Haematological and biochemical alterations in native sheep experimentally infected with bluetongue virus serotype-2

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ABSTRACT

The study was designed to determine the haematological and biochemical alterations in sero-negative native sheep following the experimental bluetongue virus serotype-2 (BTV-2) infection. The BTV infected group comprised 14 sheep inoculated with 6 ml of clarified virus containing 1×10⁶/ml TCID₅₀ of BTV-2 by intradermal route. The uninfected control group comprised 6 animals inoculated with 6 ml of cell culture medium without virus by intradermal route. The blood and serum samples were analyzed at 0, 1, 2, 3, 7, 11, 14, 21 and 45 days post-infection (dpi). Significant changes were observed in all the haematological and biochemical parameters studied. Marked leucopenia was observed from 2 to 7 dpi in BTV infected group. Significant leucocytosis was documented during 11 to 14 dpi in infected group. Significant thrombocytopenia was observed during 2 to 14 dpi whereas significantly low packed cell volume (PCV) and haemoglobin (Hb) values were observed between 3 and 21 dpi in BTV infected group. Differential leucocyte count revealed significantly low lymphocyte percentage on day 3 and high on day 11 in infected group. The various biochemical enzymes like alanine aminotransferase (ALT) showed significantly high values during 3 to 21 dpi, aspartate aminotransferase (AST) during 3 to 21 dpi, alkaline phosphatase (ALP) during 3 to 11 dpi and creatine kinase (CK) during 7 to 14 dpi in BTV infected group. The result of our study demonstrated significantly decreased levels of total leucocyte count, total platelet count, haemoglobin and PCV values while significantly increased levels of ALT, AST, ALP and CK values in BTV infected group. On histopathological examination, spleen and lymph nodes showed depletion of lymphoid cells, liver and kidney showed degeneration, congestion and haemorrhage at many places. The BTV nucleic acid was detected from blood and tissues by RT-PCR. These findings indicated the damage to various soft tissue organs and muscles as a sequel to vascular endothelial damages caused by BTV.

Key words: BTV-2 serotype, Experimental infection, Haematology, Native sheep, Serum biochemistry

Bluetongue (BT) is an infectious, noncontagious, arthropod-borne viral disease of domestic as well as wild ruminants (Meyer et al. 2009). BT is multiple species disease out of 118 OIE (Office International des Epizooties) listed animal diseases (OIE 2016). It is caused by bluetongue virus (BTV) which is spread between vertebrate hosts by Culicoides species (Mellor 1990, Saminathan et al. 2016). BTV belongs to the Orbivirus genus in the family Reoviridae. Presently, at least 27 distinct BTV serotypes have been recognized worldwide which include three recently recognized novel serotypes of BTV-25 Toggenburg orbivirus in sheep from Switzerland (Hofmann et al. 2008), BTV-26 in goats from Kuwait (Maan et al. 2011) and putative BTV-27 detected in goats from Corsica, France (Jenckel et al. 2015) with the possible addition of two more serotypes (Maan et al. 2015). The first outbreak of BT was reported from India by Sapre in 1964, and then subsequently outbreaks of BT had been reported from most of the northern and southern states of India (Sapre 1964, Anjaneya et al. 2018). In India, 23 out of 27 BTV serotypes (except 19, 22, 25 and 26) had been reported either by virus isolation or by detection of anti-BTV antibodies (Ayanur et al. 2016). BTV-2 had been isolated for several years from southern states, viz. Tamil Nadu in 1982 and 2003 and Andhra Pradesh in 1993, 2007 and 2010 (Maan et al. 2015). BTV, similar to other viruses, causes significant alterations in haematological parameters. Usually, it leads to transient panleucopenia with maximum leucopenia preceding both the peaks of viraemia and pyrexia (Jeggo et al. 1986). In classical cases, it causes considerable decrease in total erythrocyte count (TEC), total leucocyte count (TLC),
packed cell volume (PCV), total platelet count (TPC) and haemoglobin (Hb) values (Singh et al. 2008).

