

**Some Studies on *Pseudomonas* Infection in Experimentally Infected  
*Oreochromis niloticus***

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**ABSTRACT**

Bacterial fish diseases are the major problems in aquaculture as it found naturally in the fish environment and under certain stress condition causes severe economic losses to fish farms. This study was to achieve the aim of this study, the following points were done : 1) Evaluation of the virulence of isolated *Pseudomonas fluorescens*. 2) And effect of isolated strain of *Pseudomonas fluorescens* on different blood parameters and serum enzymes. Examination the potency of locally prepared bacterin against isolated strain of *Pseudomonas fluorescens*. the clinical signs were manifested as, loss of scales from some areas of the body with excessive mucus all over the body surface and petechial haemorrhages over the body . The lymphocyte showed a tendency to decreasing from the 1<sup>st</sup> week to the 4<sup>th</sup>. While, the monocyte level decreased from the 1<sup>st</sup> week to the 3<sup>rd</sup> week . The Phagocytic activity and index increased progressively from the 1<sup>st</sup> week to the 4<sup>th</sup> week of the experiment. The results also showed that, the total protein, albumin, globulin and albumin/globulin ratio differ significantly among infected and control group and among different weeks. The antibody titer and RLP the antibody titer in the groups treated with *P. fluorescens* only of lower RLP than that of the control groups.

**INTRODUCTION**

Fish diseases are a substantial source of great losses to aquaculturists. Production costs are increased by fish diseases outbreaks because of the investment lost in dead fish, cost of treatment and decreased growth during convalescence. (Floyd, 2003).

The most prevalent diseases affecting fish farms in Egypt were Motile *Aeromonads*, *Pseudomonas* species, *Streptococcus* Spp. and *Staphylococcus* Spp.; *Vibrio* Spp. and *Flexibacter* Spp. (Khalil et al., 2001) .

**MATERIALS AND METHODS**

**A- Materials :**

***Fish for experimental infection***

A total number of ninety apparently healthy *O. niloticus*, were obtained from private fish farm. Fish were transported alive to the laboratory of Department of poultry and fish disease, Faculty of Veterinary Medicine, Alexandria University in plastic bags contained water enriched by air (2/3). Average body weight of fish about (50 ± 5 gm).

***Fish pathogens :***

- a. Bacteria used for preparation of bacterin and challenge . (*Pseudomonas fluorescens*) isolated strains kindly obtained from Poultry and Fish Diseases Dept.
- b. *Candida albicans* used for phagocytes was kindly provided by Poultry and Fish Diseases Dep. Fac. of Vet. Med. Alex. Univ.

***B- Methods :***

### 1. Clinical and Postmortem examinations

The collected fish were examined clinically according to the method described by *McVicar (1982)*.

#### A. Experiment I

#### 2. Chronic experiment

Another same 60 apparently healthy *O. niloticus* were equally divided into 2 groups; each group contains 2 replicates (10 fish / each replicate). First group was inoculated I/M with 0.2 ml of 1/10 LD<sub>50</sub> of tested bacteria. The second group was inoculated I/M with 0.2 ml / fish of normal saline and served as a control group. All infected and control fish were observed daily to record their general health condition, clinical signs and mortalities. Experimental period was 28 days. Postmortem examination was performed on dead fish. The survivors at the end of the observation were sacrificed and examined for postmortem changes and specimens for histopathological studies were collected.

#### 3. Haematological examination

##### Differential leucocytic count

Blood film was done according the method described by *Lucky (1977)*. The percentage and absolute value for each type of cells were calculated according to *Schalm (1986)*.

##### Determination of phagocytic activity and phagocytic index

Phagocytic activity was determined according to *Kawahara et al. (1991)*.

$$\text{Phagocytic index (PI)} = \frac{\text{No. of yeast cells phagocytized}}{\text{No. of phagocytic cells}}$$

##### WBCs, RBCs counts and Packed cell volume (PCV %)

Were determined according to (*Stoskopf, 1993*).

##### Blood hemoglobin

Blood hemoglobin (Hb gm %) was assessed by cyanomethemoglobin method (*Drubkin, 1964*).

##### Haematocrite value

According to (*Blaxhall and Daisley, 1973*).

##### Clinico-biochemical analysis

#### 1) Determination of serum total protein

Serum total protein was determination according to *Doumas et al. (1981)* using commercial kits produced by Pasteur Lab.

#### 2) Determination of serum albumin

Serum albumin was determined according to *Reinhold (1953)* using commercially available kits of Chemroy.

