

Gross examination and Histopathology of Fibropapillomas in *Chelonia mydas* and *Lepidochelys olivacea* from Baja California Sur, Mexico

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Abstract

Background: Fibropapillomatosis (FP) is an infectious disease considered to be one of the primary causes of mortality for many green turtles stokes around the world, commonly associated with a herpesvirus identified as Chelonid herpesvirus type 5 (ChHV-5). To detect the viral particles associated with the specific lesions of FP, Histopathology, Transmission Electron Microscopy and PCR studies have been used; in this manuscript we described by gross Pathology and Histopathology cutaneous FPs in an eastern Pacific Green Turtle (EPGT) *C. mydas* from Ojo de Liebre lagoon (LOL) and in an olive ridley turtle *L. olivacea* from the Gulf of Ulloa (GU) in the Baja California Peninsula.

Methods: During September and December 2016, olive ridley turtles were caught at GU and EPGTs were caught at LOL. A physical examination adapted for sea turtles was carried out and morphometric data was taken. Two tissue samples (2 and 3 cm aprox. respectively) from two turtles that presented neoplasms were recollected; the lesions were completely resected, fixed in formalin and sent to the Marine Botany Laboratory at the Autonomous University of Baja California Sur to be processed with the Histopathology routine technique and were reviewed using a microscope with ×10 and ×40 lenses.

Results: One olive ridley turtle (adult female) caught at GU, presented a FP-like lesion at the right eye, in addition to two FP-like lesions at the ventral part of the right anterior flipper; in LOL, an EPGT (sub adult female), presented a FP-like lesion at the ventral base of the right anterior flipper. The examination of the nodules by light microscopy revealed orthokeratotic hyperkeratosis, epidermal hyperplasia with areas of edema, dermal papillary differentiation, increased fibroblasts in the dermis and mild infiltration of lymphocytes arranged at the perivascular level and at the dermo-epidermal junction.

Conclusions: It is important and necessary to complement this kind of studies with the use of PCR to determine the role of the disease causative agent in the development of the neoplasms. Monitoring along the west coast of Mexico is essential to determine the presence, prevalence and incidence of FP and other diseases.

Keywords: Eastern Pacific green turtle (EPGT), black turtle, olive ridley turtle, neoplasms, fibropapillomatosis

Introduction

Sea turtles are part of multiple ecosystems in different parts

of the world, being exposed to diverse environmental and anthropogenic factors that may cause them proliferative diseases

such as fibropapillomas (FP's). Cutaneous FP's are benign neoplasms, whose etiology and pathogenesis are complex due to the sea turtles life cycle and to the characteristics of the herpesvirus to which are related [1]. Fibropapillomatosis (FP) is an infectious disease considered to be one of the primary causes of mortality for many green turtle stokes around the world [2] and is commonly associated with a herpesvirus [3] identified as Chelonid herpesvirus type 5 (ChHV-5) [4]. This disease is characterized by the presence of simple to multiple benign fibroepithelial tumors [5] varying from 0.1 to ≥ 30 cm in diameter [5,6] and can present spontaneous regression [7]. Histologically, it is characterized by a papillary epidermal hyperplasia supported on broad stalks of fibrovascular stroma [8]. To detect the viral particles associated with the specific lesions of FP, Transmission Electron Microscopy (TEM) and PCR studies have been used to confirm the presence of ChHV-5 in tissues and ocular secretions of sea turtles respectively [4,9,10]. Tumors generally occur in the external epithelium [11] and occasionally, other type of tumors appear in internal organs [12]; there are mainly found around the eyes, including the eyelids and the conjunctiva, the soft tissue around the mouth, between the maxilla and the jaw, the neck, the base of the anterior and posterior flippers, the tail and lastly the cloaca [13,14]. Tumors can obstruct vision, affect floatability, generate necrosis by the pressure of the hepatic parenchyma [8], cause renal insufficiency, gastrointestinal occlusion and death by starvation due to an esophagi occlusion [15].

