

Molecular Detection of Eukaryotes in a Single Human Stool Sample from Senegal

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Abstract

Background: Microbial eukaryotes in the human gut microbiome, including beneficial organisms; some species are commensal or mutualistic, whereas others are opportunistic or parasitic. The diversity of eukaryotes inhabiting the human gut remains relatively unexplored because these organisms have a low abundance in human gut or because they received a limited attention from molecular analyses [4,8]. Thus, studying the eukaryotic diversity in the human gut can

Methodology/Principal Finding: In this study, a single fecal sample from a healthy African male was analyzed by deep sequencing of the 18S rRNA and ITS regions. The analysis revealed the presence of 16 different eukaryotic species, including *Candida*, *Galactomyces*, and *Trichosporon*, which were identified in the fecal sample. In contrast, a high number of eukaryotic species could be identified in the fecal sample when the analysis was performed on a larger sample size. A total of 27 species from one sample were found among the 977 analyzed clones. The clone library was dominated by fungi (716 clones/977, 73.3%), corresponding to 16 different species. In addition, 187 sequences of 977 (19.2%) corresponded to 9 different species of plants; 59 sequences (6%) belonged to the micro-eukaryotes in the gut, including *Entamoeba histolytica* and *Blaschkea*; and only 15 clones/977 (1.5%) were eukaryotic human 18S rRNA sequences.

Conclusion: Our study revealed a complex eukaryotic community in the human gut, with fungi being the most abundant species in the sample. Large-scale sequencing is needed to explore the diversity of eukaryotes in the human gut and their role in human health and disease.

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Introduction

The human body is home to vast and complex communities of microorganisms. It has been estimated that microbes in human bodies collectively make up approximately 100 trillion cells, ten times the number of human cells [1]. The microbial ecosystem plays an important role in human metabolic activities, protection against pathogens, nutrient processing, the stimulation of angiogenesis, and the regulation of host fat storage [2,3].

The human gut is dominated by bacteria, especially species of the phyla Firmicutes and Bacteroidetes. These two phyla are spread throughout the intestinal tract and play crucial roles in human health [4,5]. In addition to bacteria, organisms belonging to other domains of life, Archaea and Eukarya, are present in the human intestine [4,6].

Microbial eukaryotes represent an important component of the human gut microbiome, with different beneficial or harmful roles; some species are commensal or mutualistic, whereas others are opportunistic or parasitic [7]. This eukaryotic component of the human gut microbiome remains relatively unexplored because these organisms have a low abundance in human gut or because they received a limited attention from molecular analyses [4,8]. Thus, studying the eukaryotic diversity in the human gut can

provide a more complete picture of the natural communities inhabiting this niche.

The microbial eukaryote communities in the human gut have been studied primarily using selective culture techniques and microscopy-based approaches [4,9,10]. Identification was based on morphological and physiological traits. However, only a small fraction of the microorganisms present has been detected using this approach because the growth requirements for many of these organisms remain unknown [4]. Recently, molecular-based approaches, such as polymerase chain reaction (PCR) amplification of the small subunit ribosomal RNA, have been established to explore the microbial diversity in the human body [4,11,12]. In 2006, Scupham and his colleagues undertook a culture-independent analysis of fungi in mouse feces, and they identified a wide variety of fungi belonging to the phyla Ascomycota, Basidiomycota, Chytridiomycota and Zygomycota using oligonucleotide fingerprinting of rRNA genes (OFRG) [13].

More recently, in the human distal gut, culture-independent methods have shown that the diversity and abundance of eukaryotes is quite low relative to that of bacteria, and members of the genera *Gloeotinia/Paecilomyces* and *Galactomyces* were the most abundant [14] (Table 1). A more diverse fungal community was

observed in the study of Ott et al., 2008, in which they investigated the mucosa-associated fungal microbiota in 47 controls and 57 subjects with inflammatory bowel disease. That study showed that the majority of fungi retrieved from the fecal sample belonged to Ascomycota [15] (Table 1). Only four types of fungi (*Candida vinaria*, *Candida adaphicus*, *Saccharomyces cerevisiae* and *Saccharomyces servazzii*) and one stramenopile (*Blastocystis hominis*) were detected in fecal samples from ten Korean people using the PCR-fingerprinting method [8] (Table 1). Finally, the ileal effluent and feces from 2 intestinal transplant patients were analyzed by Li et al. [16], who reported temporal alterations in the fungal communities in these patients (Table 1). An increase in the size of the fungal community early after intestinal transplantation, followed by a decrease in this community over time, was observed. Moreover, sequence analysis of the 18S ribosomal DNA revealed that *S. cerevisiae* and *Kluyveromyces waltii* were the dominant fungal species in both patients [16].

