

DEVELOPMENT OF IN-HOUSE MULTIPLEX AND QUANTITATIVE PCR ASSAYS FOR DETECTION OF *PNEUMOCYSTIS JIROVECI* IN BRONCHOALVEOLAR LAVAGE AND SPUTUM SPECIMENS

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Abstract. A definite diagnosis of *Pneumocystis* pneumonia requires laboratory confirmation of the presence of *Pneumocystis jirovecii* in clinical specimens. In-house multiplex and quantitative (q)PCR assays were developed to detect *P. jirovecii* *mtLSU rRNA* in bronchoalveolar lavage (BAL) and sputum specimens in comparison with three standard cytological assays [Gomori's methenamine silver (GMS) staining, Giemsa staining and immunofluorescence assay (IFA)] and conventional PCR. Both in-house multiplex and qPCR assays demonstrated specific of *P. jirovecii* without cross-amplification with other organisms. In BAL samples ($n = 131$), median copies/ μl of *P. jirovecii* *mtLSU rRNA* DNA (measured by in-house qPCR) in samples positive by GMS staining (37%), Giemsa staining (37%) and IFA samples (42%) were 4.5×10^5 , 3.8×10^5 and 3.8×10^5 , respectively; and in sputum samples ($n = 54$), median value in 4, 4 and 7 % positives was 5.5×10^5 , 5.5×10^5 and 2.2×10^5 copies/ μl , respectively. Using conventional PCR median copies/ μl *P. jirovecii* *mtLSU rRNA* DNA in BAL (49% positive) samples compared to in-house multiplex PCR (43% positive) were 2.5×10^5 and 3.1×10^5 respectively, while in sputum samples (17 and 13% positives) were 4.3×10^4 and 4.3×10^4 respectively. PCR methods showed higher sensitivity in *P. jirovecii* detection in both type of specimens compared to the classical staining methods. Overall, qPCR was considered the most promising diagnostic method due to its sensitivity and quantitative ability.

Keywords: *Pneumocystis carinii*, *Pneumocystis jirovecii*, *Pneumocystis* pneumonia, cytological staining, immunofluorescence, multiplex PCR, qPCR

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