



Tehran University of Medical
Sciences Publication
<http://tums.ac.ir>

Iran J Parasitol

Open access Journal at
<http://ijpa.tums.ac.ir>



Iranian Society of Parasitology
<http://isp.tums.ac.ir>

Original Article

Histopathologic Alterations between *Echinococcus granulosus sensu stricto* and *E. canadensis* Genotypes of Human Cystic Echinococcosis Cysts in Shiraz, Iran

Enayat Darabi ^{1,2}, *Seyed Mahmoud Sadjjadi ¹, Tahereh Mohammadzadeh ³, Mehdi Karamian ⁴,
Seyed Mohammad Owji ⁵, Bahareh Sedaghat ¹

1. Department of Parasitology and Mycology, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran
2. Department of Medical Parasitology and Mycology, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran
3. Applied Microbiology Research Center, Systems Biology and Poisoning Institute, Baqiyatallah University of Medical Sciences, Tehran, Iran
4. Department of Parasitology and Mycology, School of Medicine, Zanjan University of Medical Sciences, Zanjan, Iran
5. Department of Pathology, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran

<p>Received 13 Oct 2024 Accepted 10 Jan 2025</p>	<p>Abstract Background: We aimed to determine the genotypes of <i>Echinococcus granulosus sensu lato</i> (<i>s.l.</i>) using DNA regions within the <i>NADH dehydrogenase subunit-1</i> (<i>nad1</i>) mitochondrial genes in formalin-fixed paraffin-embedded (FFPE) isolates of human cystic echinococcosis cysts (CE cysts) and compare their histopathologic alterations. Methods: Out of 135 samples, 21 high-quality PCR positive samples were selected for sequencing and were deposited into GenBank database. Moreover, histopathological changes of <i>E. granulosus sensu stricto</i> (G1 genotype) and <i>E. canadensis</i> (G6 genotype) cases were also compared. Results: Based on the sequencing results, 16 cases were diagnosed as <i>E. granulosus s.s.</i> (G1-G3 genotype) and 5 cases as <i>E. canadensis</i> (G6 genotype). Five haplotypes of <i>E. granulosus</i> were identified from 21 <i>nad1</i> sequences. The histopathological alterations in both genotypes showed laminated layer of CE without inflammatory cells. In a few cases of the G6 genotype, neutrophils in the outer cuticular layer with mild vascular and congestion were observed. Cell debris with multiple areas of necrosis, as well as scanty lymphoplasma cells in the outer cuticular layer were observed in G1-G3 genotype cases. So, the histopathological differences between the two genotypes are not noticeable enough to be differentiated by microscopical observations. Conclusion: <i>E. granulosus s.s.</i> (G1-G3) and <i>E. canadensis</i> (G6 genotype) are prevalent among CE patients. In general, five haplotypes were identified by <i>nad1</i> genes analysis. The histopathological differences between the two genotypes have not been so big to be differentiated by microscopic observations.</p>
<p>Keywords: Cystic echinococcosis; Iran; Parasitology; Histopathology; Genotyping; Haplotyping</p>	
<p>*Correspondence Emails: smsadjjadi@sums.ac.ir, sadjjadi316@gmail.com</p>	



Introduction

Cystic echinococcosis (CE) is one of the most important zoonotic parasitic diseases of human and animals. The disease is caused by the metacestode of *Echinococcus granulosus sensu lato* (*s. l.*), infecting a wide range of herbivores/omnivores as intermediate hosts. Human is considered as aberrant or accidental host (1).

The disease is endemic in many parts of the world including the Middle East, China, North Africa, and South America. CE has also been reported in different parts of Iran (1–3).

Based on the current evidence, 1–3.6 million disability-adjusted life years (DALYs) have been estimated to be missed due to CE worldwide (4). CE is contributed to 1% of the surgical operations in Iran with an incidence rate of 0.6–1.2 cases per 100,000 individuals (5). Therefore, CE is a major public health and economic concern in Iran. Genetic characterization of *E. granulosus s. l.* has important implications for elucidating the epidemiology of this tiny worm, as well as the control of disease in human and other hosts (1,6).

E. granulosus s. l. is currently subdivided into *E. granulosus sensu stricto* (*s. s.*) (with the genotypic variants of G1–G3), *E. felidis*, *E. equinus* (G4), *E. ortleppi* (G5) and, *E. canadensis* (genotypic variants: G6/G7, G8, and G10). The majority of human *E. granulosus* genotypes are *E. granulosus s. s.* (G1–G3) and *E. canadensis* (G6) in Iran (1,3,5,7–9). *E. ortleppi* (G5) has also been reported from camel isolate in Iran (10).

The G1 genotype is frequently found in human isolates worldwide (1,11). *Echinococcus* genotypes are different in many features, including pathogenicity, parasite maturity, potential host-related genetic characteristics, and sensitivity to drugs, epidemiological characteristics, and even morphology (4,8,12).