#### 3) Determination of serum globulin

Serum globulin was determined by subtract the total serum albumin from total serum protein according to (*Coles, 1974*).

##### Protein fractions determination

Blood serum was used for the determination of the relative concentrations (%) of major protein fractions of fish serum *Bossuyt and Sparrow (1998)* and *Boyanton, and Blick, (2002)*.

#### B. Experiment II

Thirty *O. niloticus* were equally divided into three groups.

##### Antibody titration against *Pseudomonas flourecence bacterin* :

For determination of antibody titration the design of the experiment as in the following Table :

Treatment	No. Of fish
Infected fish+ bacterin	10
Control +ve with bacterin	10
Control -ve	10

**Evaluation of potency of prepared vaccine against *Pseudomonas flourecence***

**Bacterin preparation**

*Pseudomonas flourecence* isolate was used in the bacterin preparation according to the method described by Sakai *et al.* (1984) and Badran (1990). The preparation of bacterin for injection was carried out according to the method of Badran (1990). The formalin inactivated bacterin cells were mixed with an equal volume of 0.85% sterile saline . Bacterial number was adjusted to Macferland's No. 2 (approximately  $6 \times 10^8$  cells / ml).

**Antibody titration against *Pseudomonas flourecence* bacterin**

Detection of immune response to *Pseudomonas flourecence* was evaluated by microagglutination (MA) test according to the method described by Badran (1990).

**Challenge test**

$$RLP = 1 - \frac{\% \text{ mortality of vaccinated fish}}{\% \text{ mortality of control}} \times 100$$

According to Newman and Majnarich (1982).

**4) Statistical analysis**

The data of hematological and biochemical examinations of exposed fish were statistically analyzed using t-test, Duncan-test after ANOVA and simple correlation according to (SAS, 1987).

**RESULTS**

**1. Results of Clinical and postmortem lesions in experimentally infected fish**

The experimentally infected fish species (*O. niloticus*) with the strains of *Pseudomonas fluorescens* showed the following clinical signs : paleness coloration of the body , loss of eye , ascitis, scale loss and exophthalmia, fin and tail rot, darkness coloration of the body and tail rot.

**2. Post mortem findings for experimentally**

**infected fish**

Internally, organs are friable and have a generalized hyperemic appearance ; the kidney and spleen are swollen ;and the liver is often mottled with hemorrhage increased with light areas. The enlarged abdomen with ascitis . The body cavity contain a clear fluid but more often the fluid is bloody and cloudy. congestion of all internal organs especially gills ,liver and kidneys with necrosis of liver and kidneys ( Fig. 1, 2 and 3 ).

**3. Effect of *Pseudomonas fluorescens* infection on differential leucocytic counts, Phagocytic activity and Phagocytic index, T.WBCs and T.RBCs.**

Table (1) indicated the significant effect of *Pseudomonas fluorescens* infectoion ( $P < 0.01$ ) on differential leucocytic counts in *O. niloticus* fish at different weeks of infection.

The lymphocyte showed a tendency to decreasing from the 1<sup>st</sup> week to the 4<sup>th</sup> of the experiment than that of the control group . While, the monocyte level decreased from the 1st week to the 3<sup>rd</sup> week of the experiment but at the 4<sup>th</sup> week of the experiment it increased and returned to its normal level.



**Fig. (1) : *O. niloticus* infected with *P. Flourescence* at 2<sup>nd</sup> week showing unilateral exophthalmia .**



Fig. (2) : *O. niloticus* infected with *P. fluorescens* 3<sup>rd</sup> week showing skin erosion and eye loss .



Fig. (3) : *O. niloticus* infected with *P. fluorescens* at 1<sup>st</sup> week showing congestion of all internal organs .

The results in Table (1) indicated the significant effect of *Pseudomonas fluorescens* infection ( $P < 0.01$ ) on Phagocytic activity and Phagocytic index in *O. niloticus* fish at different weeks of infection.

The Phagocytic activity increased progressively from the 1<sup>st</sup> week to the 4<sup>th</sup> week of the experiment in infected fish and the maximum level of Phagocytic activity observed at the 4<sup>th</sup> week of the experiment but in the infected group lower than that of the control

group.

The Phagocytic index, also increased progressively from the 1<sup>st</sup> week to the 4<sup>th</sup> week of the experiment but in control group higher than that of infected group.