The effect of this disease on sea turtle population dynamics is not well understood [16]. The earliest descriptions of skin tumors identified as FPs in sea turtles date back to the 30's, beginning with a green turtle (*Chelonia mydas*) [17]. The prevalence and incidence of the disease increased at the 1980's [18] and since then, FP has been reported in green turtle populations around the world [19]. It has also been referenced in other sea turtle species: loggerhead turtle (*Caretta caretta*), olive ridley turtle (*Lepidochelys olivacea*), kemp's ridley turtle (*Lepidochelys kempii*), hawksbill turtle (*Eretmochelys imbricata*) [20,21] and leather back turtle (*Dermochelys coriacea*) [22]. Some authors state that this disease develops in areas with calm water, particularly where pollutants are present due to human settlements and agricultural residues [23,24], while others indicate that it can be confined at specific zones, like the east coast of the Big Island of Hawaii [25]. Nevertheless, in Baja California Sur (BCS), after more than 20 years of monitoring the Peninsula, there only are three reported cases of FP in sea turtles, one in a loggerhead turtle, one in an olive ridley turtle [26] and one in a green turtle [27]. Sea turtles health status and presence and dissemination of infectious diseases in BCS have been studied infrequently, so that studies of FP are just a few. In this manuscript we present the description by gross pathology and histopathology (HP) of cutaneous FP's in an eastern Pacific Green Turtle (EPGT) *C. mydas* from Ojo de Liebre lagoon (LOL) and in an olive ridley turtle *L. olivacea* from the Gulf of Ulla (GU) in the Baja California Peninsula.

Methods

During routine monitoring between September and December 2016, olive ridley turtles were caught by hand (Rodeo) in the GU and EPGTs were caught by net lying at LOL. A physical examination adapted for sea turtles was carried out following the methodology proposed in [28] and morphometric data was taken following the methodology described in [29]. Two tissue samples (2 and 3 cm aprox. respectively) were recollected by infiltrating 3 ml of anesthesia (epinephrine + procaine (Adrecaine® Laboratorios Aranda S.A de C.V. Reg. SAGARPA Q-0449-093)) subcutaneously divided into five points around the base of the neoplasms. After the application of the anesthesia (1 min approx.), the base of the tumors was clamped with hemostasis clamps and the tissues were incised with a scalpel knife. The lesions were completely resected and were placed in a 25 ml plastic sterile flask fixed by immersion in 10% buffered formalin (7.4 pH). The EPGT in LOL was tagged with metal tags monel 400 /inconel 625 in the rear flippers following the methodology described in [30] before releasing it. The samples were sent to the Marine Botany Laboratory in the UABCS where were processed using the HP routine technique [31] to be reviewed using a microscope Olympus® CX31 with $\times 10$ and $\times 40$ lenses.

Results

On October 21st 2016, a total of 10 sea turtles, 8 loggerhead and 2 olive ridley turtles, were caught by rodeo at GU (Lat: 25.1816111 Long: -112.4285833). Among them, one olive ridley turtle presented a FP-like lesion at the right eye, in addition to two FP-like lesions at the ventral part of the right anterior flipper. The organism measured 70.5 cm of CCL (Curved Carapace Length) and weighed 35 kg; according to its anatomical and morphological characteristics it was consider an adult female (Table 1). During the physical examination, a nodule of approximately 1cm in diameter was observed at the lateral canthus of the cornea in the right eye, firm in consistency, pale pink colored and with semicircular morphology (Figure 1). On the proximal ventral surface of the right anterior flipper, two verrucous nodules of approximately 2-4 cm in diameter were observed; they were firm in consistency, rough in appearance and pale pink and yellow colored (Figure 2).

Table 1. General information of the captured sea turtles.