The aim of this study is to carry out a comprehensive extended molecular analysis of the diversity of eukaryotes in one fecal sample from a young Senegalese man using amplification with various universal primers followed by cloning and sequencing.

Results

C l e - d e e n d e n M e h o d

Using different media, five strains of fungi were isolated from one fecal sample. The results of MALDI-TOF identification were as follows: *Candida albicans*, *Candida krusei*, *Galactomyces geotrichum*, *Trichosporon asahii* and *Geotrichum silvicola* (Table 2). Direct ITS sequencing of these strains confirmed the results of the MALDI-TOF MS analysis for *C. krusei*, *G. geotrichum* and *T. asahii*. *C. albicans* and *G. silvicola* were misidentified using MALDI-TOF MS, and the correct identities of these strains were *Candida rugosa* and *G. geotrichum*, respectively (Table 2). Finally, taking into account the ITS results, only four species of fungi were recovered through culture-based methods.

C l e - i n d e e n d e n M e h o d

An important part of this study was to choose suitable PCR primers for the amplification of eukaryote sequences in the human gastrointestinal tract. One major difficulty was the tendency to amplify background bacterial, plant/animal and human DNA, which are all potentially found in DNA extracted from human feces. Twenty-five different published eukaryotic PCR primer sets were tested on fecal DNA extracts from young, healthy Senegalese man (see Table S1). For all primer sets, with the exception of the primers listed in Table 3, a negative PCR signal was obtained. The negative results with some primers could be explained by either their low sensitivities for the eukaryotic communities in the human gut or the absence of the target microorganisms in the studied sample.

Cloning was performed prior to sequencing only when direct sequencing was problematic or when the obtained sequences were not clean sequences, indicating the amplification of sequences from more than one microorganism. Finally, all PCR products were cloned and then sequenced with the exception of primers E528F/Univ1391 and FunF/FunR, which amplified *Malassezia restricta* and *G. geotrichum*, respectively (Table 3). A total of 977 clones were collected from different clone libraries that were generated using various primers and a fecal sample from a healthy male. All but 9 of the resulting sequences have sequence similarity scores of $\geq 98\%$ when compared with existing sequences in the GenBank database. The remaining 9 sequences have similarity

scores of 92% with *Malassezia pachydermatis*, and these 9 sequences may be from putative new species.

Taking the different clone libraries together, one-quarter of the obtained sequences were distributed among Viridiplantae (187 clones, 9 plant species), Stramenopile (38 clones, *Blastocystis* sp.), Amoebozoa (21 clones, *Entamoeba hartmanni*), and human 18S rDNA sequences (15 clones) (Table 3). Three-quarters of the remaining sequences (716 clones) were identified as fungi, with 16 different fungal species belonging to Ascomycota (48.4%) and Basidiomycota (24.9%) (Table 3). Seven fungal species of Ascomycete yeasts were detected: *C. rugosa*, *G. geotrichum*, *S. cerevisiae*, *Arxiozyma telluris*, *Kluyveromyces hubeiensis*, *Torulaspota pretoriensis*, and *Sterigmatomyces elviae* (Table 3). Nine basidiomycetous yeasts were also recovered from the different clone libraries, including *Trichosporon caseorum*, *T. asahii*, *Trichosporon cutaneum*, *M. restricta*, *Malassezia globosa*, *M. pachydermatis*, *Asterophora parasitica*, *Bjerkandera adusta*, and *Phanerochaete steroids* (Table 3).

Discussion

The primary objective of this study was to evaluate the broad diversity of eukaryotes in a single fecal sample from an African male using both culture-dependent and extensive culture-independent methods.

C l e - d e e n d e n e C l e - i n d e e n d e n M e h o d i n h i S d

Our results revealed that when using culture-dependent methods, very few fungi, including *C. rugosa*, *C. krusei*, *G. geotrichum*, and *T. asahii*, could be isolated. Among these fungi, *C. rugosa* and *C. krusei* have been previously detected by culture-based methods [12,17]. Many studies using culture-dependent approaches have found fungi as the sole eukaryotes in the human microbiome of healthy individuals and immunocompromised patients [12,14,18,19].

The culture-independent methods revealed a more vast diversity of eukaryotes, especially fungi, in our fecal sample compared with the eukaryotes that were obtained by culture-dependent methods. Among the 977 clones that were generated using different primers, 716 clones (73.3%) were belonged to fungi and corresponded to 16 species (Table 3). Among these 16 species, only 3, *C. rugosa*, *G. candidum* and *T. asahii*, have been cultured. This discrepancy is due to the fact that some species require both special growth media and special conditions to be cultured. Conversely, *C. krusei*, a fungus isolated by culturing, was not detected by culture-independent methods. This result could be explained by biases in the PCR amplification [20] and/or cloning bias [21]. Interestingly, in Chen's study, molecular methods did not identify *C. krusei* from fecal samples, but this fungus was found by culturing techniques [12].