The results in Table (2) indicated the significant effect of *Pseudomonas fluorescens* infection ( $P < 0.01$ ) on T.WBCs and T.RBCs in *O. niloticus* fish at different weeks of infection.

Table (1) : Effect of *Pseudomonas* infection on differential leucocytic counts, Phagocytic activity, phagocytic index, T. WBCs and T. RBCs counts at different weeks of experiment .

Week	Group	Lymph	Monocyte	PA	PI	T. WBCs	T. RBCs
1 <sup>st</sup> week	Infected	BC 46±3.40	C 12±2.20	C 16±3.55	B 1.4±0.04	C 25±5.22	C 1.3±0.55
	Control	D 44±4.40	D 10±1.20	B 19±4.55	A 1.6±0.05	B 27±3.77	C 1.4±0.33
2 <sup>nd</sup> week	Infected	CD 45±4.40	D 10±1.20	B 18±3.77	AB 1.5±0.06	BC 26±5.44	BC 1.5±0.33
	Control	AB 47±4.30	A 15±3.50	B 19±3.41	A 1.7±0.07	AB 28±5.22	C 1.4±0.44
3 <sup>rd</sup> week	Infected	C 45±4.50	D 10±1.3	B 19±3.56	A 1.6±0.06	BC 26±6.22	AB 1.6±0.55
	Control	A 48±4.60	BC 13±1.20	A 21±4.53	A 1.7±0.07	BC 26±5.33	A 1.7±0.52
4 <sup>th</sup> week	Infected	D 44±4.33	C 12±1.20	AB 20±5.22	AB 1.5±0.05	A 28±4.88	AB 1.6±0.52
	Control	A 48±4.22	AB 14±1.22	AB 20±5.22	B 1.4±0.04	A 29±4.55	A 1.8±0.43

Means within the same column of different letters are significantly different at ( $P < 0.01$ ).

The T.WBCs increased progressively from the 1<sup>st</sup> week to the 4<sup>th</sup> week of the experiment in infected fish and the maximum level of T. WBCs observed in the infected fish at 4<sup>th</sup> week of the experiment, but its level lower than that of the control groups .

While, the T.RBCs also increased progressively from the 1<sup>st</sup> week to the 4<sup>th</sup> week of the experiment, but its level lower than that of the control groups.

**4. Total protein, albumin, globulin and albumin / globulin ratio level in different fish groups at different periods :**

The results in Table (2) showed that, the total protein, albumin, globulin and albumin/globulin ratio differ significantly among infected and control group and among different weeks.

The total protein level increased progressively from the first week to the last week and the level of total protein in infected group lower than that of control group. While the albumin level showed increasing then

decreasing level of albumin and in the 4<sup>th</sup> week it increased and the albumin level in infected groups lower than that of the control groups. While, the globulin level not show any significant difference among the control and infected groups but its level in the 1<sup>st</sup> weeks lower than that of the last weeks.

The albumin/globulin ratio showed that, its level decreased gradually from the first week to the last week but in the last week it return to its normal level. But, the albumin globulin ratio level in infected group lower than that of the control group all over the period of the experiment.

**5. Effect of *P. Flourescence* infection on serum T- globulin level ( $\alpha$  - globulin,  $\beta$  -globulin and  $\gamma$  -globulin) at different weeks of experiment**

Fig. (4, 5, 6 and 7) indicated the significant effect on total serum globulin fractions ( $\alpha$  - globulin,  $\beta$  -globulin and  $\gamma$  - globulin) levels among different treatment groups at different weeks of the experiment.

**Table (2) : Total protein, Albumin, globulin and albumin/globulin ratio level in different fish groups at different periods.**

Time	Group	Number	Total protein	Albumin	Globulin	Albumin/globulin ratio
			Mean Std. Error	Mean Std. Error	Mean Std. Error	Mean Std. Error
1 <sup>st</sup> week	Infected	3.00	G 4.30±1.30	E 2.40±0.45	D 1.90±0.74	D 1.27±0.20
	Control	3.00	D 4.60±1.60	B 2.70±0.70	D 1.90±0.74	B 1.42±0.40
2 <sup>nd</sup> Week	Infected	3.00	F 4.40±1.30	C 2.60±0.65	E 1.80±0.45	AB 1.45±0.42
	Control	3.00	E 4.50±1.44	B 2.70±0.74	E 1.80±0.43	A 1.5±0.500
3 <sup>rd</sup> Week	Infected	3.00	C 4.70±1.45	A 2.40±0.74	A 2.30±0.44	F 1.04±0.30
	Control	3.00	B 4.90±1.49	C 2.60±0.61	A 2.30±0.43	E 1.14±0.25
4 <sup>th</sup> Week	Infected	3.00	D 4.60±1.47	D 2.50±0.51	C 2.10±0.31	C 1.20±0.22
	Control	3.00	A 5.10±1.52	A 2.90±0.71	B 2.20±0.20	C 1.31±0.23