ID	Date	Sp.	Tags	CCL	Weight	Age class	Sex
T42mar	21oct16	Lo	-	70.5	35	Adult	F
T33lol	08nov16	Cm	R: 1AS038 L: 1AS039	75.6	37	Sub adult	F

*ID: Identification; Sp: Species; Lo: *Lepidochelys olivacea*;
Cm: *Chelonia mydas*; R: Right flipper, L: Left flipper; CCL: Curve Carapace Length; F: Female.

On November 8th 2016, 4 EPGTs were captured in "El Datil" (Lat: 27.7737778 Long: -114.1725833) at LOL; one of them presented a FP-like lesion at the ventral base of the right anterior



Figure 1. Nodule of approximately 1 cm in diameter on the lateral cornea canthus of the right eye of an olive ridley turtle in GU, firm in consistency, pale pink colored and with semicircular morphology.

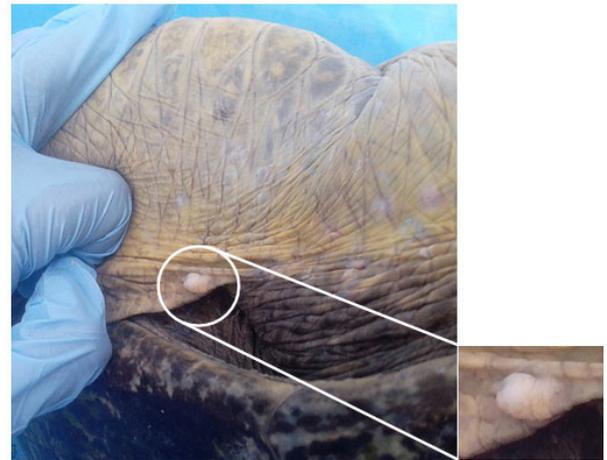


Figure 3. Ventral base of the right anterior flipper of an EPGT. A 3 x 3 cm verrucous nodulation is observed, firm in consistency to the touch and pale pink and yellow with white colored.

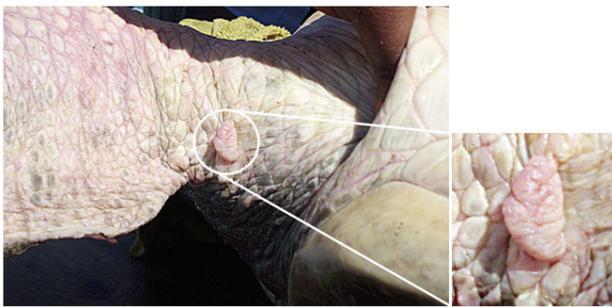


Figure 2. Verrucous nodules of approximately 2-4 cm in diameter on the proximal ventral surface of the right anterior flipper of an olive ridley turtle in GU, firm in consistency, rough in appearance and palepink, gray and yellow colored.

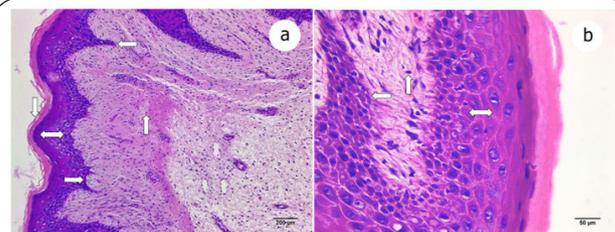


Figure 4. Olive ridley turtle cutaneous FP. **a)**Hyperkeratosis (↓), epidermal hyperplasia (↔), acanthosis (⇒), papilla formation (⇐) and proliferation of fibroblasts in dermis (↑). (10x magnification with hematoxylin and eosin stain; scale bar = 200 μm). **b)** Epidermal hyperplasia (↔), papilla formation (⇐) and proliferation of fibroblasts in the dermis (↑). (40x magnification with hematoxylin and eosin stain; scale bar = 50 μm).

flipper. The EPGT was considered a sub adult female according to its anatomical and morphological characteristics and its biometrics, CCL: 75.6 cm and weight: 37 kg (Table 1). During the physical examination, a 3 x 3 cm verrucous nodulation was observed at the ventral base of the right anterior flipper, this nodule was firm in consistency and pale pink and white colored (Figure 3).