C l e - i n d e e n d e n M e h o d

Different PCR primers were used to evaluate the diversity of eukaryotes in the fecal sample, and these primers were adopted from previously published studies. Some of these primers were used previously to analyze eukaryotes in the human gut (Table S1), whereas other primers were used previously to analyze eukaryotes from aquatic environments rather than the human gut (Table S1). Among the 18 micro-eukaryotic species found in our study, seven species were detected by two or more primer sets, including *T. Caseorum*, *S. cerevisiae*, *Blastocystis* sp., *G. geotrichum*, *C. rugosa*, *M. restricta*, and *M. globosa* (Table 3 and Figure 1). The remaining 11 species (Table 3 and Figure 1) were amplified using only one primer set.

Table 1. The difference in the relative abundance of molecular methods in the human gut using the 18S DNA or ITS1 region.

Taxa	Eukaryotic species	References	Eukaryotic species	References	
Fungi	Ascomycota	<i>Acremonium</i> sp.	[14]	<i>Iodophanus carneus</i> *	[12]
		<i>Ajellomyces capsulatus</i> †	[16]	<i>Kluyveromyces waltii</i> †	[16]
		<i>Ajellomyces dermatitidis</i> †	[16]	<i>Madurella mycetomatis</i> *	[15]
		<i>Aspergillus clavatus</i> †	[16]	<i>Ophiocordyceps caloceroides</i> *	[12]
		<i>Aspergillus penicillioides</i> *	[12]	<i>Paraphaeosphaeria filamentosa</i>	[15]
		<i>Aspergillus versicolor</i> †	[12]	<i>Penicillium chrysogenum</i> *	[14,15]
		<i>Aureobasidium pullulans</i> *	[12,15]	<i>Penicillium frei</i> †	[12]
		<i>Botryotinia fuckeliana</i> †	[15,16]	<i>Penicillium glabrum</i> *	[15]
		<i>Candida albicans</i> *	[12,14–16]	<i>Penicillium italicum</i> *	[15]
		<i>Candida austromarina</i> *	[12,15]	<i>Penicillium marneffei</i> †	[16]
		<i>Candida dubliensis</i> †	[15,16]	<i>Penicillium</i> sp.*	[12]
		<i>Candida edaphicus</i>	[8]	<i>Penicillium verrucosum</i> *	[14]
		<i>Candida glabrata</i>	[15]	<i>Penicillium sacculum</i> *	[15]
		<i>Candida intermedia</i> *	[12]	<i>Pleospora herbarum</i> *	[15]
		<i>Candida krissi</i> †	[12]	<i>Raciborskiomyces longisetosum</i>	[15]
		<i>Candida milleri</i> *	[12]	<i>Saccharomyces bayanus</i>	[15]
		<i>Candida parapsilosis</i> †	[16]	<i>Saccharomyces cariocanus</i>	[15]
		<i>Candida solani</i> *	[12]	<i>Saccharomyces castellii</i> †	[16]
		<i>Candida</i> sp.	[12]	<i>Saccharomyces cerevisia</i> *	[8,12,14–16]
		<i>Candida tropicalis</i> *	[12,16]	<i>Saccharomyces paradoxus</i> †	[12]
		<i>Candida vinaria</i> *	[8]	<i>Saccharomyces servazzii</i> *	[8]
		<i>Cephalosporium</i> sp.	[14]	<i>Saccharomyces</i> sp.†	[12]
		<i>Chaetomium globosum</i> *	[12,15]	<i>Sclerotinia sclerotiorum</i> *	[15,16]
		<i>Chaetomium</i> sp.*	[12]	<i>Sclerotium</i> sp.†	[15]
		<i>Cladosporium cladosporioides</i> †	[15]	<i>Septoria epambrosiae</i>	[15]
		<i>Coccidioides immitis</i> †	[16]	<i>Simplicillium lanosoniveum</i> *	[12]
		<i>Coccidioides posadasii</i> †	[16]	<i>Simplicillium obclavatum</i> *	[12]
		<i>Doratomyces stemonitis</i> *	[12]	<i>Sirococcus conigenus</i> *	[15]
		<i>Dothideomycete</i> sp.†	[15]	<i>Trichophyton verrucosum</i> †	[16]
		<i>Fusarium oxysporum</i> *	[15,16]	Unclassifiable Pezizomycotina†	[12]
		<i>Fusarium</i> sp.*	[12]	Unclassifiable Ascomycota†	[15]
		<i>Galactomyces geotrichum</i> *	[12,14–16]	<i>Verticillium leptobactrum</i>	[14]
		<i>Gloeotinia temulenta</i>	[14]	<i>Yarrowia lipolytica</i> *	[15]
<i>Hyphozyma variabilis</i> *	[12]				
Basidiomycota	<i>Asterotremella albida</i> *	[12]	<i>Rhodotorula mucilaginosa</i> †	[15]	
	<i>Bullera crocea</i> †	[15]	<i>Sporolobomyces yunnanensis</i> *	[15]	
	<i>Cryptococcus carnescens</i>	[15]	<i>Trametes versicolor</i> *	[15]	
	<i>Cryptococcus fragicola</i> *	[12]	<i>Tricholoma saponaceum</i> *	[15]	
	<i>Cryptococcus neoformans</i> †	[16]	<i>Trichosporon dermatis</i> *	[15]	
	<i>Cystofilobasidium capitatum</i> *	[15]	Unclassifiable Agaricomycotina*	[12]	
	<i>Dacrymyces</i> sp.*	[15]	Unclassifiable Pezizomycotina†	[12]	
	<i>Exidiopsis calcea</i> †	[15]	Unclassifiable Basidiomycota†	[15]	
	<i>Filobasidium globisporum</i> *	[15]	Unclassifiable Basidiomycota†	[15]	
	<i>Flammulina velutipes</i> *	[15]	Unclassifiable Agaricomycota†	[15]	
	<i>Fomitopsis pinicola</i> *	[15]	<i>Ustilago maydis</i> †	[15]	
	<i>Graphiopsis phoenicis</i> *	[15]	<i>Ustilago</i> sp.†	[15]	
	<i>Malassezia globosa</i> †	[16]	<i>Wallemia muriae</i> *	[12]	
	<i>Malassezia pachydermatis</i> †	[12]	<i>Wallemia sebi</i> *	[12]	

