MATERIALS FROM CLINICAL STUDY OF THE BIOLOGICAL ACTIVITY OF TSJVERKALOV DYSENTERIN

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**ABSTRACT**  
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MATERIALS FROM CLINICAL STUDY OF
THE BIOLOGICAL ACTIVITY OF
TSUVERKALOV DYSENTERIN

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The allergin dysenterin, proposed by D. A. Tsuverkalov for
diagnosis of dysentery, is classed among the inadequately studied
biologica. A systematic check of the chemical composition of
commercial lots of the allergen showed them to be highly saturated
with protein - 75-100 mcg per 0.1 ml. In order to evaluate the
sensitizing activity of this dose of protein during intracutaneous
administration we set up special experiments on guinea pigs
(A. T. Kravchenko, V. A. Fradkin, et al., 1968). It was
established that intracutaneous administration of one diagnostic
dose of dysenterin causes an expressed allergic adjustment in
normal guinea pigs. This alteration was manifested in some of
the animals in response to only the second administration of the
allergen. Positive reactions were observed in the majority of
the animals in response to a third intracutaneous test. In dilution
of 1:10 (0.1 ml) dysenterin possessed a less expressed allergizing
activity, while in dilution of 1:100 it caused only weak skin
reactions.
under conditions of clinical allergodiagnosis the diagnostic
administration of Tsuverkalov dysenterin causes specific sensitiza-
tion of the organism in a part of the cases.

The degree to which such a substantial concentration of
dysenteric protein is required for diagnostic purposes remained
unclear. The answer to this question was obtained in the course
of studies during which patients were subjected to intracutaneous
tests with full-strength and diluted dysenterin. Reactions in
which erythema and the papule reached sizes of 10 to 20 mm in
diameter after 24 hours were considered positive (+). With erythema
and a papule of 21-35 mm the reaction was evaluated as ++. With
simultaneous application of two tests on different hands with
a dilution of 1:10 and full-strength allergen the frequency of
positive reactions in 35 mature patients located in the diagnostic
dysentery department turned out to be ambiguous.

While positive reactions to the full-strength dysenterin
were recorded in 19 people (+ in 14, ++ in 5) allergy was manifested
to the diluted preparation in only 12 (+ in 10, ++ in 2). The
inadequate concentration of the dysenterin forced us to reduce the
degree of its dilution. Adequate coincidence of results was
recorded with the use of full-strength and 1:3 dilution of the
allergen. With these dilutions immediate diagnosis was carried
in 48 dysentery patients (13 adults, 35 children). Out of the
48 tests with full-strength dysenterin the number of positive
reactions reached 42 (11 adults and 31 children); with dysenterin
diluted to 1:3 reactions were obtained in 40 (10 adults and 30
children). It is significant that when allergen diluted three
times was used no increase was noted in the frequency of
questionable reactions.

To eliminate the objection that the simultaneous testing
with full-strength and dilute allergen might have a potentializing
effect on the degree of reaction with the dilute preparation,
Since the instruction for application of dysenterin provided for repeated establishment of tests in patients, study of the question was transferred to the clinic. The materials obtained in the clinic are presented in this report.

Groups of apparently healthy people and patients with diseases of nondysenteric etiology (a total of 177 persons) were selected for evaluation of the allergizing properties of a diagnostic dose of dysenterin. Repeated allergodiagnosis procedure was conducted only with those individuals in which the reaction to the first administration of the allergen was clearly negative. Repeated tests were set up for 145 persons after a lapse of 5-10 days, as provided in the instructions. During this period medical observation was established over all of the groups. Among the mature patients in the infirmary for treatment of intestinal diseases of nondysenteric etiology, cases of food poisoning predominated (47 persons). Of these 25 were diagnosed as suffering from salmonellosis, and 13 as having gastritis, colicystitis and nonspecific colitis. In a similar group of children 10 were found to have colienteritis, 24 were diagnosed as having acute respiratory diseases with the intestinal syndrome, and 2 had subtoxic dyspepsia.

Both among the apparently healthy individuals and among adults and children with diseases of nondysenteric etiology the percentage of reactors to a repeated administration of allergen (after a lapse of 5-10 days) was 38-44%. Allergy to dysenterin was observed even more frequently among patients with ulcerous diseases of the stomach; this is apparently connected with the sharp alterations in reactivity of the organism in this process (L. T. Malaya, 1954, and others). During repeated tests set up for the apparently healthy individuals after a lapse of 150-180 days there was a certain reduction in the frequency of positive reactions: reactions occurred in 9 out of 32 persons. In sum, the materials from the observations permit us to consider that
observations were carried out using only 1:3 dilutions of dysenterin. The tests were made on children with bacteriologically confirmed diagnosis of dysentery, which corresponded to the characteristics of the preceding group of children, to whom the full-strength and dilute allergen had been administered simultaneously. The fact that the degree and frequency of positive reactions in the child patients of both groups coincided (86% and 85.6%) permits us to consider that the conclusions made during the simultaneous tests with the two strengths are reliable. This circumstance made it possible to carry out a comparison on a number of clinical criteria with results of allergodiagnosis, with both groups united (78 children). The frequency and degree of expression of the reaction to dysenterin was examined as a function of the severity of the process (mild form of dysentery, 62 children; moderately severe, 16), time from the beginning of the illness (7-36 days), and the age of the children (1-14 years). Not a single one of the enumerated indications of significant dependence on the frequency of positive reactions to the allergen was noted. Such a conclusion does not contradict data found in the literature, since in the patients observed there were no severe forms of dysentery, evaluation of sensitization to dysenterin was determined in the majority within the course of the first two weeks of the disease and, finally, all children were more than 1 year of age.

Consequently, intracutaneous administration of a diagnostic dose of dysenterin to apparently healthy persons or to patients with diseases of a nondysenteric etiology will cause in some of them a specific allergic alteration after the lapse of 5-10 days. The possibility of a threefold reduction in the Tsvverkalov dysenterin was also established. Tests with allergin diluted by 1:3 ensured equally valuable diagnostic results as compared with the full-strength preparation.