The examination of the nodules by light microscopy revealed orthokeratotic hyperkeratosis, epidermal hyperplasia with areas of edema, dermal papillary differentiation, increased fibroblasts in the dermis and mild infiltration of lymphocytes arranged at the perivascular level and at the dermo-epidermal junction (Figures 4 and 5).

Discussion

Previously, characteristic signs of FP (fibroepithelial tumors around the eyes and at the base of the flippers with cauliflower-like morphology and verrucous appearance) were recorded in juvenile, adult female and adult male sea turtles [1,18,23,32].

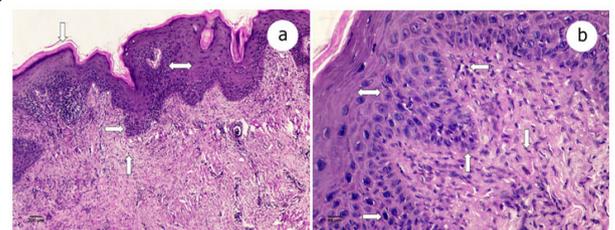


Figure 5. EPGT cutaneous FP. **a)** Hyperkeratosis (↓), Epidermal hyperplasia (↔), acanthosis (⇒) and fibroblast proliferation in dermis (⇐). (10x magnification with hematoxylin and eosin stain; scale bar= 200 μm). **b)** Epidermal Hyperplasia (↑) with ballooning degeneration in cells (↔), dermal papillary differentiation (⇐), increased fibroblasts in the dermis (↓) and mild infiltration of lymphocytes arranged at the perivascular level and at the dermo-epidermal junction (⇐). (40x magnification with hematoxylin and eosin stain; scale bar= 50 μm).

However, it has been reported that the incidence of these signs is higher in females [25], possibly due to differences in behavioral ecology and sociability of these organisms during their life cycle [33]. Several authors suggest a possible infection of organisms in common nesting, feeding and neritic development sites [8,4,25,34] as higher densities of turtles favor direct contact between diseased individuals, carrier organisms and those who may be susceptible [9]. In such aggregations, FP has been related to the presence of sea leeches, particularly *Ozobranchus margo* and other ectoparasites considered vectors [35]. However, other authors indicate that ChHV-5 can be present in turtles without clinical manifestation and without leeches, which limits the study of the possible relationships of FP among the different species of sea turtles [36]. Additionally, there is evidence for hypotheses that ChHV-5 is a near ubiquitous virus with latency characteristics that requires one or more possibly environmental or immune related cofactors to induce FP, so that, clinically healthy sea turtles from different sites where FP has not been reported yet across species can carry ChHV-5 DNA [37]. ChHV-5 has been associated as a primary etiological agent of FP based on three lines of evidence. First of all, when the tumors analyzed by PCR produce sequences of ChHV-5 [38]; second, when tumors occasionally exhibit epidermal viral inclusions with ultrastructures similar to those of herpes-like viruses [39]; and lastly, the experimental transmission of the disease using tumor extracts inoculated in healthy turtles that has resulted in the development of disease (FP) [8,11]. Nevertheless, the etiology, pathogenesis and epidemiology of ChHV-5 as a causal agent for FP remains unfinished, as defined in Koch's four postulates which establish relationships to identify the causal agent of a disease, in addition to other factors that complicate its study and limit the demonstration of its true participation in the development of neoplasms [38].

In Mexico, there have been reports of FP with clinical manifestation affecting olive ridley turtles in Colima and Oaxaca [40,41]. In BCS, at the GU two cases of FP with and without clinical manifestation were described in 2014 in an olive ridley turtle and a loggerhead turtle respectively [26]; in 2016, lesions of FP in a green turtle were described macroscopically and microscopically and identifying viral particles by TEM [27].