Table 1. Continued.

Taxa	Eukaryotic species	References	Eukaryotic species	References
	<i>Rhodotorula aurantiaca</i> *	[15]		
Zygomycota	<i>Rhizopus microsporus</i> *	[12]		
Amoebozoa	<i>Entamoeba coli</i>	[14]		
Stramenopiles	<i>Blastocystis</i>	[8,14]		
Planctomycetes	<i>Desmaria mutabilis</i>	[8]	<i>Physocarpus opulifolius</i> *	[8]
	<i>Hypseocharis pimpinellifolia</i> †	[8]	<i>Rubus idaeus</i> *	[8]
	<i>Parmentiera cereifera</i> *	[8]	<i>Ziziphus obtusifolia</i> *	[8]
	<i>Pelargonium alchemilloides</i> *	[8]		

*Eukaryotic species detected in both healthy and diseased individuals.

†Eukaryotic species detected only in diseased individuals.

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Interestingly, the amplification of eukaryotic species using different sets of primers enabled us to obtain a relatively high number of species in the stool sample compared with the number of species obtained in previous molecular studies of this domain [8,12,14–16] (Figure 1). Three species identified in our sample were also found in these previous studies, including *G. geotrichum*, *S. cerevisiae*, and *Blastocystis* sp. (Figure 1). However, discordances were widespread, with many species detected only in our study and many species described previously in the human gut but not found in our work (Figure 1). These disagreements in the results may be due to many reasons. First, in our work, we studied only one fecal sample, but we used multiple universal primer sets; in contrast, in the previous studies many fecal samples were analyzed with one universal primer set [8,12,14–16]. Second, our sample was taken from a young, healthy African man, whereas the samples used in the other studies were obtained from patients with different diseases and conditions (hepatitis B virus infection, inflammatory bowel disease and post-transplantation intestine) and from patients from other geographic areas (Europe and Asia). Finally, another explanation for these discordances could be bias in the PCR and/or cloning.

Fungal and the Dominant Eukaryotes in the Human Gut

The results obtained from the sequencing of different clone libraries that were generated with various primers showed that fungi are the dominant eukaryotes in our fecal sample from Senegal. Approximately 16 fungal species were identified in the stool sample. This result is in agreement with the results of previous studies showing that fungi are widely distributed or abundant in the human gut [8,12,15].

Ascomycete Yeast in the Human Gut

Seven types of Ascomycete yeast were detected in the fecal sample using molecular methods. Among these yeasts, only *C. rugosa* and *G. geotrichum* were detected by culture-dependent methods. These species were identified using both direct ITS sequencing and analysis of the ITS clone library. The presence of these types of fungi was supported when their sequences retrieved from another 18S rRNA clone library using the JVF/DSPR2 primer. *C. rugosa* is considered to be widely distributed and abundant in the human intestine [6].