Various molecular methods have been employed for the identification of *Echinococcus* sp. from different hosts (13). Diagnostic methods such as polymerase chain reaction, restriction fragment length polymorphism (RFLP mito-

chondrial) analysis, and sequencing of gene regions have been shown advantages for the characterization of Taeniidae worms (14–21). However, *NADH dehydrogenase-1* (*nad1*) and *cytochrome c oxidase-1* (*cox 1*) mitochondrial genes have been more commonly used in different studies. On the other hand, different research has been carried out on formalin-fixed paraffin-embedded (FFPE) of human infected liver and other organs for genetic identification of CE cysts (16,17,22–26). However, none of them investigated histopathological alterations between human CE caused by *E. granulosus s. s.* (G1 genotype) and *E. canadensis* (G6 genotype), so far.

We aimed to investigate the genotype characteristics of CE in FFPE tissues of patient's cysts over 12 years using PCR and sequencing methods at Shiraz University of Medical Sciences (SUMS), Southern Iran. So, we investigated and compared the histopathological changes of human CE cases infected with *E. granulosus s. s.* (G1 genotype) and *E. canadensis* (G6 genotype).

Materials and Methods

Geographical location of the study:

Shiraz (29°36'36"N 52°32'33"E), historically known as Pars, is an old city in the south of Iran and the capital of Fars Province. It is located in a green plain at the foot of the Zagros Mountains and at an altitude of 1500 meters above sea level. This city obtains an average of 305.6 mm (12 inch) of rainfall each year. It has an overall pleasant semi-arid climate with hot-summer Mediterranean climate based on the Köppen climate classification.

Collection of CE

A total of 135 FFPE blocks were collected from CE patients who had surgical operation from 2000 to 2011, at Shiraz University of Medical Sciences (Namazi Hospital), Shiraz, Iran. Demographic data, including surgical

pathology, file number, age, sex, location, size, and number of cysts were recorded in a data sheet. Pathological slides of all patients were examined under the light microscope and proper sample slide. Then, paraffin blocks were cut into 5-10 μm thickness sections, and the first sections of the FFPE blocks were removed due to exposure to air. The next sections from each block were considered for transfer to a 1.5 mL micro-centrifuge tube. The sections were transferred to the helminthology laboratory at the Department of Parasitology and Mycology, Shiraz University of Medical Sciences, Shiraz, Iran, for further actions.

DNA extraction and PCR:

The sections were de-paraffinized using 1 ml of xylene for 10 min at 37 °C. Subsequently, samples were centrifuged at 15,000 rpm (18000 \times g) for 5 min, and the supernatants were removed. DNA was extracted from samples using Qiagen Kit DNase tissue (Qiagen, Germany). A PCR amplification of a 471bp segment of *nad1* was applied to genomic DNA using MS1: (5'-GTAGGTATGTTGG TTTGTTTGGT-3') and MS2: (5'-CCATAATCAAATGGCGTACGAT-3') primers (6). DNA was also recovered from the gel following agarose gel electrophoresis using a Gel DNA recovery kit (Vivantis, Malaysia) and PCR was carried out using recovered DNA in order to enhance DNA quality.

DNA sequence analysis

A panel of 21 well qualities PCR amplicons for the *nad1* gene was subjected to sequencing in two directions, using the same PCR primer set (FAZA Biotech Co. Iran).

Phylogenetic analysis

The sequences of the *nad1* gene (21 cases) were deposited in the GenBank database. Blast software was applied for the identification and comparison of our sequences with other deposited ones in GenBank

(<http://www.ncbi.nlm.nih.gov>). Alignment was carried out using Clustal W and, the aligned sequences were manually refined in BioEdit software (Ver. 5.0.6). A phylogenetic tree for *nad1* sequences was drawn using the sequenced samples and sequences obtained from GenBank with *Taenia saginata* as an out-group. Phylogenetic analysis was performed using a Bootstrap value of 1000 and Neighbor-joining method based on the Tamura 3-parameter model by Molecular Evolutionary Genetics Analysis software (MEGA v6.0) (27).

Haplotype Analysis

The haplotype network was calculated for mitochondrial DNA sequence datasets genotypes *E. granulosus* s.s. (G1-G3=16), and G6 (n=5) for FFPE isolates. Median-joining haplotype network analysis was carried out on the sequence data by Population Analysis with Reticulate Trees (PopART) software (<http://popart.otago.ac.nz>) to demonstrate the relationships between the haplotypes (28). In this regard, the Fasta formats were converted to the Nexus format by DnaSP software v.5.10, followed by estimation diversity indices calculation including the number of haplotypes (h), haplotype diversity (Hd), nucleotide diversities (π) and also neutrality indices such as Tajima's D, and Fu's Fs (18,28).

Data analysis

The data were analyzed using SPSS software version 18s (Chicago, IL, SA).

Histopathological changes based on CE genotypes:

Several histopathologic slides belonging to *E. granulosus* s. s. (G1 genotype) and *E. canadensis* (G6 genotype) were randomly selected for histopathological studies. The histopathological changes were carefully observed and appropriate photographs were made.

Ethical considerations

The study was approved by the Ethics Committee at Shiraz University of Medical Sciences, Iran (Ethical code: IR.SUMS.REC.1390.S5596).

