Molecular Analysis of the Systemic Dermatoses of Morgellons Disease

Samantha G. Rice and Dr. Randy S. Wymore



Oklahoma State University – Center for Health Sciences School of Biomedical Sciences / Pharmacology and Physiology Department

ABSTRACT

Morgellons disease (MD) is a multisystem infectious disease historically viewed as controversial and poorly understood by the medical community. 1,2,3,4,6,8 These contentions involve difficulties in diagnosis, as symptoms of MD have similarities consistent with a psychiatric disorder involving the false beliefs of infestation by parasites, also known as delusional parasitosis or delusional infestation. 1,2,3,6 Currently, the factors determining the etiology and transmission of MD are still unknown and the dispute surrounding Morgellons is substantial.

The aim of this study is to investigate if an infectious etiology of systemic dermatoses is present.

- ☐ Epithelial tissue samples are collected and deidentified remaining anonymous to researchers.
- ☐ Molecular biology tools are implemented for the detection of unusual microbial organisms, specifically, Bartonella henselae, Borrelia burgdorferi, Helicobacter pylori, and Treponema denticola.
- ☐ Previous research endeavors suggest MD is a disorder associated with a tick-borne illness, caused by the bacterium Borrelia burgdorferi, a pathogenic spirochete and the causative agent of Lyme disease (LD).^{8,15}
- ☐ MD studies are currently focused on spirochetes as the causative agent to understand if a coinfection exists and/or if multifactorial etiology is a
- ☐ We hypothesize the presence of multiple pathogenic organisms found in dermatological specimens suggesting infectious pathogens in MD etiology.
- ☐ Recognition of the potential coexistence of multiple pathogens in MD etiology may stimulate the development of novel approaches to diagnosis and treatment. Therefore, allowing multiple diagnostic approaches to be applied simultaneously to detect for the major pathogens in MD.