In addition, our study showed that *G. geotrichum* was widely retrieved from most of the generated clone libraries, accounting for 354 clones/977 (36.2%). This result agrees with the results of a previous study [14], in which *G. geotrichum* was most frequently found in the distal human gut using culture-independent methods. *S. cerevisiae* was also identified in the fecal sample from Senegal in the 18S rRNA clone libraries constructed using the Euk1A/Euk516r primers and the JVF/DSPR primers. This result is also in agreement with the results of previous studies [8,14–16].

To the best of our knowledge, the remaining four Ascomycete yeasts (*A. telluris*, *K. hubiensis*, *T. pretoriensis*, and *S. elviae*) have not been described previously in the healthy human gastrointestinal tract. Thus, this report is the first these eukaryotic species in a stool sample. All of these species were found in environmental samples, including soil and leaf samples, except for *S. elviae*, which was isolated from two patients with eczematous skin lesions [22].

Basidiomycete Yeast in the Human Gut

Nine species of Basidiomycete yeast were identified from the different clone libraries generated using various primers in this study. Three species of *Trichosporon*, namely, *T. caseorum*, *T. asahii*, and *T. cutaneum*, were retrieved from the Senegalese stool sample

Table 2. Comparison of the identified fungi identified by both MALDI-TOF MS and direct ITS sequencing.

MALDI-TOF MS	Best score of MALDI-TOF	Direct ITS	Identity %	Coverage %
<i>Candida albicans</i>	2.113	<i>Candida rugosa</i>	99	100
<i>Candida krusei</i>	2.189	<i>Candida krusei</i>	99	100
<i>Galactomyces geotrichum</i>	2.044	<i>Galactomyces geotrichum</i>	99	100
<i>Trichosporon asahii</i>	1.989	<i>Trichosporon asahii</i>	99	100
<i>Geotrichum silvicola</i>	2.064	<i>Galactomyces geotrichum</i>	99	100

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Table 3. S mma of e l i ng clone lib a ie in o d .

Name of primer	Fungal/Micro-eukaryotes species	No. of Clone/Total	Plant/human	No. of Clone/Total
E k1A/E k516	<i>Trichosporon caseorum</i>	08/115	<i>Humulus lupulus</i>	64/115
	<i>Saccharomyces cerevisiae</i>	06/115	<i>Artemisia annua</i>	23/115
	<i>Blastocystis</i>	01/115	<i>Triticum aestivum</i>	01/115
	<i>Trichosporon cutaneum</i>	11/115	<i>Cupressus gigantea</i>	01/115
ITS F/ITS-4R	<i>Trichosporon asahii</i>	29/144		
	<i>Galactomyces geotrichum</i>	99/144		
	<i>Candida rugosa</i>	16/144		
E528F/Uni 1391	<i>Malassezia restricta</i>	Di ec e encing		
E528F/Uni 1492	<i>Malassezia globosa</i>	34/98	<i>Cupressus gigantea</i>	03/98
	<i>Malassezia restricta</i>	44/98	<i>Pinus luchuensis</i>	02/98
			H man 18 RNA	15/98
JVF/DSPR2	<i>Saccharomyces cerevisiae</i>	17/132	<i>Humulus lupulus</i>	87/132
	<i>Galactomyces geotrichum</i>	02/132	<i>Solanum lycopersicum</i>	02/132
	<i>Candida rugosa</i>	03/132	<i>Triticum aestivum</i>	01/132
	<i>Arxiozyma telluris</i>	01/132	<i>Schinus molle</i>	01/132
	<i>Trichosporon caseorum</i>	14/132	<i>Phoenix canariensis</i>	01/132
	<i>Torulaspota pretoriensis</i>	01/132		
	<i>Kluyveromyces hubeiensis</i>	01/132		
	<i>Asterophora parasitica</i>	01/132		
NSI/FR1	<i>Galactomyces geotrichum</i>	52/96		
	<i>Geotrichum candidum</i>	44/96		
MF/MR	<i>Malassezia globosa</i>	79/96		
	<i>Malassezia restricta</i>	04/96		
	<i>Malassezia pachydermatis</i>	09/96		
	<i>Sterigmatomyce elviae</i>	02/96		
	<i>Bjerkandera adusta</i>	01/96		
	<i>Phanerochaete stereoides</i>	01/96		
EK1F/EK-1520	<i>Galactomyces geotrichum</i>	59/96		
	<i>Blastocystis</i>	37/96		
121F/1147R	<i>Entamoeba hartmanni</i>	21/104	<i>Bomax ceiba</i>	1/104
	<i>Galactomyces geotrichum</i>	74/104		
	<i>Trichosporon</i>	8/104		
F nF/F nR	<i>Galactomyces geotrichum</i>	Di ec e encing		
EUKA/EUKB	<i>Galactomyces geotrichum</i>	24/96		
	<i>Candida rugosa</i>	72/96		
11 ime e	18 mic o-e ka o ic ecie	775/977	10 ecie	202/977

