Biomarkers for Imaging in Parasitic Diseases.

Rashmi Verma*

Indian Council of Medical Research (ICMR), ICMR-National Institute of Malaria Research, India

Introduction

Parasitic diseases continue to pose significant public health challenges worldwide, especially in tropical and subtropical regions. Early diagnosis and accurate monitoring of these diseases are essential for effective treatment and control. Imaging techniques, enhanced by specific biomarkers, have emerged as powerful tools in the diagnosis, staging, and therapeutic monitoring of parasitic infections. Biomarkers for imaging offer targeted visualization of parasite presence, host immune response, or pathological changes induced by parasitic infections, providing critical insights beyond conventional diagnostic methods [1, 2, 3, 4].

The Role of Imaging in Parasitic Diseases

Imaging modalities such as ultrasound, computed tomography (CT), magnetic resonance imaging (MRI), and nuclear medicine techniques (e.g., positron emission tomography [PET] [5, 6, 7], single-photon emission computed tomography [SPECT]) are widely used to detect parasitic lesions, cysts, or tissue alterations. However, traditional imaging often lacks specificity, making it challenging to distinguish parasitic infections from other pathological conditions. Integration of biomarkers—molecules or signals indicative of infection or host response—into imaging improves specificity and sensitivity, facilitating better diagnosis and treatment planning.

Types of Biomarkers Used in Imaging

Biomarkers for imaging parasitic diseases can be broadly categorized as:

- 1. **Molecular Biomarkers:** These include parasite-specific antigens, enzymes, or nucleic acids that can be targeted by imaging probes (e.g., radiolabeled antibodies or ligands).
- **2. Host Response Biomarkers:** Inflammatory markers, immune cells, or metabolic changes induced by infection can be visualized using specific imaging agents.
- 3. Metabolic Biomarkers: Parasites often alter local tissue metabolism, which can be detected using metabolic imaging probes [8, 9, 10].

Conclusion

Biomarkers for imaging in parasitic diseases represent a frontier that bridges molecular parasitology and clinical

diagnostics. Their development enhances the ability to detect, characterize, and monitor parasitic infections with greater accuracy, facilitating improved patient management and advancing parasitic disease research. Continued innovation and validation of imaging biomarkers are essential to fully realize their potential in global health.

References

- 1. Ahmad S, Leinung M. The response of the menstrual cycle to initiation of hormonal therapy in transgender men. Transgend Health 2017;2(1):176–9.
- Bachman E. Testosterone induces erythrocytosis via increased erythropoietin and suppressed hepcidin: evidence for a new erythropoietin/hemoglobin set point. J Gerontol Ser A Biomed SciMed Sci 2013;69(6):725–35.
- Chlebowski RT. Estrogen plus progestin and breast cancer incidence and mortality in the women's health initiative observational study. J Natl Cancer Inst 2013;105(8):526– 35.
- 4. Costa LBF. Recommendations for the use of testosterone in male transgender. Rev Bras Ginecol Obstet 2018;40(5):275–80.
- 5. Deutsch MB. Effects of cross-sex hormone treatment on transgender women and men. Obstet Gynecol 2015;125(3):605–10.
- 6. Nadeem O. Prevalence of venous thromboembolism in patients with secondary polycythemia. Clin Appl Thromb Hemost 2013;19(4):363–6.
- Nguyen HB. Gender-Affirming hormone use in transgender individuals: impact on behavioral health and cognition. Curr Psychiatry Rep 2018;20(12):110.
- 8. Shoskes JJ. Pharmacology of testosterone replacement therapy preparations. Transl Androl Urology 2016;5(6):834–43.
- 9. Surampudi P. An update on male hypogonadism therapy. Expert Opin Pharmacother 2014;15 (9):1247–64.
- 10. Wilson DM. Pharmacokinetics, safety, and patient acceptability of subcutaneous versus intramuscular testosterone injection for gender-affirming therapy: a pilot study. Am J Health Syst Pharm 2018;75(6):351–8.

Received: 25-Mar-2025, Manuscript No. AAPDDT-25-166446; Editor assigned: 28-Mar-2025, PreQC No. AAPDDT-25-166446 (PQ); Reviewed: 11-Apr-2025, QC No. AAPDDT-25-166446; Revised: 16-Apr-2025, Manuscript No. AAPDDT-25-166446 (R); Published: 22-Apr-2025, DOI:10.35841/aapddt-10.2.224

^{*}Correspondence to: Rashmi Verma. Indian Council of Medical Research (ICMR), ICMR-National Institute of Malaria Research, India, E-mail: rashmiv@icmr.gov.in