



A REVIEW

MARIN MAMMALS TUBERCULOSIS CAUSED BY *MYCOBACTERIUM PINNIPEDII*

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Abstract

Tuberculosis in marine mammals caused by *M. pinnipedii* which has been reported in species of fur seals and sea lions in different countries as well as in terrestrial animals and human. In marine mammals, *M. pinnipedii* causes granulomatous lesions in internal organs and may be presence of acid-fast organisms in the granulomatous lesions. Disease transmission mainly by aerosols, direct contact or indirect. the disease transmitted from marine animals to human so, is a public health concern and precautions should be taken when dealing with these animals.

Keywords : Tuberculosis; *M. pinnipedii*; marine mammals; fur seal; sea lion

Introduction

Mammals that live in marine including two main mammal group, cetaceans group consisting of two suborders: baleen whales (*Mysticeti*) suborder and toothed whales (*Odontoceti*) suborder which contains dolphins and porpoises; pinnipeds includes true seals, eared seals and walrus; while sirenians consisting of manatees and dugong; polar bear (*Ursus maritimus*) and several species of otters (Born *et al.*, 1997; Stirling, 2009). Ocean health depends on the presence of marine mammals in the littorals and seas; Cetaceans have great environmental and commercial importance, and consider as essential source of protein and fat for human; in addition are regarded as an important tourist attraction (Endo *et al.*, 2005; Antonioli and Reveley, 2005; Lloret and Riera, 2008).

Marine mammals can be infected with many bacterial zoonotic pathogenic microorganisms such as *Brucella*, *Leptospira*, *Erysipelothrix* and *Mycobacteria* (Hunt *et al.*, 2008; Colegrove *et al.*, 2005; Nymo *et al.*, 2011; Kriz *et al.*, 2011). Tuberculosis is a disease caused by microorganism belonging to the *Mycobacterium tuberculosis* complex (MTBC) group which characterized by the development of tuberculous granulomas lesions in the body. It is described as the first time in pinnipeds in 1913 (Blair *et al.*, 1913), then Cousins co-authors (2003) named this etiological agent as *Mycobacterium pinnipedii* (*M. pinnipedii*). This agent causing significant disease in both marine mammals and terrestrial animals and has zoonotic potential to human (Kiers *et al.*, 2008; Moser *et al.*, 2008; Kriz *et al.*, 2011; Martins *et al.*, 2019).

History of marine tuberculosis

In 1913, Tuberculosis was first discovered in pinnipeds by (Blair, 1913), then the disease reported in different marine mammal during the period 1986 and 1995, it is reported in Australian sea lions (*Neophoca cinerea*) in both captive and wild sea lions, in Australian sea lions and in animals trainer in Australia (Forshaw and Phelps, 1991; Thompson *et al.*, 1993). Then tuberculosis described in New Zealand fur seals (*Arctocephalus forsteri*), an Australian fur seal (*Arctocephalus pusillus doriferus*), initially, the causative agent attributed to MTBC group (Cousins, 1993; Woods *et*

al., 1995). Another researcher and between 1989–2000, MTBC were described in captive southern sea lions, wild south American fur seals and a wild Subantarctic fur seal (*Otaria flavescens*, *Arctocephalus australis*, *Arctocephalus tropicalis*) respectively (Bernardelli *et al.*, 1996; Castro Ramos *et al.*, 1998; Bastida *et al.*, 1999).

Many studies discovered that these isolates shared biochemical and phenotypic characteristics, but differed in their genotypic features with *M. bovis* and thereafter were named as “seal bacillus”. After that, causative bacteria found different from other members of the MTBC and it is a separate species, so the name “*M. pinnipedii*” was suggested (Cousins, 1990; Cousins *et al.*, 1993; Bernardelli *et al.*, 1996; Bastida *et al.*, 1999; Cousins *et al.*, 2003).

Description of *M. pinnipedii*

M. pinnipedii it is a slowly growing microorganism, acid-fast bacilli, non sporulated, non motile. Growth occurs within 6 weeks of incubation on *Mycobacterium* media at 36–37°C, and the growth enhanced by sodium pyruvate. Colonies are non-photochromogenic, flat, dysgonic and rough. Microscopic features, *M. pinnipedii* are red bacilli and have a cords of mycobacterial cells. *M. pinnipedii* susceptible to rifampicin, pyrazinamide, paraminosalicylic acid, streptomycin, isoniazid, ethambutol which are used as antituberculosis (Cousins *et al.*, 2003; Kriz *et al.*, 2011).

Epidemiology of marine tuberculosis in marine animals

The incidence of marine tuberculosis caused has increased since the causative agent was discovered. An outbreak occurred in 13/28 (46.4%) in zoo sea lions in the Netherlands using the tuberculin skin test (TST) and necropsied (Kiers *et al.*, 2008). Also in 2008, tuberculosis infections reported in sea lion (*Otaria byronia*) in South American (Mores *et al.*, 2008). In France, *M. pinnipedii* was discovered in a Patagonian Sea Lion (*Otaria flavescens*) by molecular characterization (Lacave *et al.*, 2009). In the Czech Republic, the first case of tuberculosis detected in a kept Southern sea lion (*Otaria flavescens*) in a zoo (Kriz *et al.*, 2011). marine tuberculosis infections a wild sea lion (*Otaria flavescens*) in southern Brazil and in South American sea lion were reported by (Derek *et al.*, 2014; Martins *et al.*, 2019). The first case of tuberculosis in South Australia, *M.*

pinnipedii infection recorded in a fur seal (*Arctocephalus pusillus doriferus*) (Wayen *et al.*, 2014).