Tissue injury leads to changes in various biochemistry panels (Chandra et al. 2002). BTV infections elicit changes in levels of several enzymes like serum glutamic oxaloacetic transaminase/aspartate amino transaminase (SGOT/AST), serum glutamic pyruvic transaminase/alanine amino transaminase (SGPT/ALT), lactate dehydrogenase (LDH) and aldolase vis-à-vis severity of viremia and with tissue or organ damage (Singh et al. 2008). These levels may increase and reach peak values about 8 days after the peak of pyrexia. But, significant changes are usually seen in creatinine kinase (CK) levels owing to muscular damage in later stage of infection (Sanchez-Cordon et al. 2013). However, the information on haematological and biochemical changes caused by bluetongue virus serotype-2 infection in sheep was not documented. Keeping the above facts in view, the present study reports the changes in haematological-biochemical values in sheep experimentally infected with BTV-2.

MATERIALS AND METHODS

Ethical approval: The study was approved by the IAEC (ICAR-IVRI) and CPCSEA (Ethical Clearance Certificates' Number 108/HRECC.FODM/VII/2017).

Bluetongue virus: Bluetongue virus serotype-2 (BTV-2) isolate was procured from Virus Repository of ICAR-Indian Veterinary Research Institute, Mukteswar Campus, Uttarkhand, India. The virus was maintained at 7th passage level in baby hamster kidney-21 (BHK-21) cells. The revived virus was clariﬁed and titer of the stock used in the study was determined as tissue culture infective dose50 (TCID50) by endpoint titration assay (Reed and Muench 1938).

Screening of sheep for BTV: BTV sero-negative indigenous, non-descript sheep (20) 1 to 2-year-old, of either sex used in present experimental study were tested negative by bluetongue c-ELISA test Kit (VMRD, Pullman, Washington, USA).

Experimental animals and infection: These animals were quarantined for 1 month and then shearing, de-worming and dipping were carried out at appropriate intervals. These sheep were housed in an insect proof shed. The shed was daily washed with soda and lime with spraying insecticide once a week. The BTV infected group comprising 14 sheep received intradermal dose of 6 ml of clarified virus containing 1×106/ml TCID50 suspension and served as BTV infected group. The uninfected control group comprising 6 animals inoculated with 6 ml of cell culture medium without virus by intradermal route.

Analysis of blood parameters: For haematological parameters, 2 ml blood was collected from jugular vein by venipuncture using sodium salt of ethylene diaminetetra acetic acid (EDTA) @ 1–2 mg/ml as an anticoagulant from infected and control groups. Collections were done at 0, 1, 2, 3, 7, 11, 14, 21 and 45th day post infection (dpi). At each interval, blood samples were analyzed for TLC, PCV, Hb, TPC and differential leucocyte count (DLC) using standard manual procedures described by Benjamin (2001).

Analysis of biochemical parameters: For serum biochemical parameters, about 2 ml of blood was collected aseptically in vacutainer tubes kept for 10 min at room temperature and then centrifuged at 3,000 rpm for 5 min to get a clear serum. Serum samples were analyzed for enzymatic activities of ALT, AST, ALP and CK. The activity was determined spectrophotometrically using coral clinical enzymatic activities of ALT, AST, ALP and CK. The activity was determined spectrophotometrically using coral clinical system kits and results were expressed as international units per liter at 25°C.

Histopathology: The tissues were taken in 10% neutral buffered formalin for preparation of paraffin embedded sections of 5 µm thickness and stained with haematoxylin and eosin (H&E).

Statistical analysis: The data was analysed using GraphPad Prism version 6.0 (GraphPad Software, San Diego, California, USA). Two-way ANOVA was conducted to examine the eﬀect of treatment and diﬀerent time on dependent variables. The value was expressed as mean±SE and significant level was kept as 0.05 (P≤0.05). Multiple comparisons were done using Sidak’s post hoc tests.