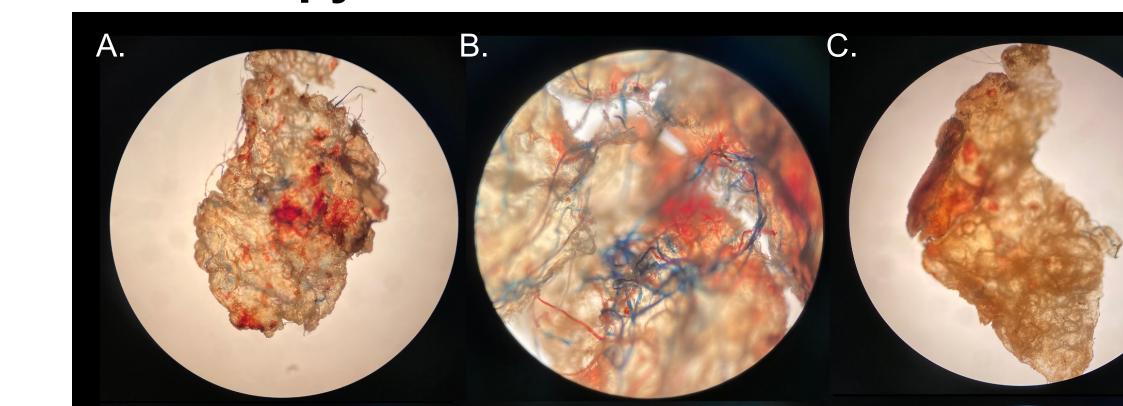
INTRODUCTION

A history of MD can be found in many documented cases dating as far back as the 1600s with the first report in the United States recorded in 2002. Coined by Sir Thomas Brown, an English physician, "The Morgellons" was derived from "mouscouloun" from the Latin term Muscula, meaning "a little fly". 1,2,3,20,21 MD doesn't discriminate – it affects people of all ages, genders, and ethnicities. In MD patients, a distinct feature of near-microscopic and microscopic fibers is visual within the dermopathy, possessing unique characterizations and formations within the cutaneous and subcutaneous layers of the skin. 1,2,3,4,6 These unique fibers are spontaneous and consist of a multitude of colors.^{5,7,8} Although the color of fibers is not fully understood, fiber-like filaments are perceived to be caused by an overproduction of keratin and collagen, with blue filaments containing granules of melanin.^{5,8} However, analysis from past research has given mixed results from unknown to keratin. Other signs and symptoms of MD include crawling sensations on and under the skin, intense itching, severe fatigue, cognitive difficulties, and behavioral effects.^{3,4,6} Recognition of the potential coexistence of multiple pathogens in MD etiology may stimulate the development of novel approaches to diagnosis and treatment. Therefore, allowing multiple diagnostic approaches to be applied simultaneously to detect for the major pathogens in MD.

Figure 1. Sir Thomas Browne Reproduction of Parasites. A. Image of parasites under the naked eye; B, C, D, under the microscope, B alone being a perfect specimen. E. Figures of Cirones or Sarcoptes hominis.