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(Table 3). The genus *Trichosporon* is widely found in the environment, but it can occasionally be found in the gastrointestinal microbiota and can colonize human skin and the respiratory tract [23]. The three *Trichosporon* species found in our sample were not detected by previous molecular studies (Figure 1). Only *T. asahii*, which was detected by both culture-dependent and culture-independent methods in our study, has been isolated from a stool sample of 22 month-old boy with acute myeloid leukemia [24].

Malassezia, a fastidious basidiomycetous yeast, was also found in the Senegal stool sample represented by three species *M. restricta*, *M. globosa*, and *M. pachydermatis*. *Malassezia* could be found naturally on human skin but it is also able to cause cutaneous and systematic diseases [25]. Among these three species of *Malassezia*, *M. pachydermatis* and *M. globosa* have been detected previously in stool

sample from health volunteers and intestinal transplant patients, respectively [12,16]. Thus, this study is the first report of molecular detection of *M. restricta* in human fecal sample (Figure 1).

The remaining three fungi belonged to *Basidiomycota* including *A. parasitica*, *B. adusta*, and *P. steroids* were not reported previously in human stool sample. Among these environmental species only *B. adusta* was previously isolated from human samples including sputa, bronchial washing and skin [26].

Other E ka o e in H man G

As well as the 16 fungal species discovered among the clone sequences, two micro-eukaryotic species were also detected (*Entamoeba hartmanni* and *Blastocystis* sp). *E. hartmanni*, which resides in the large intestine of man, is now considered to be a distinct



Figure 1. Comparison of our molecular results and those obtained previously for the human stool samples [8,12,14–16] using various universal primers. The figure shows a phylogenetic tree of fungal species, color-coded by phylum: Ascomycota (green), Basidiomycota (red), Zygomycota (blue), and Stramenopiles (purple). To the right of the tree is a heatmap where colored boxes indicate the presence of a species in a particular stool sample, as determined by different primer sets (EUK1, EUK2, etc.).

strain or species that is nonpathogenic and smaller than *E. histolytica* but otherwise indistinguishable from it [27]. *Blastocystis* sp also retrieved from the stool sample from Senegal, and this result

concur with the study of Scanlan [14] in which *Blastocystis* was the dominant eukaryote in healthy human distal colon. Thus it may not cause disease. However, this unicellular, obligatory anaerobic protist could be common and prevalent in human with gastrointestinal illness like diarrhea and irritable bowel syndrome [28].

Finally, 9 different species of plants were detected in our sample (19.2% of the sequenced clones), with *H. lupulus* accounting for 15.5% of total sequenced clones (Table 3). The co-amplification of plant sequences with micro-eukaryote sequences has been reported previously in the literature [8] and may be due to the use of nonspecific and universal primers targeting the 18S rRNA gene. Some of these plants are consumed either as part of the diet or as a dietary supplement, including *T. aestivum*, *S. lycopersicum* and *P. canariensis*, and others plants are used as traditional medicines (e.g., *A. annua* as an anti-malarial [29], *H. lupulus* as an anxiolytic calming agent [30], and *B. ceiba* as an antioxidant [31]). The consumption of plants could explain the presence of these sequences in the stool sample.

In conclusion, we studied the eukaryotic diversity in one fecal sample from a healthy African man using extensive molecular methods with different sets of universal primers. Fungi largely dominated the clone libraries. The application of our molecular strategy in larger studies with a greater sample size, including people living in various geographic regions, is currently needed to better evaluate the occurrence/diversity of eukaryotes inhabiting the human gut and to correlate the presence of eukaryotes with human metabolism or disease. Moreover, expanded sequencing analysis using high-throughput pyrosequencing will expand the known diversity of eukaryotes in the healthy gut in the future.