Means within the same column of different litters are significantly different at (P < 0.05)

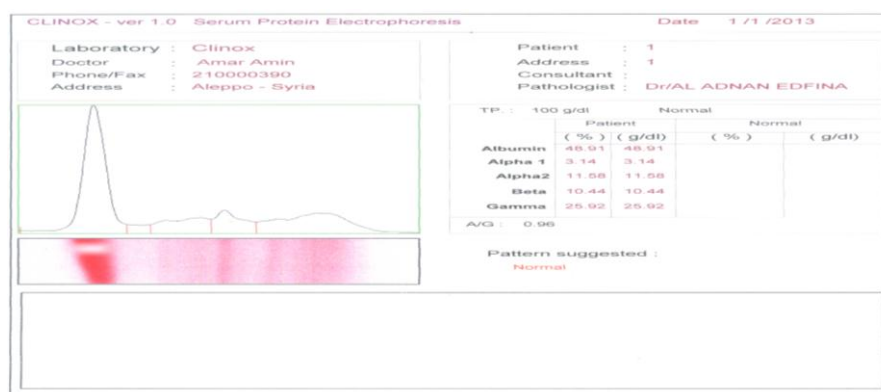
The serum globulin level increased in the 3<sup>rd</sup> and 4<sup>th</sup> of the experiment and the level of serum globulin increased in control group than infected one all over the period of the experiment.

The  $\alpha$  - globulin level increased in infected group than that of the control group. While, the  $\beta$  -globulin level decreased in infected group than that of the control group. The level of  $\gamma$  -globulin level decreased in infected group than that of the control group. In general our results cleared that, infected groups of lower serum globulins level than control group.

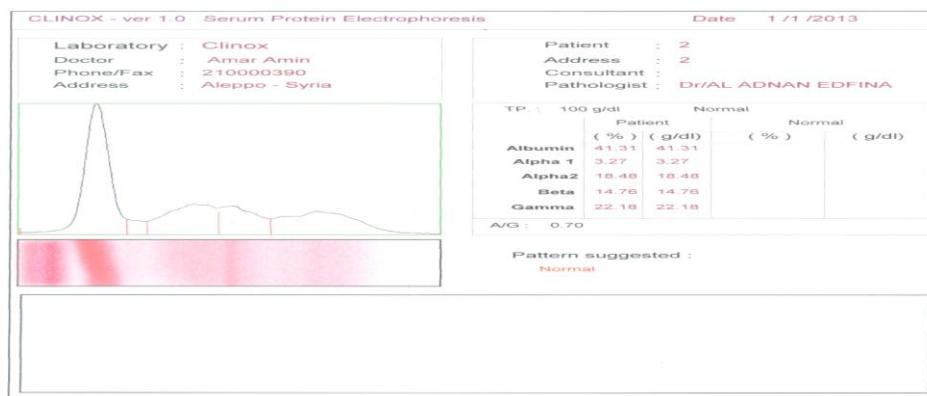
**6. Antibody titer (logarithmic value) of *Pseudomonas fluorescens* in different fish groups at different periods :**

Table (3) showed that, the antibody titer level differ significantly ( $P < 0.01$ ) among infected and control groups and among different weeks of the experiment.

The antibody titer level in control groups higher than the infected groups and its level in in the 1<sup>st</sup> and 4<sup>th</sup> week at the same level while at 2<sup>nd</sup> and 3<sup>rd</sup> weeks it of higher value.