METHODS

Molecular Techniques □ Microscopy



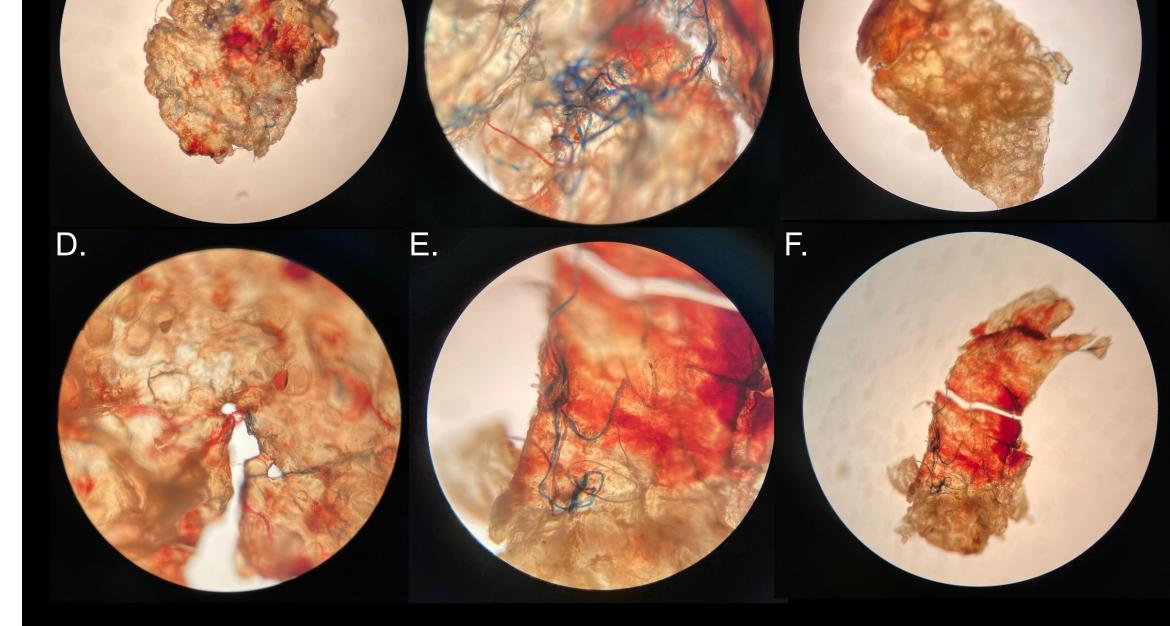


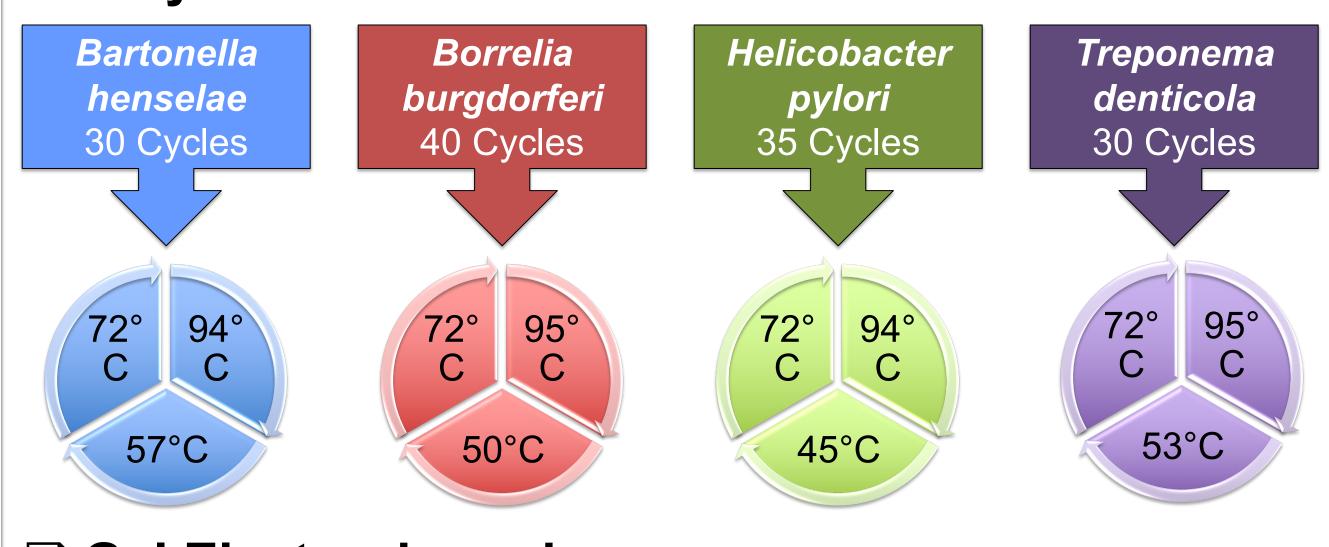
Figure 2: Micrograph Images of Fibers. Epithelial tissue samples are visualized to check for the presence of fibers. Sample A., C. E. is scanned at 40x to visualize the whole lesion sample. Sample B., D., and E. are magnified at 100x. All samples show the presence of fibers ranging from blue, red, and black in color. Images were taken by Samantha Rice in the Center for Investigation of Morgellons Disease Laboratory on 01/28/22.

☐ DNA Extraction

DNA extraction is performed using a kit by Monarch® HMW DNA Extraction Kit for Tissue.

• Homogenize → Lyse → Separate → Precipitate → Wash x 2 → Dissolve → Elute

□ Polymerase Chain Reaction



☐ Gel Electrophoresis

1-2%



□ NanoDrop Spectrophotometer

Run:

Measuring tool used to quantify the DNA concentration using 2µl of sample on a pedestal.

☐ DNA Sequencing

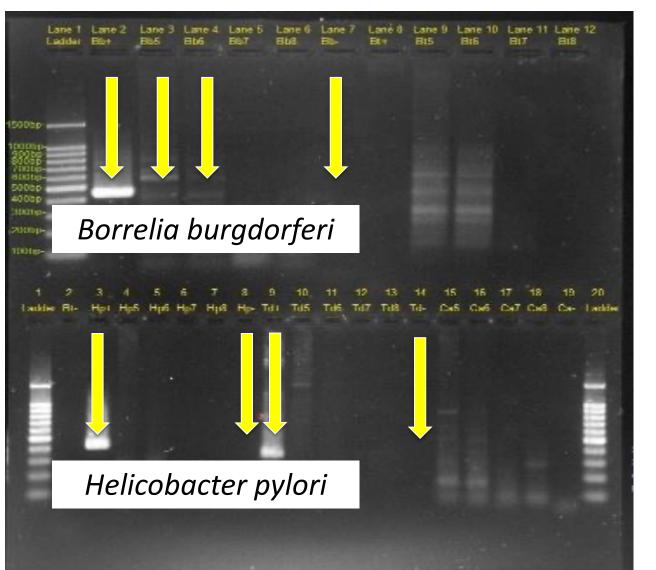
DNA is sent to OSU's core facility for Sanger Sequencing with subsequent bioinformatics analysis.