Results

Histopathological changes of different cases of human CE according to their genotypes are shown in Fig. 1: (a, b, c, d) to Fig. 2: (a, b, c, d). Laminated layer of CE cysts without inflammatory cells has been observed in both genotypes. Neutrophils in the outer cuticular layer with mild vascular and congestion were observed in the G6 genotype. Cell debris with multiple areas of necrosis, as well as scanty

lymphoplasma cells in the outer cuticular layer were observed in G1-G3 genotype cases. G6 genotype demonstrated scanty lymphoplasma cells in the outer cuticular layer with mild vascular congestion (dilatation of blood vessels) and severe lymphoplasma cells were finally found in both genotypes. So, the histopathological differences between two genotypes are not noticeable enough to be differentiated by microscopical observations.

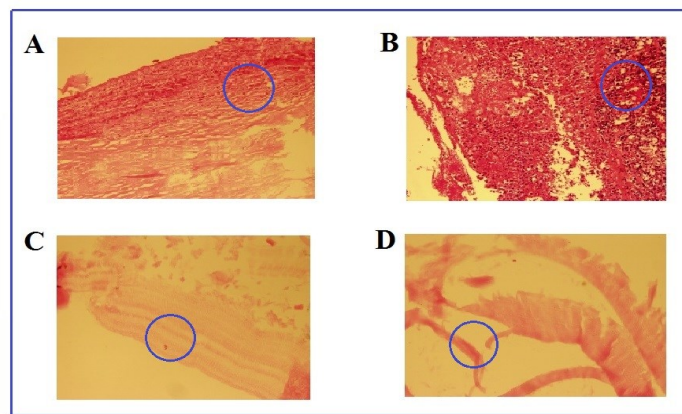


Fig. 1: Histopathological changes of different human CE cases with G6 genotype. Photomicrograph was shown mild and scanty lymphoplasma cells in the outer cuticular layer in case 1 (A), severe lymphoplasma cells and neutrophils in the outer cuticular layer with mild vascular congestion (dilatation of blood vessels) in case 2 (B) and only the laminated layer of hydatid cyst without inflammatory cells in cases 3 and 4 (C,D)

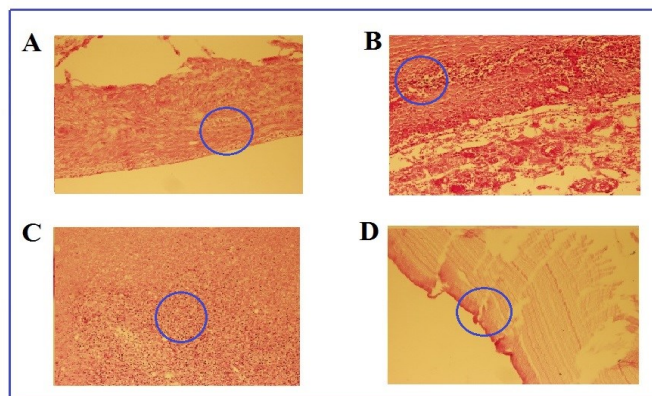


Fig. 2: Histopathological changes of different human CE cases with G1-G3 genotypes. Photomicrograph was shown outer cuticular layer without inflammatory cells, also laminated layer is present without inflammation in case 1 (A), mild and scanty lymphoplasma cells in the outer cuticular layer with mild vascular congestion (dilatation of blood vessels) in case 2 (B), severe lymphoplasma cells and cell debris with multiple areas of necrosis in case 3 (C) and only the laminated layer of hydatid cyst without inflammatory cells in case 4 (D)

Out of 135 samples, 21 high-quality PCR positive samples were selected for sequencing and the sequences were deposited into GenBank databases under the accession numbers of KF437790- KF437811 (Table 1). Genetic relationships of 21 *E. granulosus* isolates from

the university hospitals (Shiraz, Iran) and selected GenBank sequence samples based on phylogenetic analysis of partial *nad1* sequence data is shown in Fig. 3.

The frequency of 21 sequenced samples according to sex is shown in Table 2.

Table 1: The genotype of *E. granulosus* isolates identified by partial mitochondrial *nad1* sequence in a university hospital (Shiraz, Iran) and relevant information on the origins of sequences used for subsequent phylogenetic analyses