Symptoms of tuberculosis in marine

Clinical signs in pinnipeds affected with tuberculosis, predominantly nonspecific that include: lethargy, anorexia, weight loss and pulmonary signs. Classic chronic coughing is not a differentiate signs of active disease in affected marine mammals as in human tuberculosis (Forshaw and Phelps, 1991; Kiers *et al.*, 2008). Emaciation and severe dyspnea and died within hours were reported in sea lion (Martins *et al.*, 2019).

Pathology and histology characterizations

On necropsy, typically granulomas or nodular granulomatous lesions varies in sizes were found in the internal organs of body and enlarged mesenteric lymph nodes (Kiers *et al.*, 2008; Lacave *et al.*, 2009; Kriz *et al.*, 2011). Multifocal or coalescing region caseous necrosis, miliary lesions in pulmonary parenchyma, mucoid and purulent exudate full the airways, turbid greyish or blood tinged effusion consist of clots of fibrin was observed in pleural (Derek *et al.*, 2014 Roe *et al.*, 2019; Martins *et al.*, 2019).

Histologically, lesions associated with *M. pinnipedii* involve granulomas, another study revealed diffuse neoplastic proliferation or diffuse tumoral proliferation in the ovaries (Kiers *et al.*, 2008; Lacave *et al.*, 2009). Severe pyogranulomatous pleuropneumonia and intra histocytic acid-fast beaded filamentous bacilli was seen. In a study, tuberculous infected pinnipeds shown multifocal or coalescing granulomas in lung, pericardium and the mediastinum. Some of these granulomas were characterized by a combination of epithelioid macrophages, plasma cells, few numbers of lymphocytes and plump fibroblasts, other were present of zones of necrosis in the centre of granulomas and enclosed by macrophages, lymphocytes, plasma cells, and various amounts of fibrous tissue within or surrounding the granulomatous inflammation (Wayen *et al.*, 2014; Roe *et al.*, 2019).

Marine tuberculosis in other animals

Marine tuberculosis has been detected in different terrestrial animal species, in a zoo in Great Britain marine tuberculosis described in lama lowland gorillas (*Gorilla* and Brazilian tapir due to contact with infected South American fur seals (Cousins *et al.*, 2003; Cousins, 2006). Marine tuberculosis infections were investigated in Camelus, crested porcupine and malayan tapirs transmitted from infected Sea Lion (Mores *et al.*, 2008; Urczynski *et al.*, 2011). Seven cases of marine tuberculosis infection were recorded in beef cattle which was attributed to sharing the beach grazing area with seals and also due to the direct contact of the waterways with the ocean. At necropsy, infected cattle developed caseous necrotic lesions in a lymph node, other lesions are the same those reported in *M. bovis* infections. Histologically, developed granulomatous lesions with center of mineralization and caseation, the necrotic tissue was surrounded by lymphoid, epithelioid, and langhans giant cells (Loeffler *et al.*, 2014).

Marin tuberculosis in human

Marin tuberculosis caused by *M. pinnipedii* has an important role on public health as as a potential zoonotic pathogen, few cases were recorded in humans. The first time

of *M. pinnipedii* infection in human was transmitted from sea lion (Thompson *et al.*, 1993). *M. pinnipedii* infection has been reported in people (Bastida *et al.*, 1999). And also, marine tuberculosis has been recorded in nine out of twenty five sea lion keepers were in close contact with these infected animals (Kiers *et al.*, 2008). Studies have not indicated signs in humans, Australian seal trainer case due to close contact with infected seals developed pulmonary tuberculosis signs (*M. tuberculosis* complex), the signs involved, chronic productive cough, fatigue, night sweats and weight loss (Thompson *et al.*, 1993). other cases were diagnosed by TST and interferogamma release assay (Kiers *et al.*, 2008)

Tramsmission

Aerosols is the main rout of infection. In human, persons, especially, zookeepers and trainers transmission occurs through direct contact with infected animals or during the cleaning of these animals, indirectly through contamination of the environment or materials with *M. pinnipedii*. Marine animals infected by direct contact with diseased marine animals or by contaminated materials and environment. Other animals may infect directly when contact with diseased sea animals or with contaminated water when When grazing near the beach or ocean (Thompson *et al.*, 1993; Kiers *et al.*, 2008; Moser *et al.*, 2008; Loeffler *et al.*, 2014).

Diagnosis

Diagnosis in animals depends on clinical signs, isolating and identified by *M. pinnipedii*, pathological and historgical features, and by skin test using tuberculin (TST) which is purified protein derivative (PPD) (Kiers *et al.*, 2008; Lacave *et al.*, 2009; Kiers *et al.*, 2011; Roe *et al.*, 2019). Molecular characterization (PCR-RFLP *gyrB*) (Lacave *et al.*, 2009). In human, diagnosed by clinical signs, TST, interferon-gamma release assay (IGRA) (Kiers *et al.*, 2008). Detected the infection using ELISA and the serological rapid test was developed (Moser *et al.*, 2008).

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