□ Bioinformatic Tools

Bioinformatic tools are implemented, and nucleotide sequences interpreted for verification of our genes of interest.

RESULTS

☐ Images of 2% Agarose Gel with Subsequent Controls



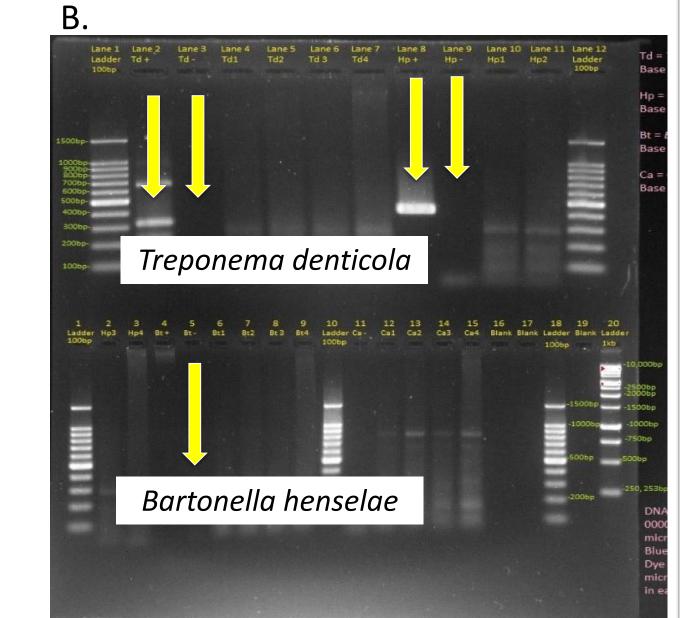
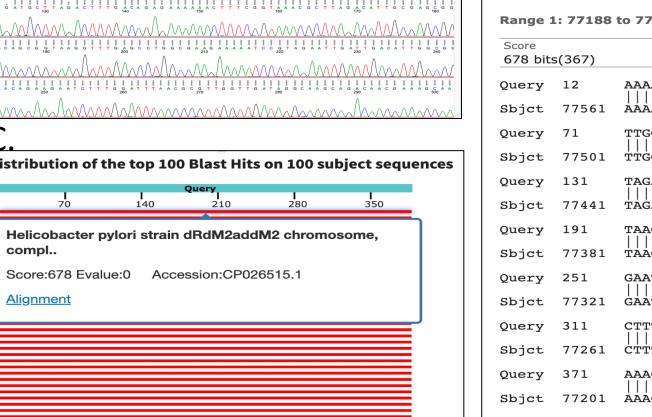


Figure 3: Images of a 2% agarose gel electrophoresis stained with SYBR Safe. Images taken in real-time from the BIO-RAD Gel Imager. A. Images shows faint bands of B. burgdorferi in top lanes 3 and 4, positive controls in lane 2, and negative control in lane 7. In the bottom section, H. Pylori positive control in lane 3 with negative control in lane 8. Positive control for T. denticola in lane 9 and negative control in lane 14. B. Positive control of Treponema denticola in lane 2 with negative control in lane 3 in the top section. Positive control of Helicobacter pylori in lane 8 and negative control in lane 9. Lane 5 in the lower section shows negative band for Bartonella henselae. Positive control for Bartonella henselae is negative as expected, new control was recently ordered.