**Fig. (4) :** Serum Protein fractionation of Control fish at 3<sup>rd</sup> week



**Fig. (5) :** Serum Protein fractionation of *P. Flourescence* infected fish at 3<sup>rd</sup> week

PSEUDOMONAS INFECTION IN EXPERIMENTALLY INFECTED *OREOCHROMIS NILOTICUS*

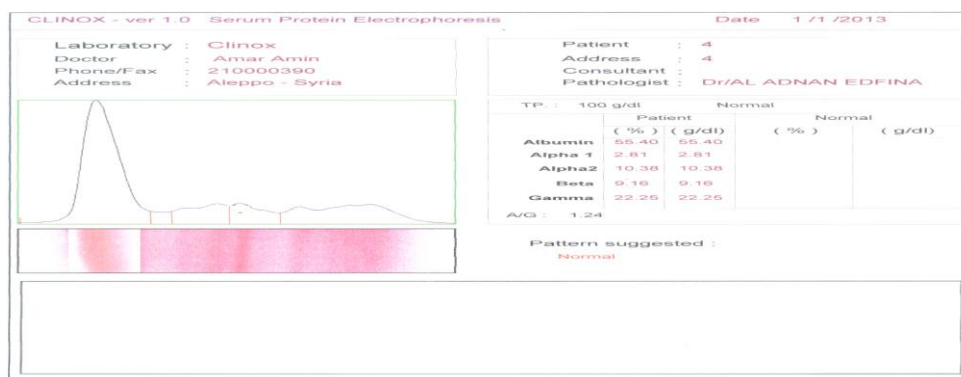


Fig. (7) : Serum Protein fractionation of *P. Fluorescence* infected fish at 4<sup>th</sup> week

Table (3) : Antibody titer (logarithmic value) of *Pseudomonas fluorescens* in different groups at different weeks.

Time	Group	Number	Antibody titer	
			Mean	Std. Error
1 <sup>st</sup> week	Infected	3.00	A	0.477±0.07
	Control	3.00	B	0.60±0.04
2 <sup>nd</sup> Week	Infected	3.00	B	0.60±0.05
	Control	3.00	B	0.60±0.01
3 <sup>rd</sup> Week	Infected	3.00	A	0.477±0.07
	Control	3.00	C	0.69±0.06
4 <sup>th</sup> Week	Infected	3.00	A	0.477±0.07
	Control	3.00	B	0.60±0.03

Means within the same column of different litters are significantly different at ( $P < 0.05$ )

**Table (4) : Mortality % and RLP in different fish groups at different periods.**

Groups	Mortality	RLP
Infected + Vaccinated	6	$1 - 6/8 = 2/8 = 25\%$ C
Control +ve	5	$1 - 5/8 = 3/8 = 37.5\%$ B
Control -ve	8	0 A

*Means within the same column of different litters are significantly different at (P < 0.05)*

**7. Relative level of protection against *Pseudomonas fluorescens* in different fish groups at different periods :**

Table (4) showed that, the relative level of protection differed significantly ( $P < 0.01$ ), the higher level of protection observed in infected + vaccinated group, followed by control +ve group and finally the control -ve group.

**DISCUSSION**

Fish diseases due to bacterial infections are the major problems in aquaculture as it found naturally in the fish environment and under certain stress conditions causes severe economic losses to fish farms (Olsson et al., 1998).

In experimentally infection with *P. fluorescens* the clinical signs were manifested as, loss of scales from some areas of the body with excessive mucus all over the body surface and petechial haemorrhages over the body.

The clinical signs & P.M. lesions mainly due to septicemic effect of *P. fluorescens* infection and its endotoxin which affecting body of fish, these observations were partially similar to those reported by (Hicks, 2008).

El-saka (2006) reported that there was a high mortality percentage among the experimentally infected fish under different stress conditions. These conditions were overcrowding, external parasitism and transportation with mortality rates of 83%, 70%

and 60% in *O. niloticus*, respectively, and all of these stress conditions facilitated the infection with *P. fluorescens*.

The present results cleared that the effect of *Pseudomonas fluorescens* infection on differential leucocytic counts:-

The lymphocyte showed a tendency to decreasing from the 1<sup>st</sup> week to the 4<sup>th</sup> of the experiment than that of the control group. While, the monocyte level decreased from the 1<sup>st</sup> week to the 3<sup>rd</sup> week of the experiment but at the 4<sup>th</sup> week of the experiment it increased and returned to its normal level.

Dovale et al. (2002) reported that neutrophils and macrophages are important phagocytic cells depending on the opportunity to encounter the invading agent, macrophages from peritoneal exudates showed a greater capacity for engulfing bacteria Esteban et al. (1977).

In the present work injection of *P. fluorescens* increased the neutrophils count at the first week and significant decrease in its count in the second week.

Also, the current investigation agreed with the result of Siwicki and Dunier (1993). In the present study there was an increase in both lymphocytes and monocytes especially with an increase of total leucocytic count at the first weeks of infection and this mainly due to the direct effect of stress on the immune response and activation of the first line of defense to resist the infection through cellular immune response.

