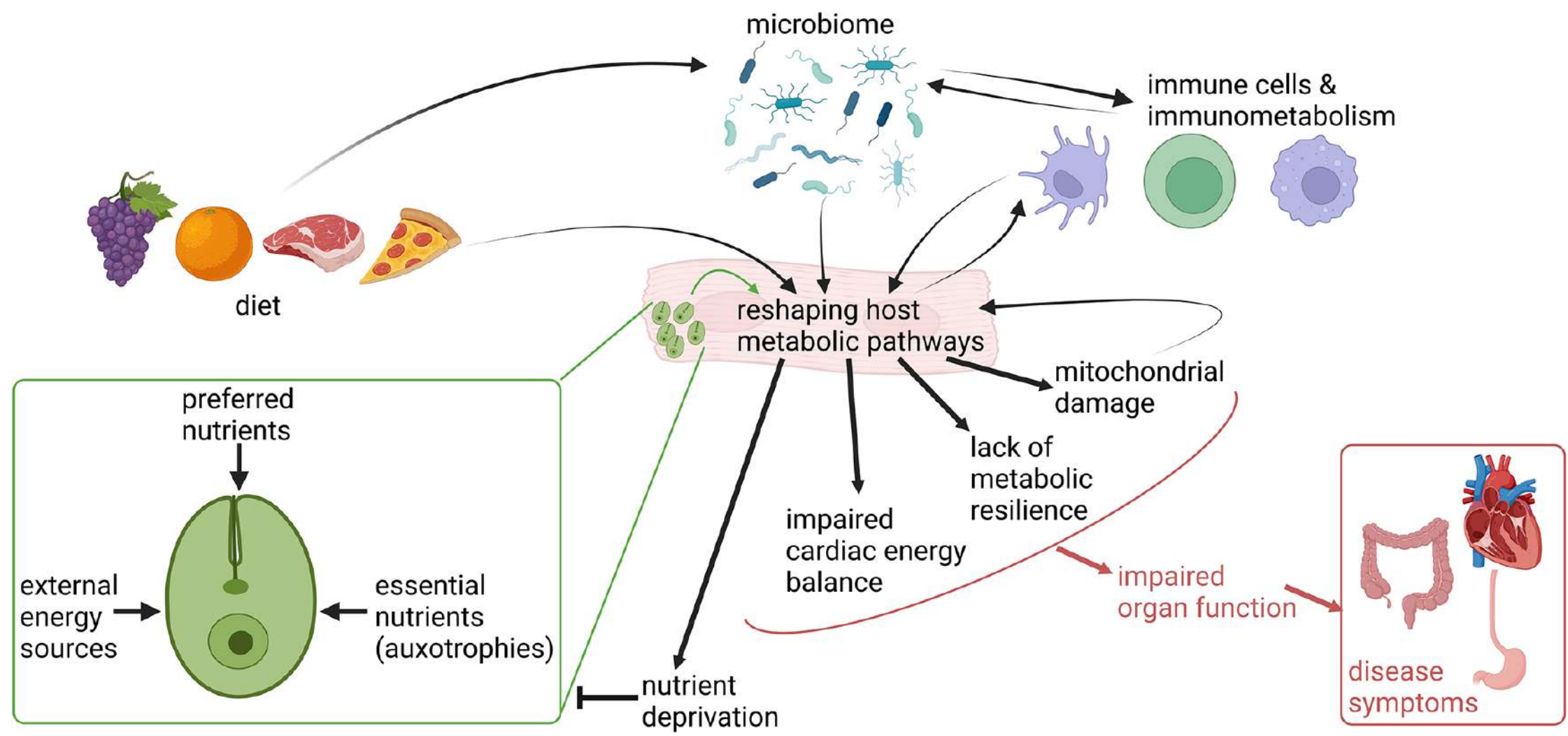
96h post-infection





TcCLB.509169.20 / TcCLB.511509.50

- Phenotypic changes are **not mediated by LPC-C18:1 abundance**.
- LPC-C18:1 production is **not dependant of PLA₂^{-/-} activity**



- Chagas disease is a complex condition with an unclear pathogenesis.
- The development of chronic disease depends on many different parasite and host-related factors.
- Chronic immune stimulation, metabolic disruption, and tissue-specific dynamics are likely critical in the development of organ damage.
- A balanced response is key to prevent organ damage.
- This balance is influenced by the host's genetic and environmental background.
- Studying the host-parasite relationship can lead to improved biomarkers and therapies.

Further Reading:

1. [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(21\)00265-2/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00265-2/fulltext)
2. <https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1012012>
3. <https://onlinelibrary.wiley.com/doi/10.1111/pim.12786>

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