□ National Center Biotechnology Information BLAST Nucleotide Results



Range 1: 77188 to 77561 GenBank Graphics ▼ Next Match ▲ Previous Match						
Score 678 bits	s(367)	Expect 0.0	Identities 372/374(99%)	Gaps 1/374(0%)	Strand Plus/Minus	
Query	12	AAAATGTAGA-	ATCACTATCAACGAAG	GCAAAAAAGCCGTTA(GCGTGAAAGTTAAAAATG	70
Sbjct	77561	ÄÄÄÄTĠAÄĠÄC	ATCACTATCAACGAAGG	ĠĊŔŔŔŔŔŔĠĊĊĠŦŦŔ	ĠĊĠŤĠĂĂĂĠŤŤĂĂĂĂĂŤĠ	77502
Query	71	TTGGCGACAGA	CCGGTTCAAATCGGCTC	CACACTTCCATTTCT	TTGAAGTGAATAGATGCT	130
Sbjct	77501	TTGGCGACAGA	.CCGGTTCAAATCGGCTC	CACACTTCCATTTCT		77442
Query	131	TAGACTTTGAC	AGAGAAAAAACTTTCGC	GTAAACGCTTAGACA'	TTGCGAGCGGGACAGCGG	190
Sbjct	77441	 TAGACTTTGAC		 GTAAACGCTTAGACA'		77382
Query	191	TAAGGTTTGAG	CCTGGCGAAGAAAAT	CCGTAGAATTGATTG	ACATTGGCGGTAACAGAA	250
Sbjct	77381	 TAAGGTTTGAG		 CCGTAGAATTGATTG		77322
Query	251	GAATCTTTGGA	TTTAACGCGTTGGTTG	ATAGGCAAGCAGACA	ACGAAAGCaaaaaaaTTG	310
Sbjct	77321	GAATCTTTGGA				77262
Query	311	CTTTACACAGA	GCTAAAGAGCGTGGTT	TTCATGGCGCTAAAA	GCGATGACAACTATGTAA	370
Sbjct	77261			 TCATGGCGCTAAAA		77202
Query	371	AAACAATTAAG	GAG 384			
Sbjct	77201		 GAG 77188			

Figure 4: Bioinformatic tools. **A.** Chromatogram of the *H. pylori* nucleotide sequence from trace data performed by the Sanger DNA Sequencing viewed on FinchTV. **B.** The distribution of 100 blast hits on the query sequence for the *H.* pylori strain. C. Sequence ID from the number one match in GenBank producing significant alliances for the H. pylor strain dRdM2addM2 chromosome.

□Preliminary Research → 32 Samples Pending

Table 1: Positive microbial organisms found in MD epithelial tissue samples.

	Bacteria of Interest	Positive DNA Samples	Positive Identification in NCBI Blastn	
	Bartonella henselae	#1, BIF, BM2, 1E, 1F, 1G, 1P, 1U, 1W, 1X, 1Y, 2O, 4A, 4E, 4H, B1, B2, B6, BIF, BOR1, BIG, 1, 1A, 6	B6, 1U, 6	
	Borrelia burgdorferi	B1, B2, B6, BIF, BOR1, BIG, #1, 1A, 1B, 1C, 1F, 1G, 1J1, 1K, 1M, 1U, 2B, 1, 4A, 4B, 4B1, CC, 4D, 4D1, 4E	#1, 1F, 2B, 1, 1U, Bif, Bor1, B1, B2	
	Helicobacter pylori	BM2, H1L, H17, H9, 1, 1E, 1G, 1K, 1L, 1P, 1U, 1X, 1Y, 2L, 2M, 2N, 2O, M15, M17, HM2, HM1, H17, Hil	M15, M17, 1E, 1G, BM2, 2L, 1Y, H17, 2O, HM2, HM1, H17, 1L, Hil	
	Treponema denticola	BM2, T2, TMI, T4, 3S, TN6, 16W, P35, TP4, T1, 1, 2, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1K, 1L, 1M, 1O, 1P, 1R, 1S, 1U, 1V, 1W, 1X, 1Y, 1Z, 2F, 2K, 2L, 2M, 2P	T4, TN6, 1M	

