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- The Effect of Anticoagulant in Blood Meal Source on the Aedes aegypti Reproductive Ability in Laboratory

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Laboratory

Comparing the Sensitivity and Specificity of Zinc Sulphate Flotation Method to Formol Ether Sedimentation Method in Identifying Intestinal Protozoa's Cysts

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ABSTRACT

Introduction: The two main methods to detect the presence of intestinal protozoa's cysts are zinc-sulphate flotation (Faust's) and formol-ether sedimentation (Ritchie's) methods. Some researchers have recommended using both flotation and sedimentation in detecting the intestinal parasites. However, this approach is unpractical for most laboratories. To date there are no studies that conclude which method, either Faust's method or Ritchie's method, is more effective in term of sensitivity and specificity of detecting the intestinal protozoa cyst. This study was done to conclude which method has higher sensitivity and specificity

Objectives: To compare the sensitivity and specificity of Faust's to Ritchie's methods in identifying intestinal protozoa.

Methods: Thirty anonymous fecal samples were obtained from Parasitology Laboratory Faculty of Medicine Gadjah Mada University. Each sample was tested using both Faust's and Ritchie's methods and then microscopically examined to find the intestinal protozoa's cysts. Numbers of samples with cyst-positive were recorded to determine which method has higher ability to detect the intestinal protozoa's cysts. Data was analyzed by calculating sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV).

Results: From all the five identified cysts (*Entamoeba histolytica*, *Giardia lamblia*, *Entamoeba coli*, *Iodamoeba butschlii*, *Blastocystis hominis*), Ritchie's method was able to detect more cyst than Faust's method. The sensitivity and specificity of Ritchie's method compared to Faust's were 100% and 93.33% respectively. The positive predictive value (PPV) and negative predictive value (NPV) of Ritchie's compared to Faust's method were 93.75% and 100% respectively. Ritchie's method is proven to have higher sensitivity and specificity than Faust's method. This method has high sensitivity probably because of the cysts are concentrated and so more cysts could be collected.

Conclusion: This study concludes that the Ritchie's method has higher sensitivity and specificity compared to Faust's method in detecting five common intestinal protozoa's cysts.

Keywords: formol-ether sedimentation method, zinc-sulphate flotation method, intestinal protozoa, sensitivity, specificity.

INTISARI

Pendahuluan: Terdapat dua metode utama untuk mendeteksi kista protozoa intestinal yaitu metode pengapungan zink sulfat (*zinc sulphate floatation*/Metode Faust) dan metode sedimentasi formol eter (*formol ether sedimentation*/Metode Ritchie). Para peneliti merekomendasikan kedua metode tersebut untuk mendeteksi parasit intestinal, tetapi pendekatan ini kurang praktis untuk sebagian besar laboratorium. Sampai saat ini belum ada penelitian yang menyimpulkan metode yang lebih efektif untuk mendeteksi kista protozoa intestinal dalam hal sensitivitas maupun sensitivitas. Penelitian ini dilakukan untuk menyimpulkan metode yang mempunyai sensitivitas dan spesifitas yang lebih tinggi.

Tujuan: Untuk membandingkan sensitivitas dan spesifitas Metode Faust dan Ritchie dalam mengidentifikasi kista protozoa intestinal.

Metode: Tigapuluh sampel feses anonim diperoleh dari Laboratorium Parasitologi Fakutas Kedokteran Universitas Gadjah Mada. Setiap sampel diuji dengan Metode Ritchie dan Faust dan kemudian diperiksa secara mikroskopis untuk mendeteksi adanya kista protozoa intestinal. Jumlah sampel dengan positif kista dicatat untuk menentukan metode yang lebih baik. Data dianalisis dengan menghitung sensitivitas, spesifitas, nilai ramal positif (*positive predictive value*/PPV) dan nilai ramal negatif (*negative predictive value*/NPV).

Hasil: Dengan menganalisis lima kista protozoa yang dapat diidentifikasi (*Entamoeba histolytica*, *Giardia lamblia*, *Entamoeba coli*, *Iodamoeba butschlii*, *Blastocystis hominis*), Metode Ritchie dapat mendeteksi lebih banyak kista dibandingkan dengan Metode Faust. Sensitivitas dan spesifitas Metode Ritchie dibanding Metode Faust adalah 100% and 93,33%. Nilai ramal positif dan nilai ramal negatif Metode Ritchie diabndingkan dengan Metode Faust adalah 93,75% and 100%. Metode Ritchie terbukti memiliki sensitivitas dan spesifitas yang lebih tinggi dibandingkan dengan Metode Faust. Pada penelitian ini Metode Ritchie lebih sensitif kemungkinan karena sampel yang mengandung kista dipekatkan terlebih dahulu sehingga lebih banyak kista yang dapat dikumpulkan.