Number	Accession Number	Geographic origin	Host	Strain (Genotype)	References
1	KF437790.1	Iran: Fars	Homo sapiens	G1	Present study
2	KF437791.1	Iran: Fars	Homo sapiens	G1	Present study
3	KF437792.1	Iran: Fars	Homo sapiens	G1	Present study
4	KF437793.1	Iran: Fars	Homo sapiens	G1	Present study
5	KF437794.1	Iran: Fars	Homo sapiens	G1	Present study
6	KF437795.1	Iran: Fars	Homo sapiens	G1	Present study
7	KF437796.1	Iran: Fars	Homo sapiens	G1	Present study
8	KF437797.1	Iran: Fars	Homo sapiens	G1	Present study
9	KF437798.1	Iran: Fars	Homo sapiens	G1	Present study
10	KF437799.1	Iran: Fars	Homo sapiens	G1	Present study
11	KF437800.1	Iran: Fars	Homo sapiens	G1	Present study
12	KF437801.1	Iran: Fars	Homo sapiens	G1	Present study
13	KF437802.1	Iran: Fars	Homo sapiens	G1	Present study
14	KF437804.1	Iran: Fars	Homo sapiens	G1	Present study
15	KF437805.1	Iran: Fars	Homo sapiens	G1	Present study
16	KF437806.1	Iran: Fars	Homo sapiens	G1	Present study
17	KF437807.1	Iran: Fars	Homo sapiens	G6	Present study
18	KF437808.1	Iran: Fars	Homo sapiens	G6	Present study
19	KF437809.1	Iran: Fars	Homo sapiens	G6	Present study
20	KF437810.1	Iran: Fars	Homo sapiens	G6	Present study
21	KF437811.1	Iran: Fars	Homo sapiens	G6	Present study
22	MK351886.1	Iran: Gachsaran	<i>Ovis aries</i>	G1	GenBank
23	AJ237633.1	Poland	Tasmanian sheep	G2	GenBank
24	MN269994.1	China	Yak	G3	GenBank
25	MZ190836.1	China: Guizhou	Homo sapiens	G5	GenBank
26	LC476690.1	Iran: Tehran	Homo sapiens	G6	GenBank
27	AB235848.1	Japan	Moose	G8	GenBank
28	AF525297.1	Finland: Salla	Reindeer	G10	GenBank
29	AB668376.1	Germany	<i>Macaca sylvanus</i>	<i>E. multilocularis</i>	GenBank
30	AJ239106.1	Australia: Victoria	Cattle	<i>T.saginata</i>	GenBank

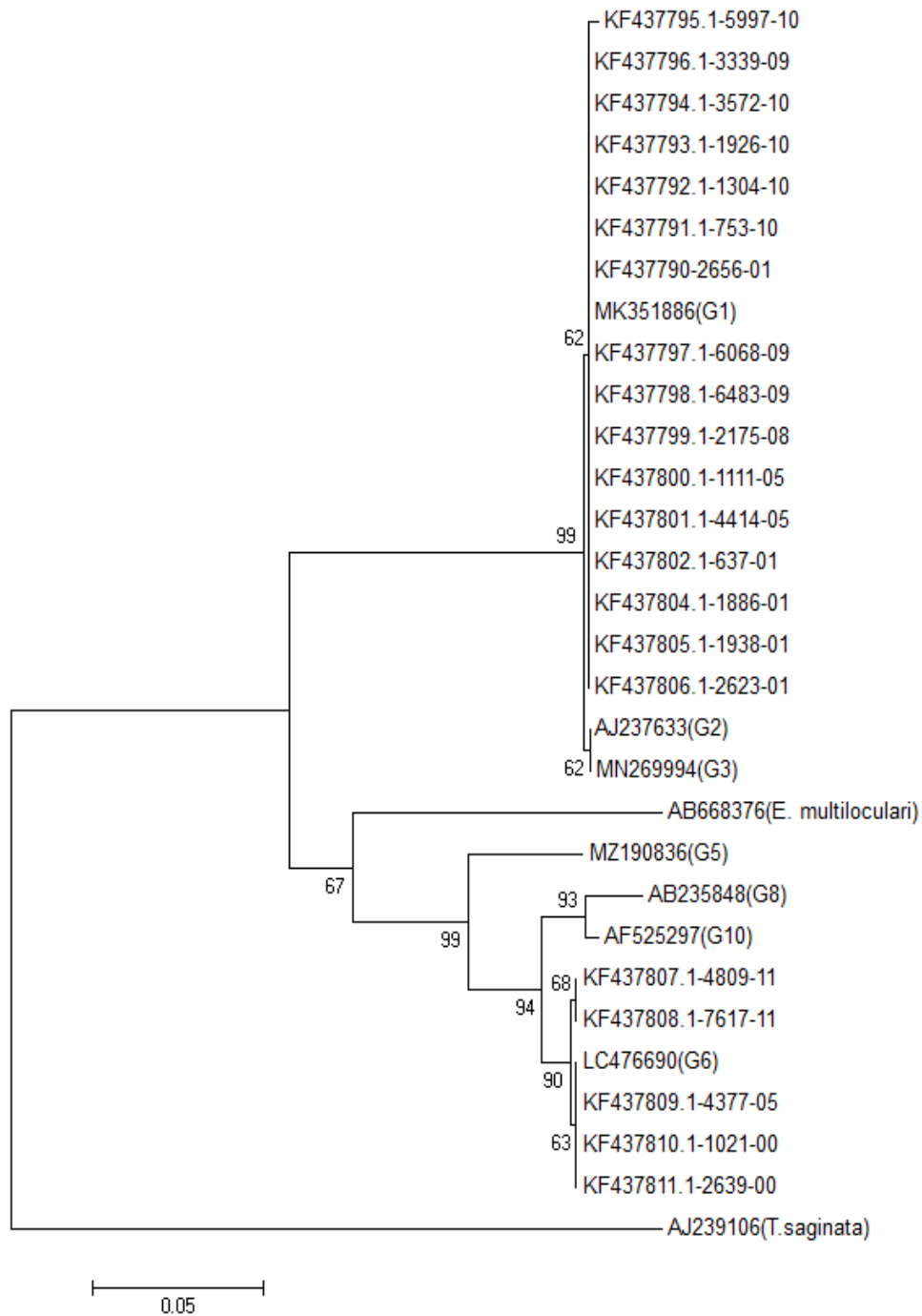


Fig. 3: Genetic relationships of 21 *E. granulosus* isolates and selected GenBank sequence samples based on phylogenetic analysis for partial *nad1* sequence