Materials and Methods

Cloning and Identification of Eukaryotes

The fecal sample was obtained from a healthy 16-year-old Senegalese man living in Dielmo (a rural village in the Guinean-Sudanese zone in Senegal). Written assent was obtained from this individual; no written informed consent was needed from his guardians for this study because he was older than 15 years old (in accordance with the previous project approved by the Ministry of Health of Senegal and the assembled village population and as published elsewhere [32]). Both this study and the assent procedure were approved by the National Ethics Committee of Senegal (CNER) and the Ethics Committee of the Institute Fédératif de Recherche IFR 48, Faculty of Medecine, Marseille, France (agreement number 09-022). The sample was serially diluted, and fivefold dilutions were spread-plated in triplicate on different media, including Sabouraud dextrose agar (BD Diagnostics, Heidelberg, Germany), Columbia culture media (BD Diagnostics, Heidelberg, Germany) and glycine-vancomycin-polymyxin B (GVPC) culture media (Biomérieux, Marcy l'Étoile, France). The plates were incubated aerobically for 48–72 h at 30 and 37°C. Colonies exhibiting different morphologies were restreaked to obtain pure cultures. The fungi were identified using matrix-assisted laser desorption ionization time-of-flight (MALDI-TOF) mass spectrometry (MS) (Microflex, Bruker Daltonics). The spectra obtained were compared with the Bruker Taxonomy database. Finally, direct internal transcribed spacer (ITS) analysis was performed for the fungal isolates as described previously to confirm the results of MALDI-TOF MS.

DNA Extraction

DNA was extracted from the frozen sample using a modified method for the Qiagen stool procedure (QIAamp DNA Tissue Kit, Qiagen Inc, Germany) [14]. Aliquots of 200 mg of fecal

sample were placed in 2 ml tubes containing a 200 mg mixture of 0.1, 0.5, and 22 mm zirconium beads and 1.5 ml of ASL buffer (Qiagen). The sample was bead beaten at 3200 rpm for 90 seconds, followed by heating at 95°C for 10 minutes. The final pellet was suspended in 180 µl of tissue lysis buffer and incubated with proteinase K for 2 hours at 55°C. Then, the manufacturer's recommendations were followed for the purification and elution of the DNA.

Primer Selection

Twenty-two different published universal eukaryotic or fungal-specific PCR primer sets targeting the 18S rDNA and ITS sequences were used, as shown in Table S1. In addition, three specific primers for *Malassezia*, Rhodophyta, and Chlorophyta targeting the 28S rDNA, RUBISCO, and rps11-rp12 sequences, respectively, were also used (Table S1).

Genomic Amplification

Amplifications of sections of approximately 250–1,700 bp were carried out with the primers listed in Table S1. The PCR reaction mixture (final volume, 50 µl) contained 5 µl of dNTPs (2 mM of each nucleotide), 5 µl of 10x DNA polymerase buffer (QIAGEN, Courtaboeuf, France), 1 µl of MgCl₂ (25 mM), 0.25 µl of HotStarTaq DNA polymerase (5 U) (QIAGEN, Courtaboeuf, France), 1 µl of each primer (Table S1) (10 pmol/µl), and 5 µl of extracted DNA. PCR was performed with a preliminary step at 95°C for 15 minutes; 40 cycles of 95°C for 45 seconds, annealing at the appropriate temperature for the primers used (see Table S1) for 30 seconds, and 72°C for 1 to 2 minutes; and a final extension step at 72°C for 5 minutes. The PCR products were analyzed using agarose gel electrophoresis and visualized by ethidium bromide staining. Then, the positive PCR products were purified using the NucleoFast® 96 PCR Kit (MACHEREY-NAGEL, Hoerd, France) according to the manufacturer's instructions.

References

- Ley RE, Peterson DA, Gordon JI (2006) Ecological and evolutionary forces shaping microbial diversity in the human intestine. *Cell* 124: 837–848.
- Backhed F, Ley RE, Sonnenburg JL, Peterson DA, Gordon JI (2005) Host-bacterial mutualism in the human intestine. *Science* 307: 1915–1920.
- Hooper LV, Midtvedt T, Gordon JI (2002) How host-microbial interactions shape the nutrient environment of the mammalian intestine. *Annu Rev Nutr* 22: 283–307.
- Marchesi JR (2010) Prokaryotic and eukaryotic diversity of the human gut. *Adv Appl Microbiol* 72: 43–62.
- Eckburg PB, Bik EM, Bernstein CN, Purdom E, Dethlefsen L, et al. (2005) Diversity of the human intestinal microbial flora. *Science* 308: 1635–1638.
- Rajilic-Stojanovic M, Smidt H, de Vos WM (2007) Diversity of the human gastrointestinal tract microbiota revisited. *Environ Microbiol* 9: 2125–2136.
- Parfrey LW, Walters WA, Knight R (2011) Microbial eukaryotes in the human microbiome: ecology, evolution, and future directions. *Frontiers in Microbiology* 2: 153.
- Nam YD, Chang HW, Kim KH, Roh SW, Kim MS, et al. (2008) Bacterial, archaeal, and eukaryal diversity in the intestines of Korean people. *J Microbiol* 46: 491–501.
- Church C, Neill A, Schotthoefer AM (2010) Intestinal infections in humans in the Rocky Mountain region, United States. *J Parasitol* 96: 194–196.
- Macura AB, Witalis J (2010) [Fungi isolated from the stool in patients with gastrointestinal disorders in 2005–2009]. *Przegl Epidemiol* 64: 313–317.
- Stensvold CR, Lebbad M, Verweij JJ (2011) The impact of genetic diversity in protozoa on molecular diagnostics. *Trends Parasitol* 27: 53–58.
- Chen Y, Chen Z, Guo R, Chen N, Lu H, et al. (2010) Correlation between gastrointestinal fungi and varying degrees of chronic hepatitis B virus infection. *Diagn Microbiol Infect Dis* 70: 492–498.
- Scupham AJ, Presley LL, Wei B, Bent E, Griffith N, et al. (2006) Abundant and diverse fungal microbiota in the murine intestine. *Appl Environ Microbiol* 72: 793–801.
- Scanlan PD, Marchesi JR (2008) Micro-eukaryotic diversity of the human distal gut microbiota: qualitative assessment using culture-dependent and -independent analysis of faeces. *ISME J* 2: 1183–1193.