Simpulan: Metode Ritchie memiliki sensitivitas dan spesifitas yang lebih tinggi dibandingkan dengan Metode Faust dalam mendeteksi lima protozoa intestinal umum.

Kata Kunci: metode pengapungan zink-sulfat, metode sedimentasi formol-eter, protozoa intestinal, sensitivitas, spesifitas

INTRODUCTION

Indonesia is located in tropical area of the world where intestinal parasitic infection is common to be encountered especially in rural areas^{1,2}. Protozoa infection is one of the most commonly found infections³. The commonly found intestinal protozoa are *Entamoeba histolytica*, *Giardia lamblia*, *Balantidium coli*, *Entamoeba coli*, and *Iodamoeba buetschlii*.

A simple microscopic examination of stool should be carried out for the diagnosis of intestinal protozoa infection. But when a negative result is obtained from the examination of stained preparations of a direct smear, the utilization of a concentration method should be performed and often gives a positive result¹. There are two common methods that routinely performed in laboratory which are flotation and sedimentation. Some researchers

recommend using both flotation method and sedimentation procedures since neither technique alone can identify all parasites in the fecal samples. However this approach is unpractical for most laboratories⁴.

The accuracy of a diagnostic tool is represented by the high sensitivity and specificity values. The more accurate it is, the higher sensitivity and specificity it has. Sensitivity is how many percent a diagnostic tool correctly diagnosed its positive results possessing the disease. On the other hand, specificity is percentage of negative results that correctly diagnosed as true negative or truly do not possess the disease.

For the reasons that has been elaborated in the previous paragraphs, determining which method that more effective in terms of sensitivity and specificity, is essential to be done and might offer positive contribution to the laboratory practice in the future.

MATERIALS AND METHODS

Thirty anonymous formalin-preserved fecal samples were obtained from Parasitology Laboratory in Faculty of Medicine at Gadjah Mada University. Each sample was tested using both formol-ether sedimentation (Ritchie's method) and zinc-sulphate (Faust's method) and then microscopi-cally examined to find the intestinal protozoa cysts. Numbers of samples with cyst-positive were recorded to determine which method has higher ability to detect the intestinal protozoa cyst.

In this study, sensitivity is defined as number of samples that are positive in both methods (true positive results) divided by number of samples that are positive in Faust method. A Positive sample is the sample with the presence of any species of intestinal protozoa cyst (Entamoeba histolytica, Giardia lamblia, Iodamoeba butschlii, Entamoeba coli, Blastocystis hominis and Balantidum coli). A Negative sample is sample that contains no cyst. Specificity is defined as number of negative samples that are negative (true negative results) in both method divided by number of samples that are negative in Faust method. Negative predictive value (NPV) definition is the probability of true negative result correctly detected by the tested-method. Positive predictive value (PPV) is the probability of true positive result correctly detected by the tested-method. In practical language, NPV is defined as true negative results divided by negative results detected with Ritchie method. On the other hand, PPV is true positive results divided by positive results detected with Ritchie method.

RESULTS AND DISCUSSIONS

The results showed that there were five intestinal protozoa's cysts found in the study namely Entamoeba histolytica, Giardia lamblia, Iodamoeba butschlii, Entamoeba coli, and Blastocystis hominis. Balantidum coli was not found anywhere in the 30 samples yet Blastocystis hominis is unexpectedly detected (Table 1).

Table 1. Number and percentage of identified intestinal protozoa's cysts using Ritchie's and Faust's methods

Intestinal Protozoa	Ritchie	(n = 30)		Faust
Intestinal Frotozoa	+	-	+	-
Eh	10	20	5	25
GI	10	20	7	23
Вс	0	30	0	30
Ec	5	25	2	28
lb	4	26	0	30
Bh	8	22	6	24

Notes: Eh = Entamoeba histolytica

GI = Giardia lamblia

Bc = Balantidium coli

Ec = Entamoeba coli

Ib= Iodameba butschlii

Bh= Blastocystis hominis + = Number of protozoa present in the 30 samples

The microscopic appearance of intestinal protozoa's cysts detected in this study was documented to analyse the reliability of identification. Several findings were

documented and the viewpoint was chosen very carefully for the clear depicting. Unfortunately, the representative pictures are not as clear as it was in microscope view.