Out of 21 sequenced samples, 14 cases were categorized as liver cysts, followed by lung (6 cases) and epigastric cysts (1 case). The mean diameter of the sequenced cysts are shown in Table 2. No sta-

tistically significant association was found between age and sex of patients with cyst size and cyst location.

Table 2: Distribution of different genotypes of 21 sequenced CE samples according to sex and age of host and size of cysts in Shiraz, Iran

Strain	Sex		Mean size of cyst	Mean of age
	Females	Males		
G1-G3	8	8	6.75 cm	31.93
G6	3	2	6.60 cm	40.80
Total	11	10	6.67 cm	36.36

Haplotype analysis

Five haplotypes of *E.granulosus* were identified from 21 *nad1* sequences. Haplotype network of FFPE samples with three genotype G1-G3 (red circle; n=16) and G6 (purple circle; n=5) was shown in Fig. 4. This network was employed to demonstrate the phylogenetic network, the size of the circles indicates, the number of sequences in each haplotype, and each color represents a specific genotype. The G1-G3 with three haplotypes Hap_1 (n=6; KF437790.1, KF437792.1, KF437802.1,

KF437804.1, KF437805.1, and KF437806.1), Hap_2 (n=9; KF437791.1, KF437793.1, KF437794.1, KF437796.1, KF437797.1, KF437798.1, KF437799.1, KF437800.1, and KF437801.1), and Hap_3 (n=1; KF437795) is presented in Fig. 4. Two haplotypes were identified for the G6 genotype including Hap_4 (n=2; KF437807.1 and KF437808.1) and Hap_5 (n=3; KF437809.1, KF437810.1, and KF437811). Statistical values associated with haplotype diversity of the 21 analyzed nucleotide sequences are given in Table 3.

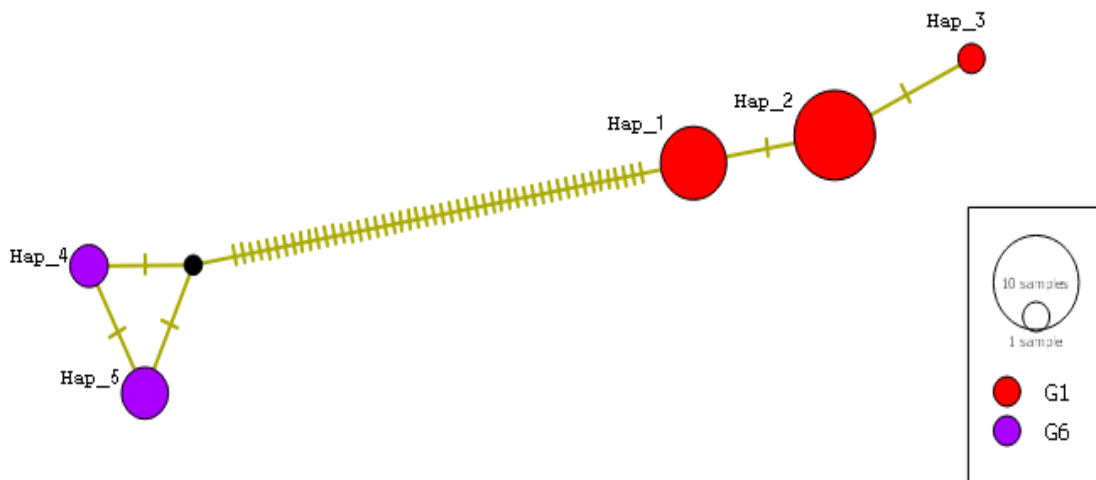


Fig. 4: Haplotype networks of 21 *Echinococcus granulosus* isolates (G1, n = 16, G6, n =5) based on *nad1*. Circle sizes are proportional to the corresponding haplotype frequencies. Hatch marks represent the number of mutations.

Table 3: Diversity and neutrality indices of *Echinococcus granulosus* population calculated from the nucleotide sequence of mitochondrial *nad1* gene

Population indices	
Number of sequences	21
Number of Haplotypes	5
Haplotypes Diversity +SD	Hd: 0.762+ 0.063
Nucleotide Diversity +SD	Pi: 0.05215+0.01364
Tajima's D	1.23904
Fu's Fs statistic	12.706

Discussion

The present study investigated the genotype specifications of CE cysts in paraffin-embedded tissues using PCR and sequencing, demographic characteristics of CE cysts and histopathologic alterations of different genotypes cysts. The status of the disease is different in different geographical areas even in genotypes of the parasite which can be interpreted as risk factors which itself can change the epidemiology of the disease in the endemic areas (29).