Table 2: Environmental Controls

Viewed:

Environmental Controls	Bartonella henselae	Borrelia burgdorferi	Heliobacter pylori	Treponema Denticola
Epithelial Tissue Sample #1	Negative	Negative	Negative	Negative
Epithelial Tissue Sample #2	Negative	Negative	Negative	Negative
Epithelial Tissue Sample #3	Negative	Negative	Negative	Negative
Epithelial Tissue Sample #4	Negative	Negative	Negative	Negative
Autoclave	Negative	Negative	Negative	Negative
Women's Bathroom	Negative	Negative	Negative	Negative
Main Stairwell	Negative	Negative	Negative	Negative
All environmental controls are negati	ve.			

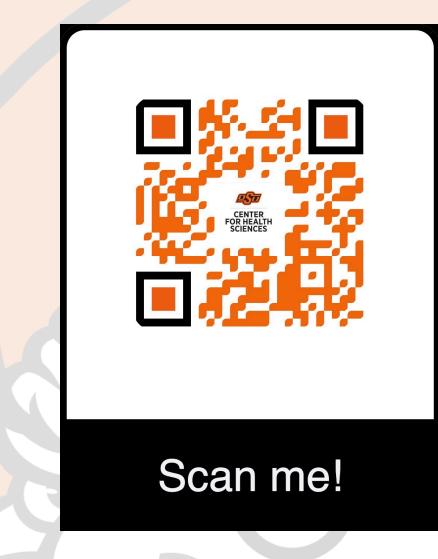
CONCLUSION

- ☐ Our results indicate the presence of multiple pathogenic organisms found in dermatological specimens, suggesting an infectious etiology of the dermopathy is present.
- □ DNA analysis of B. henselae, H. pylori, B. burgdorferi, and T. denticola have successfully matched with the GenBank®, the National Institute of Health genetic sequence database.
- ☐ In preliminary research, over 95 molecular epithelial tissue samples were analyzed with each bacteria of interest; 109 positive bands were extracted with 29 successful sequences.
- ☐ Over 32 molecular epithelial tissue samples have been analyzed, with results pending at this time.
- ☐ Environmental contaminant controls were implemented to verify these bacterial agents are not readily found in the environment.
- ☐ Although purification from PCR yields a higher concentration of DNA, gel purification yields a higher purity.
- ☐ Research suggests there may be an infectious etiology of the dermopathy is present.
- ☐ Through further analysis, the potential coexistence of multiple pathogens in MD may hold the answers to this unsolved mystery and bring a better understanding for MD to be recognized in the medical community.

FUTURE RESEARCH

- ☐ Preliminary research is currently focused on analyzing Oklahoma Ticks for pathogenic organisms found in MD epithelial samples.
- ☐ The identification of a pathogenicity island is currently under investigation, preliminary research has shown the presence of genetically unique variants.
- ☐ Future research needs to be conducted to continue the exploration of etiologic causes to support our findings.
- ☐ Replication of preliminary data is ongoing for the credibility of scientific claims.
- ☐ Additional primers are currently being assessed to assay in future samples.

REFERENCES



ACKNOWLEDGEMENTS

We would like to extend our gratitude to OSU-CHS for their strong support; particularly, the School of Biomedical Sciences and the Pharmacology and Physiology Department. Thank you to the Charles E. Holman Foundation for funding this research. A special thank you to Betty Jo Westerfield and to my committee members Dr. Randall Davis, Dr. Dusti Sloan, and Dr. Jim Hess for your support. A special thanks to Liming Fan, Crystal Shults, and BJ Redding for their assistance in various roles from helping to organize the lab, to ordering reagents, and the use of specialized equipment.