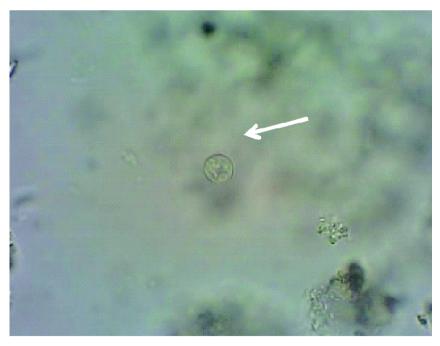


Figure 1. Iodine-stained microscopic view *of Entamoeba histolytica*'s cyst (40X Objective lens magnification)

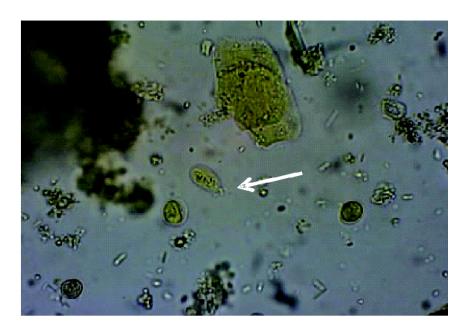


Figure 2. Iodine-stained microscopic view of *Giardia lamblia's* cyst (40X objective lens magnification)



Figure 3. Iodine-stained microscopic view of *Entamoeba coli*'s cyst (40X objective lens magnification)



Figure 4. Iodine-stained microscopic view of *Iodamoeba butschlii's* cyst (40X objective lens magnification)

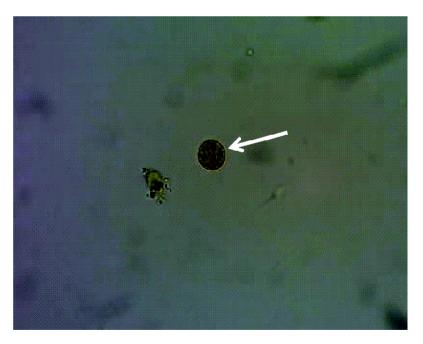


Figure 5. Iodine-stained microscopic view of *Blastocystis hominis*'s cyst (40X objective lens magnification)

Table 2. Cross table for sensitivity and specificity of Ritchie's compare to Faust's methods

		Ritchie (tested-method)		
		Positive	Negative	Total
Faust	Positive Negative	15 (TP) 1 (FP)	0 (FN) 14 (TN)	15 15
	Total	16	14	30

Notes: TP = true positive

FP = false positive

FN = false negative

TN = true negative

In this study, the statistical indicators analyzed were sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV). The sensitivity and specificity (Table 2 and Table 3) of Ritchie's method compared to

Faust's were 100% and 93.33% respectively. The PPV and NPV of Ritchie's method compared to Faust method were 93.75% and 100% respectively.

Table 3. Statistical indicators of tested-method (Ritchie's method)

No	Indicator	Formula	Calculation	Results
1	Sensitivity	TP/(TP + FN)	15/15	100%
2	Specificity	TN/(TN + FP)	14/15	93.33%
3	NPV	TN/(TN + FN)	14/14	100%
4	PPV	TP/(TP + FP)	15/16	93.75

Ritchie's method is proven to have high sensitivity and specificity. This method has high sensitivity probably because the cysts are concentrated and more cysts could be collected. Our findings agree with the study done by Perry et al. (1990) stated that the fecal material distribution and cleaning are important factors influencing parasite detection⁵. Nevertheless, there is a study that argued the disadvantage of sedimentation techniques is the production of a sample containing a large amount of debris, which makes parasitic elements difficult to be identified ⁴.

The sensitivity and specificity of Ritchie's compare to Faust's is 100% and 93.33% respectively which are considered has higher ability to detect all five intestinal protozoa's cysts. It mean that this method is very good in detecting the common intestinal protozoa's cyst compared to Faust's method and has correctly identified the cysts. The NPV and PPV value of Ritchie's method is also high so this method is able to correctly assess positive results as such and rarely misclassifies positive as negative results.

