

The background of the slide is a microscopic image showing numerous purple-stained oocysts of Toxoplasma gondii. The oocysts are small, oval-shaped structures with a distinct wall and internal structures, scattered across the light pinkish-purple background.

*Toxoplasma
gondii*

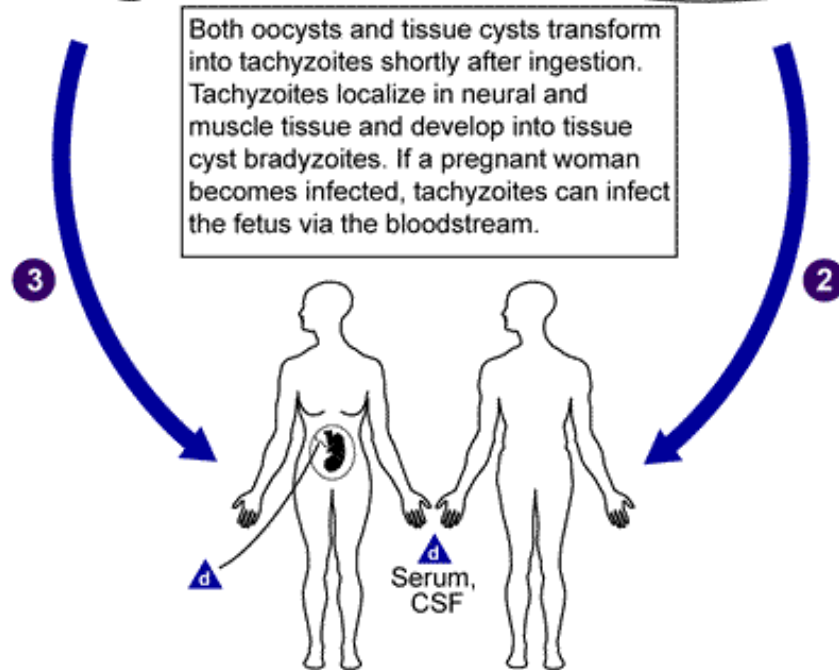
Morphology

- Trophozoite is 4-6 microns in length and is pyriform shaped



Life Cycle

- Cat sheds oocysts in feces → consumed by man or animals → infects tissues throughout body → if man or animal consumes raw infected tissue → infection throughout body. If cat consumes infected tissue → sheds oocysts.



d Diagnostic Stage
 1) Serological diagnosis.
 or
 2) Direct identification of the parasite from peripheral blood, amniotic fluid, or in tissue sections.



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<http://www.dpd.cdc.gov/dpdx>

Epidemiology

- Worldwide



Diagnosis

- Serology
- Occasionally culture of aspirated or biopsied material

Symptomatology

- Congenital: Transplacental from mother with asymptomatic infection acquired during pregnancy
 - Asymptomatic
 - Abortion
 - Hydrocephalus, mental retardation, seizures, cerebral calcification, chorioretinitis, occasionally microcephaly

- **Acquired**
 - Mild or asymptomatic in most cases
 - May mimic infectious mononucleosis
 - May be severe with encephalitis, myocarditis, pneumonitis, lymphadenitis, hemolytic anemia, hepatitis. Uncommon in otherwise intact host. Immunocompromised individuals more likely to develop severe disease, usually with neurological manifestations predominating
- **Chorioretinitis**
 - As sole manifestation of the disease in adolescents and adults

Treatment

- Pyrimethamine (possibly trimethoprim)
- Sulfas (in combination with the above)
- Folinic Acid (to prevent folate deficiency)
- Spiramycin (for pregnant women with active infection)
- Steroids (for chorioretinitis in addition to the above)

Prevention

- Avoid contact with infected cats
- Cook meats well