In the current study, 135 paraffin blocks were positive for CE by PCR. Many studies have been done to extract DNA from FFPE tissues (30, 31). Due to several factors including application of formaldehyde in the processing of FFPE samples, DNA extraction is difficult and DNA is not extracted from all samples as has been shown earlier (20–23,30,31). In accordance with these findings, a comprehensive molecular study demonstrated that only 29 samples out of 70 FFPE tissues could be successfully characterized in Turkey (31). In a survey, out of 50 formalin-fixed paraffin-embedded tissue, only 18 samples had a band using the *cox 1* gene (19). In the present study, the *E. granulosus s.s.* genotype was found to be the most prevalent, attributing to a prevalence of 76.19% (16 cases). The characterization of humans and animals CE isolates from different geographical areas of Iran revealed that *E. granulosus s.s.* (G1–G3) was widely distributed throughout the country, among which

G1 was found to be the most frequent genotype. The dog–sheep cycle of CE is widely distributed in Iran, where sheep, cattle, goats, and camels are intermediate hosts (9,22,32,33). Evaluation of 19 isolates obtained from patients referred to Baqiyatallah Hospital in Tehran, demonstrated that all cases were *E. granulosus s.s.* (9).

In the present study, G6 was the second prevalent genotype (5 cases: 23.81%). The G6 has been demonstrated as the second source of human infection in Iran (30,34). The highest rate of human G6 genotype has been reported in eastern parts of Iran (2). Furthermore, the majority of cyst isolates from humans and animals were assigned to be G1–G3 complex (*E. granulosus s.s.*), whereas some cysts from camels were attributed to the G6–G10 complex or *E. canadensis* (35). Mohaghegh et al. assessed 61 formalin-fixed paraffin-embedded tissue samples using the mitochondrial *cox1* gene and real-time PCR and the high-resolution melting curve (HRM), where the HRM analysis showed that out of 40 *E. granulosus* human isolates, 35 (87.5%), 4 (10%), and 1 (2.5%) of the isolates were classified as G1, G3, and G6 genotypes, respectively (36). G6 has a higher affinity for the human brain than G1 (8). Shirmen et al. have shown the *E. canadensis*, G6 genotype in the brain in Mongolia (37). In addition to the brain, the G6 genotype has been reported from other organs such as the lung and the liver (38,39). The G2 genotype has been documented in human and dog isolates from north Khorasan, Kerman, and

Lorestan provinces (22,40,41), while this genotype was not found in evaluated specimens of our study. The G3 genotype was also confirmed in buffalo, cattle, sheep, and camels in Iran (34).

There is some evidence about the cyst size-genotype relationship. A study has reported a CE size of 10 cm for the G1 genotype in the liver, whereas the size of the G6 genotype was recorded 18 cm in this organ (42). This issue is in agreement with our results, in which the sizes of G6 cysts were bigger than G1-G3 ones. The study showed that G1-G3 and G6 genotypes are more common genotype in the southern part of Iran.

This study did not show much difference in the host pathology of the CE genotypes. However, it could be interesting to work on this subject with a larger sample to find the probable differences.

Our findings for haplotypes are in line with findings of other studies in Iran and a number of other countries including China, Pakistan, and Jordan (33,39,43,44,45). One of the limitations of this study was keeping the samples in preservatives, including formaldehyde and paraffin which can reduce the quality of DNA samples.

Conclusion

E. granulosus s.s. (G1-G3) and *E. canadensis* (G6 genotype) are prevalent among CE patients. In general, five haplotypes were identified by *nad1* genes analysis. The histopathological differences between the two genotypes have not been so big to be differentiated by microscopic observations. Genotyping studies and the use of histopathology may lead to a histopathological classification of genotypes in the future.

Acknowledgements

The current study was supported by Office of Vice Chancellor for Research at Shiraz

University of Medical Sciences (Grant number: 90-5596). The technical assistance of Mrs. Kazemian is appreciated.

Conflict of interests

The authors declare that they have no competing interests.