RESULTS AND DISCUSSION

In present study, BT disease was produced in the infected animals with varying degrees of outcome. The infected animals exhibited rise in body temperature (103 to 104.5°F) on second day of BTV infection and slowly regained normal temperature on 7th day onwards. The swelling of nose, lips, face, congestion of mucous membranes, cyanosis and coronary band congestion with associated lameness in few animals were seen on third day onwards (Fig. 1). Grossly, spleen and lymph node were congested and edematous, and
Table 1. Different haematological values at various time intervals (Mean±SE)

<table>
<thead>
<tr>
<th>Group</th>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 7</th>
<th>Day 11</th>
<th>Day 14</th>
<th>Day 21</th>
<th>Day 45</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total leucocyte count (×10^3)</strong></td>
<td>9.09±0.41</td>
<td>11.18±1.11</td>
<td>9.32±0.61</td>
<td>6.91±0.21</td>
<td>10.55±0.53</td>
<td>13.23±0.25</td>
<td>11.32±0.83</td>
<td>10.16±0.54</td>
<td>10.6±0.44</td>
</tr>
<tr>
<td>Control</td>
<td>9±0.53</td>
<td>9.78±0.95</td>
<td>10.3±0.55</td>
<td>10.12±0.36</td>
<td>10.3±0.47</td>
<td>9.87±0.34</td>
<td>10.07±0.52</td>
<td>10.2±0.55</td>
<td>10.1±0.15</td>
</tr>
<tr>
<td><strong>Total platelet count (×10^3)</strong></td>
<td>3.29±0.18</td>
<td>2.9±0.2</td>
<td>2.44±0.13a</td>
<td>2.23±0.12a</td>
<td>1.78±0.07a</td>
<td>1.84±0.09a</td>
<td>2.68±0.17a</td>
<td>3.16±0.19</td>
<td>3.6±0.36</td>
</tr>
<tr>
<td>Control</td>
<td>2.79±0.21</td>
<td>2.87±0.12</td>
<td>2.66±0.16</td>
<td>3±0.1</td>
<td>2.85±0.09</td>
<td>3.29±0.19</td>
<td>3.17±0.16</td>
<td>3.13±0.25</td>
<td>3.14±0.18</td>
</tr>
<tr>
<td>Neutrophils (%)</td>
<td>55.5±4.57</td>
<td>56.3±7.82</td>
<td>59.8±3.68</td>
<td>63.8±3.02</td>
<td>58.2±2.29</td>
<td>61.67±1.45</td>
<td>58±3.11</td>
<td>60.33±1.86</td>
<td>58.33±4.84</td>
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<tr>
<td><strong>Lymphocytes (%)</strong></td>
<td>34.17±2.3</td>
<td>37.2±2.87</td>
<td>34.2±2.42</td>
<td>35.25±2.56</td>
<td>34.33±2.91</td>
<td>32±3.51</td>
<td>32.33±3.93</td>
<td>34.67±1.33</td>
<td>34.67±1.33</td>
</tr>
<tr>
<td>Control</td>
<td>34.29±1.37</td>
<td>34.07±1.89</td>
<td>32.92±1.12</td>
<td>32.92±1.31</td>
<td>28.09±0.88*</td>
<td>27.22±1.18*</td>
<td>27±1.17</td>
<td>31.43±1.82</td>
<td>35±0.58</td>
</tr>
<tr>
<td><strong>Monocytes (%)</strong></td>
<td>40.5±2.72</td>
<td>40.79±4.65</td>
<td>51.69±3.28</td>
<td>49.33±2.82*</td>
<td>46.64±2.36</td>
<td>30.67±2.19</td>
<td>36.22±6.11</td>
<td>37.86±1.86</td>
<td>36±1.53</td>
</tr>
<tr>
<td>Control</td>
<td>38.6±7.47</td>
<td>38.67±7.89</td>
<td>36±3.78</td>
<td>30.8±3.01</td>
<td>36.5±2.63</td>
<td>33±1.73</td>
<td>37±2.52</td>
<td>35±2.08</td>
<td>36.67±5.46</td>
</tr>
<tr>
<td><strong>Haemoglobin (g %)</strong></td>
<td>12.1±0.5</td>
<td>11.1±0.6</td>
<td>10.5±0.7</td>
<td>9.8±0.7a</td>
<td>9.4±0.5a</td>
<td>8.8±0.5a</td>
<td>8.4±0.4a</td>
<td>9.8±0.5</td>
<td>11.2±1.2</td>
</tr>
<tr>
<td>Control</td>
<td>13±0.2</td>
<td>12±0.7</td>
<td>12±1</td>
<td>12.6±0.6</td>
<td>12.8±0.5</td>
<td>12.8±0.3</td>
<td>13.1±0.6</td>
<td>12.4±0.4</td>
<td>12.2±0.6</td>
</tr>
</tbody>
</table>