CONCLUSION

This study concludes that the Ritchie's method has higher sensitivity and specificity compared to Faust's method in detecting five common intestinal protozoa's cysts.

RECOMMENDATION

This study has only 30 samples of specimens so that any future study is recommended to have more significant number of samples. The tested-methods might also be compared with the direct microscopic exam so that the comparisons are equitable.

REFERENCES

 Chatterjee D. Parasitology: Protozoology and Helminthology 13th edition, New Delhi: CBS Publisher, 2009.

- Savioli L, Albonico M, Engels D & Montresor
 A. Progress in the pre- vention and control
 of schistosomiasis and soil-transmitted
 helmin-thiasis. *Parasitolo Int*, 2004;53(2):103 13.
- Simadibrata M, Tytgat GN, Yuwono V, Daldiyono, Lesmana LA, Syam AF, Ariawan I, Rani A. Microorganism and aprasites in chronic infective diarrhea. *Acta Med Indones*, 2004;36(4):211-4.
- 4. Garcia LS. Diagnostic Medical Parasitology, Washingtion: ASM Press, 2001;1069
- Perry JL, Mathews JS, Miller GR. Parasite detection efficiencies of five stool concentrat-ion systems. J Clin Microbiol, 1990;28:1094-7.

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Sample References

Scientific Journal

1. Standard journal article

You CH, Lee KY, Chey RY, Menguy R. Electrogastro-graphic study of patients with unexplained nausea, bloating and vomiting. Gastroenterology 1980; 79(2):311-14. Goate AM, Haynes AR, Owen MJ, Farral M, James LA, Lai LY, et al. Predisposing locus for Alzheimer's disease on chromosome 21. Lancet 1989;1:352-55.

2. Organization as author

The Royal Marsden Hospital Bone-marrow Transplantation. Team. Failure of syngeneic bone-marrow graft without preconditioning in post-hepatitis marrow aplasia. Lancet 1977;2:742-44.

- 3. No author given
 Coffee drinking and cancer of the pancreas
 [editorial]. BMJ 1981;283-628.
- Article not in English
 Massone L, Borghi S, Pestarino A, Piccini R,
 Gambini C. Localisations palmaires purpuriques
 de la dermatite herpetiforme. Ann Dermatol
 Venereol 1987;114:1545-47.
- Volume with supplement
 Magni F, Rossoni G, Berti F, BN-52021 protects
 guinea-pig from heart anaphylaxis. Pharmacol
 Res Commun 1988;20 Suppl 5:75-78.
- Issue with supplement
 Gardos G, Cole JO, Haskell D, Marby D, Paine
 SS, Moore P. The natural history of tardive
 dyskinesia. J Clin Psychopharmacol 1988;8(4
 Suppl):31S-37S.
- 7. Volume with part
 Hanly C. Metaphysics and innateness: a
 psychoanalytic perspective.Int J Psychoanal
 1988;69(Pt 3):389-99.
- Issue with part
 Edwards L, Meyskens F, Levine N. Effect of oral isotretinoin on dysplastic nevi. J Am Acad Dermatol 1989;20(2 Pt 1):257-60.

9. Issue with no volume

Baumeister AA. Origins and control of stereotyped movements. Monogr Am Assoc Ment Defic 1978; (3):353-84.

10. No issue or volume

Danoek K. Skiing in and through the history of medicine. Nord Midicinhist Arsb 1982;86-100.

11. Pagination in roman numerals

Ronne Y. Ansvarfall. Bloodtransfusion till fel patients. Vard-facket 1989;13:XXVI-XXVII.

12. Type of article indicated as needed

Spargo PM, Manners JM, DDAVP and open heart surgery [letter]. Anaesthesia 1989;44: 363-64.

Fuhrman SA, Joiner KA. Binding of the third component of complement C3 by Toxoplasma gondii [abstract]. Clin Res 1987; 35:475A.

13. Article containing retraction

Shishido A. Retraction notice: Effect of platinum compounds on murine lymphocyte mitogenesis [Retraction of Alsabti EA, Ghalib ON, Salem MH. In: Jpn J Med Sci Biol 1979; 32:53-65). Jpn J Med Sci Biol 1980;33:235-37.