References

1. Romig T, Ebi D, Wassermann M. Taxonomy and molecular epidemiology of *Echinococcus granulosus* sensu lato. *Vet Parasitol.* 2015; 213(3–4):76–84.
2. Karamian M, Haghghi F, Hemmati M, et al. Heterogeneity of *Echinococcus canadensis* genotype 6- the main causative agent of cystic echinococcosis in Birjand, Eastern Iran. *Vet Parasitol.* 2017; 245:78–85.
3. Jafari R, Sanei B, Baradaran A, et al. Genetic characterization of *Echinococcus granulosus* strains isolated from humans based on *nad1* and *cox1* gene analysis in Isfahan, central Iran. *J Helminthol.* 2018; 92(6):696–702.
4. Torgerson PR, Deplazes P. Echinococcosis: diagnosis and diagnostic interpretation in population studies. *Trends Parasitol.* 2009; 25(4):164–70.
5. Rokni MB. Echinococcosis/hydatidosis in Iran. *Iran J Parasitol.* 2009; 4(2): 1-16.
6. Abushhewa MH, Abushhiwa MH, Nolan MJ, et al. Genetic classification of *Echinococcus granulosus* cysts from humans, cattle and camels in Libya using mutation scanning-based analysis of mitochondrial loci. *Mol Cell Probes.* 2010; 24(6):346–51.
7. Pezeshki A, Akhlaghi L, Sharbatkhori M, et al. Genotyping of *Echinococcus granulosus* from domestic animals and humans from Ardabil Province, northwest Iran. *J Helminthol.* 2013; 87(4):387–91.
8. Sadjjadi SM, Mikaeili F, Karamian M, et al. Evidence that the *Echinococcus granulosus* G6 genotype has an affinity for the brain in humans. *Int J Parasitol.* 2013; 43(11):875–7.
9. Neysi H, Mohammadzadeh T, Sadjjadi SM. Genetic Diversity of Hepatic/Non-Hepatic

- Cystic Echinococcosis in Baqiyatallah Hospital, Tehran, Iran. *Iran J Parasitol.* 2020; 15(1):130–7.
10. Ebrahimipour M, Rezaeian S, Shirzadi MR, et al. Prevalence and risk factors associated with human cystic echinococcosis in Iran. *J Parasit Dis.* 2019; 43(3):385–92.
 11. Rojas CAA, Romig T, Lightowlers MW. *Echinococcus granulosus* sensu lato genotypes infecting humans—review of current knowledge. *Int J Parasitol.* 2014; 44(1):9–18.
 12. Sadjjadi SM, Ebrahimipour M, Sadjjadi FS. Comparison between *Echinococcus granulosus* sensu stricto (G1) and *E. canadensis* (G6) mitochondrial genes (*cox1* and *nad1*) and their related protein models using experimental and bioinformatics analysis. *Comput Biol Chem.* 2019; 79:103–109.
 13. McManus DP. Molecular discrimination of taeniid cestodes. *Parasitol Int.* 2006; 55 Suppl:S31-7.
 14. McManus DP, Bowles J. Molecular genetic approaches to parasite identification: their value in diagnostic parasitology and systematics. *Int J Parasitol.* 1996; 26(7):687–704.
 15. Sharbatkhori M, Mirhendi H, Jex AR, et al. Genetic categorization of *Echinococcus granulosus* from humans and herbivorous hosts in Iran using an integrated mutation scanning-phylogenetic approach. *Electrophoresis.* 2009; 30(15):2648–55.
 16. Gorgani-Firouzjaee T, Kalantrai N, Ghaffari S, et al. Genotype characterization of livestock and human cystic echinococcosis in Mazandaran province, Iran. *J Helminthol.* 2019; 93(2):255–9.
 17. Siyadatpanah A, Daryani A, Sarvi S, et al. Phylogeography and genetic diversity of human hydatidosis in bordering the Caspian Sea, northern Iran by focusing on *Echinococcus granulosus* sensu stricto complex. *Iran J Public Health.* 2020; 49(9):1758-1768.
 18. Rozas J, Sánchez-DelBarrio JC, Messeguer X, et al. DNA polymorphism analyses by the coalescent and other methods. *Bioinformatics.* 2003; 19(18):2496–7.
 19. Shahbazi AE, Saidijam M, Maghsood AH, et al. Genotyping of fresh and parafinized human hydatid cysts using *nad1* and *cox1* genes in Hamadan Province, west of Iran. *Iran J Parasitol.* 2020; 15(2):259-265.
 20. Al-Jawabreh A, Ereqat S, Dumaidi K, et al. The clinical burden of human cystic echinococcosis in Palestine, 2010–2015. *PLoS Negl Trop Dis.* 2017; 11(7):e0005717.
 21. Kurt A, Avcioglu H, Guven E, et al. Molecular Characterization of *Echinococcus multilocularis* and *Echinococcus granulosus* from Cysts and Formalin-Fixed Paraffin-Embedded Tissue Samples of Human Isolates in Northeastern Turkey. *Vector Borne Zoonotic Dis.* 2020; 20(8):593–602.
 22. Rostami S, Torbaghan SS, Dabiri S, et al. Genetic characterization of *Echinococcus granulosus* from a large number of formalin-fixed, paraffin-embedded tissue samples of human isolates in Iran. *Am J Trop Med Hyg.* 2015; 92(3):588-94.
 23. Kheirandish F, Mahmoudvand H, Ahmadinejad M, et al. Genetic characterization of human-derived hydatid cysts of *Echinococcus granulosus* in Lorestan Province, Western Iran. *Trop Biomed.* 2017; 34(4): 863-869.
 24. Moradi M, Meamar AR, Akhlaghi L, et al. Detection and genetic characterization of *Echinococcus granulosus* mitochondrial DNA in serum and formalin-fixed paraffin embedded cyst tissue samples of cystic echinococcosis patients. *PLoS One.* 2019; 14(10):e0224501.
 25. Koohestan MG, Saberi R, Daryani A, et al. Identification and genotyping of *Echinococcus granulosus* from human clinical samples in Guilan province, north of Iran. *Parasite Epidemiol Control.* 2024; 25:e00353.
 26. Elyasi H, Farbodnia T, Javaheri E. Genetic Characteristics of *Echinococcus granulosus* from Fixed Paraffin-Embedded Tissue Samples in Human Isolates Based on the High-Resolution Melting Point Analysis in Sabzevar, Northeast Iran. *Iran J Parasitol.* 2024; 19(3):305-313.
 27. Tamura K, Peterson D, Peterson N, et al. MEGA5: molecular evolutionary genetics analysis using maximum likelihood, evolutionary distance, and maximum parsimony methods. *Mol Biol Evol.* 2011; 28(10):2731–9.