Lymphocyte may performs T-cell equivalent or as natural killer cells (Ellis, 1981)

The T.WBCs increased progressively from the 1<sup>st</sup> week to the 4<sup>th</sup> week of the experiment in infected fish and the maximum level of T. WBCs observed in the infected fish at 4<sup>th</sup> week of the experiment, but its level lower than that of the control groups.

These results nearly agreed with those of (Fumihiko *et al.*, 2008) where they reported that fish fed bacteria of causative agent of disease show neutrophilia and in general there was a leucocytopenia.

Also these results agreed with those of (Fernandez *et al.*, 2003) indicated that the *Pseudomonas* produces products which causes lysis and destruction of RBCs and reduces its number and its Hb content.

The Phagocytic activity and index increased progressively from the 1<sup>st</sup> week to the 4<sup>th</sup> week of the experiment in infected fish and the maximum level of Phagocytic activity observed at the 4<sup>th</sup> week of the experiment but in the infected group lower than that of the control group.

The significant ( $P < 0.01$ ) decrease of phagocytic activity and phagocytic index of *Pseudomonas florescence* infected fish than the control fish may be attributed to the destructive action of this pathogen on liver, kidney, spleen and other haemopoietic organs (Thampuran *et al.*, 2008), so it causes leucocytopenia and decrease the phagocytic activity and phagocytic index.

This suppression may be mediated directly via the corticosteroid receptors on macrophages or indirectly through the enhanced production of certain factors by the macrophages themselves, which suppress the secretion of other macrophage products (e.g.  $\alpha$ -2 macroglobulin) (Pickering *et al.*, 1981 and Thampuran *et al.*, 2008).

The total serum proteins were useful in diagnosis of fish diseases (Mulcahy, 1967). In the present work, significant decrease in albumin,

globulin, total protein and albumin/globulin (A/G) were recorded .

The results also showed that, the total protein, albumin, globulin and albumin/globulin ratio differ significantly among infected and control group and among different weeks.

Infection which causes liver damage that causes decreases of serum protein concentration Lee and Marks (2009).

(Dennis *et al.*, 2008) stated that chronic liver disorder is usually accompanied by hypoalbuminaemia. Both hypoglobulinaemia and hypoalbuminaemia confirmed the recorded hypoproteinaemia, which was associated with liver damage .

Naglaa (2004) mentioned that, the mechanisms causing reduction of total serum protein due to bacterial infection was not clear but may be due to the following processes :

Loss of protein through vascular leaking caused by increased permeability due to histamine release Ellis (1981) .

Impaired synthesis of serum proteins due to liver damage and anorexia in diseased fish. Evenberg *et al.* (1986) .

Non specific proteolysis of serum proteins. Ellis (1981).

The antibody titer and RLP the antibody titer in the groups treated with *P. Florescence* only of lower RLP than that of the control groups .

This results attributed to the action of bacterial toxin or whole bacteria and extra-cellular products on liver, kidney, spleen and other haemopoietic organs as considered as a stress factor on this organs (Fucks *et al.*, 1986 and Gekle *et al.*, 1998), which causes decreases of the relative level of protection of the fish against any stress conditions as well as fish infected with *P. Florescence* (El-Gamel, 2005) .

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## بعض الدراسات على عدوى السودوموناس فى أسماك البلطى النيلى المستزرعة

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أمراض الأسماك البكتيرية تعتبر من أهم أنواع الأمراض المنتشرة فى البيئة المائية التى تصيب الأسماك وتؤثر على الناحية الاقتصادية فتم إجراء هذه الدراسة لتقييم عترة السودوموناس فلوريسنس ودراسة تأثيرها على مختلف مقاييس الدم والأنزيمات .

تم فحص وتصنيف وعزل بكتيريا السودوموناس فلوريسنس وتسجيل الأعراض المصاحبة لها خارجيا وداخليا والتى تتلخص فى فقدان القشور واحتقانات داخلية وخارجية وتآكل الزعانف واحمرار فى مختلف أجزاء الجسم .

أما بالنسبة لقياسات الدم فوجد بها نقصان على طول التجربة المزمدة من الأسبوع الأول إلى الأسبوع الرابع . أما بالنسبة لأنزيمات الدم فوجد بها تغيرات تدريجية سواء بالنقصان أو الزيادة على طول التجربة أما بالنسبة لاختبار الأجسام المضادة واختبار التحدى فكان أعلى فى المجموعة الضابطة عنها فى المجموعة المصابة ببكتيريا السودوموناس فلوريسنس .