14. Article retracted

Alsabti EA, Ghalib ON, Salem Mh. Effect of platinum compounds on murine lymphocyte mitogenesis [Retracted by Shishido A. In: Jpn J Med Sci Biol 1980;33:235-7]. Jpn J Med Sci Biol 1979;32:53-65.

15. Article containing comment

Piccoli A, Bossatti A. Early steroid therapy in IgA neuropathy: still open question [comment]. Nephron 1989;51:289-91.

16. Article in comment

Kobayashi Y, Fujii K, Hiki Y, Tateno S, Kurokawa A, Kamiyama M. Steroid therapy in IgA nephropathy: a retrospective study in heavy proteinuric cases [see comments]. Nephron 1988;48:12-7. Comment in: Nephron 1989;51:289-91.

17. Article with published erratum

Schofield A. The CAGE questionnaire and psychological health [published erratum

appears in Br J Addict 1989;84:701]. Br J Addict 1988;83:761-64.

Books and Other Monographs

18. Personal author(s)

Colson JH, Armour WJ. Sports injuries and their treatment. 2nd rev. ed. London: S. Paul, 1986.

19. Editor(s) as author

Diener HC, Wilkinson M, editors. Druginduced headache. New York: Springer-Verlag, 1988.

20. Organization(s) as author

Virginia Law Foundation. The medical and legal implications of AIDS. Charlottesville: The Foundation, 1987.

21. Chapter in a book

Winstein L, Swartz MN. Pathologic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, editors. Pathologic Physiology, mechanisms of disease. Philadelphia: Saunders, 1974:457-72.

22. Conference proceedings

Vivian VL, editor. Child abuse and neglect: a medical community response. Proceedings of the First AMA National Conference or Child Abuse and Neglect; 1984 Ma 30-31; Chicago. Chicago: American Medical Association, 1985.

23. Conference paper

Harley NH. Comparing radon daughter dosimetric and risk models. In:Gammage RB, Kaye SV, editors. Indoor air and human health. Proceedings of the Seventh Life Sciences Symposium; 1984 Oct 29-31; Knoxville (TN). Chelsea (MI):Lewis, 1985:69-78

24. Scientific or technical report

Akutsu T. Total heart replacement device. Bethesda (MD): National Institutes of Health. National Heart and Lung Institute; 1974 Apr. Report No.:NIH-NIHI-69-2185-4. Disertasi Youssef NM. School adjustment of

children with congenital heart disease [dissertation]. Pittsburg (PA): Univ. of Pittsburg, 1988.

25. Dissertation

Kay JG. Intracellular cytokine trafficking and phagocytosis in macrophages [Dissertation]. St Lucia, Qld: University of Queensland; 2007.

26. Patent

Harred JF, Knight AR, McIntyre JS, inventors. Dow Chemical Company, assignee. Epoxidation process. US patent 3,654,317, 1972 Apr 4.

Other Published Material

27. Newspaper article

Resberger B, Specter B. CFCs may be destroyed by natural process. The Washington Post 1989 Aug 7; Sect. A:2(col. 5).

28. Audiovisual material

AIDS epidemic: the physician's role [video-recording]. Cleveland (OH): Academy of Medicine of Cleveland, 1987.

29. Computer program

Renal system [computer program]. MS-DOS version. Edwardsville (KS): Medi-Sim, 1988.

30. Legal material

Toxic Substances Control Act: Hearing on S. 776 Before the Subcomm. on the Environment of the Senate Comm. on Commerce, 94th Cong., 1st Sess. 343(1975).

31. Map

Scotland [topographic map]. Washington: National Geographic Society (US), 1981.

32. Dictionary or Encyclopaedia
Ectasia. Dorland's illustrated medical dictio-

nary. 27th ed. Philadelphia: Saunders, 1988: 527.

33. Classic material

The Winter's Tale: act 5, scene I, lines 13-16. The complete works of William Shakespeare. London: Rex, 1973.

34. In press

Lillywhite HB, Donald JA. Pulmonary blood flow regulation in an aquatic snake. Science. In press.

Electronic Material

35. Journal articel in the internet

Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens]. Available from: URL: http://www.cdc.gov/ncidod/EID/eid.htm

36. Monograph in electronic format

CDI, clinical dermatology illustrated [monograph on CD-ROM]. Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. Version 2.0 San Diego: CMEA; 1995.

37. Computer program

Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational System; 1993.

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