External morphology and distribution of the observed neoplasms were consistent with previous descriptions of FP in green turtles [35]. The histopathological analysis revealed that the characteristics and proliferative changes observed in the skin lesions were similar to FP associated with viral particles [27], possibly a herpesvirus [11]; these proliferative changes indicates that are benign neoplasms. However, in this case the lesions could not be monitored to specify its change on size, preventing us to specify the stage of development of the FP [6] or if it was in phase of tumor regression [7]; even so, the neoplasms were registered as 1 (less than 5 cm), according to the classification of green turtles FP's proposed in [6,42] and the classification of olive ridley turtles FP's proposed in [41].

These cases are the fourth and fifth (respectively) recorded and studied by HP in the peninsula, but the first in an EPGT at LOL and the second in an olive ridley turtle at the GU. The classification of FP presents differences in each region, so it is necessary to categorize its presence in sea turtles in the area. This can also be easily adjusted for a better comprehension of the regional differences in FP manifestation, whilst maintaining a consistent standardized data collection to allow comparisons of different geographic regions [42].

It is important and necessary to complement this kind of studies with the use of PCR, since it has been documented that FP in sea turtles is associated with ChHV-5 [9]. Herpesviruses are numbered according to the sequence of their detection; number 5 in ChHV-5 indicates that there are four other Chelonid herpesviruses [4]; in this case it was not possible to determine the presence of ChHV-5 or its participation in the development of the neoplasms. However, it is important to continue with this kind of studies since the presence of ChHV-5 can pose as a serious threat to different segments of the population of sea turtles that frequent the area.

FP has a higher prevalence in near-shore habitats with poor water exchange (lagoons, bays, etc.) like LOL, and in areas that are impacted by human activities and urban development, suggesting that environmental degradation may play a significant role in the disease expression [43-45]. Consequently, the incidence of FP in sea turtles may prove to be a prime indicator of ecosystem health [46]. The variation in water temperatures in the shallow LOL and GU could affect the rate of FP's proliferation, pathogen, replication, immune system function, and/or toxin metabolism. Some studies indicate that tumors grow faster in summer with warmer water temperatures, while others report they reduce during autumn when the water cools; the onset of colder water temperatures in winter may cause further stress on FP affected turtles, enough to cause the winter stranding peak [33,47]. Besides, reports indicate that FP manifestation occurs after the turtles visit feeding areas and coastal foraging pastures [4,45] like GU and LOL, where high population densities of vectors or intermediate host species could enhance the disease transmission. Aggregation of turtles from many different breeding stocks into these common feeding areas may allow the exchange of many diseases, including FP [2,24].

Conclusion

FP requires close monitoring along the west coast of Mexico. Monitoring sea turtles in foraging areas should be intensified to obtain reliable data to help us understanding the etiology, progression and regression of the disease in relation to the life history of sea turtles; it is necessary to monitor the environmental and anthropogenic factors that support the spreading of FP.

Research lines should work with specialists in pathology, immunology and epidemiology to determine the presence, prevalence and incidence of FP and other diseases.

Threats that pose as health risks to other sea turtle species should also be studied by specialists in GU and LOL, which are regions with a high conservation value.

This information will help to complement the organisms and ecosystem management plans as well as to generate conservation strategies together with local authorities.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

Authors' contributions	ER	HF	DSB	JAV	MML
Research concept and design	✓	--	--	--	✓
Collection and/or assembly of data	✓	✓	✓	✓	--
Data analysis and interpretation	✓	✓	✓	✓	--
Writing the article	✓	✓	✓	✓	--
Critical revision of the article	✓	✓	✓	✓	✓
Final approval of article	✓	✓	✓	✓	✓
Statistical analysis	--	--	--	--	--

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