28. Leigh JW, Bryant D. POPART: full-feature software for haplotype network construction. *Methods Ecol Evol.* 2015; 6(9):1110–6.
29. Yang YR, Craig PS, Vuitton DA, et al. Serological prevalence of echinococcosis and risk factors for infection among children in rural communities of southern Ningxia, China. *Trop Med Int Health.* 2008; 13(8):1086–94.
30. Shahnazi M, Hejazi H, Salehi M, et al. Molecular characterization of human and animal *Echinococcus granulosus* isolates in Isfahan, Iran. *Acta Trop.* 2011; 117(1):47–50.
31. Simsek S, Kaplan M, Ozercan IH. A comprehensive molecular survey of *Echinococcus granulosus* in formalin-fixed paraffin-embedded tissues in human isolates in Turkey. *Parasitol Res.* 2011; 109:411–6.
32. Sharbatkhori M, Tanzifi A, Rostami S, et al. *Echinococcus granulosus* sensu lato genotypes in domestic livestock and humans in Golestan province, Iran. *Rev Inst Med Trop Sao Paulo.* 2016; 58:38.
33. Spotin A, Mahami-Oskouei M, Harandi MF, et al. Genetic variability of *Echinococcus granulosus* complex in various geographical populations of Iran inferred by mitochondrial DNA sequences. *Acta Trop.* 2017; 165:10–16.
34. Hajialilo E, Harandi MF, Sharbatkhori M, et al. Genetic characterization of *Echinococcus granulosus* in camels, cattle and sheep from the south-east of Iran indicates the presence of the G3 genotype. *J Helminthol.* 2012; 86(3):263–70.
35. Sharbatkhori M, Mirhendi H, Harandi MF, et al. *Echinococcus granulosus* genotypes in livestock of Iran indicating high frequency of G1 genotype in camels. *Exp Parasitol.* 2010; 124(4):373–9.
36. Mohaghegh MA, Yousofi-Darani H, Jafarian AH, et al. Isolated Human and Livestock *Echinococcus granulosus* Genotypes Using Real-Time PCR of cox1 Gene in Northeast Iran. *Acta Parasitol.* 2019; 64(3):679–85.
37. Shirmen O, Batchuluun B, Lkhamjav A, et al. Cerebral cystic echinococcosis in Mongolian children caused by *Echinococcus canadensis*. *Parasitol Int.* 2018; 67(5):584–6.
38. Kargar S, Dalimi A, Eslami G, et al. Cystic Echinococcosis in Central Iran: G1 and G6 Genotypes in Patients. *Surg Infect (Larchmt).* 2022; 23(5):451–7.
39. Mirahmadi H, Behravan M, Raz A, et al. Genotyping of the *Echinococcus granulosus* in Paraffin-Embedded Human Tissue Samples from Iran. *Acta Parasitol.* 2021; 66(2):535–42.
40. Shafiei R, Ghatee MA, Jafarzadeh F, et al. Genotyping and phylogenetic analysis of unusually located hydatid cysts isolated from humans in north-east Iran. *J Helminthol.* 2019; 94:e64.
41. Parsa F, Harandi MF, Rostami S, et al. Genotyping *Echinococcus granulosus* from dogs from Western Iran. *Exp Parasitol.* 2012; 132(2):308–12.
42. Guarnera EA, Parra A, Kamenetzky L, et al. Cystic echinococcosis in Argentina: evolution of metacestode and clinical expression in various *Echinococcus granulosus* strains. *Acta Trop.* 2004; 92(2):153–9.
43. Yanagida T, Mohammadzadeh T, Kamhawi S, et al. Genetic polymorphisms of *Echinococcus granulosus* sensu stricto in the Middle East. *Parasitol Int.* 2012; 61(4):599–603.
44. Alvarez Rojas CA, Kronenberg PA, Aitbaev S, et al. Genetic diversity of *Echinococcus multilocularis* and *Echinococcus granulosus* sensu lato in Kyrgyzstan: The A2 haplotype of *E. multilocularis* is the predominant variant infecting humans. *PLoS Negl Trop Dis.* 2020; 14(5):e0008242.
45. Hamedani NA, Pirestani M, Dalimi A. Clinical and molecular features of human cystic echinococcosis in Tehran, Iran, 2011–2019. *Asian Pac J Trop Med.* 2022; 15(12):558–67.