Cloning Procedure and In Vivo Amplification

Cloning of the purified PCR products was performed using the pGEM®-T Easy Vector System 2 Kit (Promega, Madison, USA) as recommended by the manufacturer. All white colonies were collected and then analyzed by PCR M13 as described previously [33].

Sequencing and Informative Data Analysis

Purified PCR-M13 inserts were sequenced in both directions using the Big Dye® Terminator V1.1 Cycle Sequencing Kit (Applied Biosystems, Courtaboeuf, France). The primers used for sequencing were M13d and M13r. The sequencing products were then run on an ABI PRISM 3130 automated sequencer (Applied Biosystems, Foster City, CA, USA). Finally, the eukaryotes were identified by comparing the obtained sequences with existing sequences in the GenBank database using the BLAST program available at the National Center for Biotechnology Information Web site (<http://www.ncbi.nlm.nih.gov/>, BLAST).

Nucleotide Sequence Accession Number

All sequences obtained in this work have been deposited in GenBank database with the accession numbers JX131688 to JX132666.

Supporting Information

Table S1 Primers used in this study.
(DOCX)

Author Contributions

Conceived and designed the experiments: DR FB. Performed the experiments: IH. Analyzed the data: IH CS DR FB. Contributed reagents/materials/analysis tools: IH CS. Wrote the paper: IH DR FB.

- Ott SJ, Kuhbacher T, Musfeldt M, Rosenstiel P, Hellmig S, et al. (2008) Fungi and inflammatory bowel diseases: Alterations of composition and diversity. *Scand J Gastroenterol* 43: 831–841.
- Li Q, Wang C, Zhang Q, Tang C, Li N, et al. (2012) Use 18.3(Fu237.9(18.39m-m)-.11Ppsordo)-12m of Scidance in2:

27. Fotedar R, Stark D, Beebe N, Marriott D, Ellis J, et al. (2007) Laboratory diagnostic techniques for *Entamoeba* species. *Clin Microbiol Rev* 20: 511–32.
28. Yakoob J, Jafri W, Beg MA, Abbas Z, Naz S, et al. (2010) Blastocystis hominis and Dientamoeba fragilis in patients fulfilling irritable bowel syndrome criteria. *Parasitol Res* 107: 679–684.
29. Mueller MS, Runyambo N, Wagner I, Borrmann S, Dietz K, et al. (2004) Randomized controlled trial of a traditional preparation of *Artemisia annua* L. (Annual Wormwood) in the treatment of malaria. *Trans R Soc Trop Med Hyg* 98: 318–321.
30. Weeks BS (2009) Formulations of dietary supplements and herbal extracts for relaxation and anxiolytic action: Relarian. *Med Sci Monit* 15: RA256-RA262.
31. Vieira TO, Said A, Aboutabl E, Azzam M, Creczynski-Pasa TB (2009) Antioxidant activity of methanolic extract of *Bombax ceiba*. *Redox Rep* 14: 41–46.
32. Trape JF, Tall A, Diagne N, Ndiath O, Ly AB, et al. (2011) Malaria morbidity and pyrethroid resistance after the introduction of insecticide-treated bednets and artemisinin-based combination therapies: a longitudinal study. *Lancet Infect Dis* 11: 925–932.
33. Bittar F, Richet H, Dubus JC, Reynaud-Gaubert M, Stremmer N, et al. (2008) Molecular detection of multiple emerging pathogens in sputa from cystic fibrosis patients. *PLoS One* 3: e2908.