Other Important Conditions Associated with Medical Mycology

- 1. Inhalation of fungal materials to initiate allergy*
- 2. Ingestion of fungal materials such as mushrooms which produces mushroom poisoning**
- 3. Ingestion of food products contaminated with fungal toxins
- * mycotic allergies (mold allergies)
- ** mycetismus (mushroom poisoning)

***mycotoxicosis (mold toxin poisoning)

Allergic Conditions

Hypersensitivity to common molds

- 1. sensitivity in usually atopic individuals (underlying hereditary basis). Usually to low number of allergens*,**
- 2. sensitivity in individuals chronically exposed to large numbers of allergenic fungal particles. e.g. Farmer's Lung

all

form-

genera

(anamorph names)

*asthma-type symptoms - seasonal (fall & spring in Texas; type I hypersesitivity

- 1) Alternaria
- 2) Helminthosporium
- 3) Drechslera
- 4) Cladosporium
- 5) Hormodendrum
- 6) Penicillium
- 7) Aspergillus

**usually IgE mediated

Low dose mold asthmas

1. Childhood type - reaches peak in early adolescence, then subsides

2. Adult - severe form that begins most often at $\sim>40$ yrs. Progressive \rightarrow emphysema-like induced death at extreme

Chronic large dose

- 1. Farmer's Lung moldy hay*
- 2. Bagassosis sugar cane residue**
- 3. Byssinosis cotton dust**
- 4. Lycoperdosis puff balls & snuff*
- 5. Maple bark strippers disease, etc. molds growing under bark*

*mold conditions

**and its molds

1. Farmer's Lung

a.

b.

- Aspergillus sp. e.g., A. fumigatus A. niger & A. flavus, etc.
- Penicillium sp*
 - P. simplicissmum
 - P. herquei
 - P. rubrum
 - P. italicum
 - P. caseiocolum

c. other form-species

Species not regular air contaminants. Usually thermotolerant species found growing on decaying plant material in barns, storage areas or wet fields, also in compost.

*Penicillium marneffei, agent of AIDS-related mycosis in SE Asia. See RR (on AIDS-related penicilliocis)

Mushroom Poisoning (Mycetismus)

A. Symptoms after ingestion

- 1. minor gastrointestinal distress
- 2. hallucinations
- 3. delirium
- 4. coma
- 5. death

B. Causes - many species

- 1. mostly Holobasidiomycotina of
- order Agaricales, class Holobasidiomycetes (syn. Hymenomycetes)
- 2. even a few Euascomycota Discomycetes
- C. In U.S. -
- mostly children (accidental) or -young adults looking for "highs"
- foreigners or recent immigrants (mycophiles):
- most U.S. citizens are mycophobes*

*English (British) legacy. (mycophobia) "kickers" vs "pickers"!

Types of Mushroom Poisonings

- 1. Cyclopeptide poisonings*
- 2. Monomethyhydrazine poisonings
- 3. Coprine poisonings
- 4. Muscarine poisonings
- 5. Ibotenic acid & musamiol poisonings
- 6. Psilocybin & other indol poisonings
- 7. Gastroentestinal irritant poisonings
- 8. Mushroom alcohol sensitivity

*most common and most serious:

<i>Amanita</i> (death caps) ⁰	volva white spores
Lepiota ⁰⁰	no volva white spores
Conocybe ⁰⁰⁰	brown spores**
Galerina ⁰⁰⁰	-

⁰at best not recommended/not edible & at worst, deadly poinsonous

⁰⁰some edible and delicious, others poisonous

000 not recommended/poisonous

**adage "don't eat small brown mushrooms: may relate to these

General Clinical Course

- 1. Symptoms begin after 8 12 hours
- indicating phallotoxins may be eliminated (degraded) in humans before cause problems.
- 2. Nausea, vomiting, cramps, severe diarrhea
- 3. After 2 3 day gastrointestinal phase subsides (more quickly with fluid & electrolyte substitution)
- 4. Around day 5 (onset of severe necrosis of liver cells) with release of diagnostic enzymes (alkaline phosphatase*)**,***
- * effect of α amanitin→inhibits RNA polymerase II**

**terminates protein synthesis (at transcriptional level)

**also associated with clotting deficiency

***often only treatment is a liver transplant

Mortality Rates

- ~ 50% in children below age 10
- ~ 16% or less among older

overall, ~ 20%

-rate related to amount of mushroom ingested vs size of ingestor

-therapy = fluid replacement; liver transplant

-most treatments not real good:

1)	but better if w/in 1-2 to 4-6 hrs., empty stomach by ipecac emesis* & gastric lavage with activated
	charcoal and try to clean blood

- a) haemodialysis b) haemoperfusion**
- c) apheresis***
- 2) increase excretion of toxin
- 3) supportive measures Pen G (@300-1,000K units/kg/day), throcytic acid, etc.
- 4) Bastion Method vit. C, etc.
- 5) monitor alkaline phosphotase for liver enzymes & liver function/destruction

*induced vomiting

** cleaning patient's blood with activated charcoal, after which it is returned

*** separation of patient's blood into components, after which only portion ("cleansed") is returned

Mycotoxicosis - mold toxin poisonings of humans and animals

- 1. Mycotoxicoses are not transmissible
- 2. Drug and antibiotic treatment have little or no effect on the disease.
- 3. In field outbreaks, the trouble is often seasonal.
- 4. The outbreak is usually associated with a specific food or feedstuff.
- 5. The degree of toxicity is often influenced by the age, sex and nutritionals state of the host.
- 6. Examination of the suspected food or feed reveals signs of fungal activity.
- 7. Active mycotoxins usually termed secondary metabolites

Types of Metabolic Products

a) primary metabolites

b) primary accumulated metabolites (overflow metabolites)

c) secondary metabolites (shunt metabolites)

Why Secondary Metabolites Arise?

- 1) biochemical pathway lesions
- 2) biosynthesis of "waste" products.
- 3) biosynthesis of detoxifying agents from deleterious products
- 4) biosynthesis of compounds, which are products of chance events (unusual stress conditions)
- 5) biosynthesis of excess regulators
- 6) biosynthesis of unusual compounds important for development
- 7) virus- or plasmid-mediated products of metabolism.

Some Examples of Mycotoxins

Aflatoxins Ochratoxins Satratoxins Cytochalasins Rubratoxins Trichothecenes Vomitoxins Zeorelonones Patulins Etc.