Table 1. Different haematological values at various time intervals (Mean±SE)

Values bearing asterisk differ significantly (P≤0.05) between groups within same day. *Values bearing latter differ significantly (P≤0.05) from 0 day within group.
chemical mediators on platelet function and determine the role of thrombocytopenia in the appearance of vascular lesions in BT. Further BTV replicate in the blood platelets and leucocytes during viraemic stage, which is responsible for leucopenia and thrombocytopenia (McColl and Gould 1994, Gibbs and Greiner 1988).

Haemoglobin values in BTV infected animals revealed decreasing trend between 3 to 21 dpi and significantly low (P<0.05) values were noticed on 3, 7, 11 and 14 dpi as compared to pre inoculation values within group. PCV values also showed similar decreasing pattern from 7 to 14 dpi as compared to 0 dpi in BTV infected group. Values were significantly low (P<0.05) on 7, 11, and 14 dpi in BTV infected group. However, the PCV values of BTV infected group were not significant from uninfected control group but it was decreasing in trend over time interval in BTV infected group with respect to uninfected group. The experimentally infected group registered significantly low haemoglobin and PCV values from 3 to 14 dpi and then regained normal levels by 21 dpi. The low values for these parameters were as per the expectation as BTV virus remained attached to RBC where it might have caused destruction of these cells. Similarly, Luedke et al. (1964) reported haemolytic anaemia based on packed cell volume, haemoglobin and icterus index.

On DLC, lymphocytes count showed decreasing trend over time interval in the BTV infected group on 2 dpi (46.31%) and 3 dpi (46.67%), and it was significantly low (P<0.05) at 3 dpi as compared to uninfected control group. Then, lymphocytes counts recovered from 7 dpi onwards following a similar progress to that shown by leucocytes. Subsequently, marked lymphocytosis was observed on day 11 dpi. Whereas, neutrophil count in infected group increased on 2 and 3 dpi and significantly increased (P<0.05) on day 3 as compared to uninfected control group. Subsequently, neutrophil count decreased and marked neutropenia was observed on 11 dpi in BTV infected group. Overall, in BTV infected group, there was lymphocytosis and count varied from 46 to 67% with the corresponding decrease in neutrophil count (30–49%). Monocyte count showed a decreasing trend over time in BTV infected group on 2 and 7 dpi as compared to control group. However, total eosinophil and basophil counts remained unchanged in infected sheep throughout experiment. Following infection with BTV serotype 2, transient leukocytopenia during initial stage of the disease (between 2 to 7 dpi) was observed which was associated with an intense lymphopenia in BTV infected group during the same period of time. Transient leukopenia and lymphopenia had been reported by few authors in sheep during infections with several BTV serotypes (MacLachlan 2004, Singh et al. 2008). The present study constitutes the first detailed characterization of haematological changes in sheep infected with BTV-2. However, the mechanisms involved in lymphopenia have not been understood yet. One of the mechanisms proposed for BTV-induced immuno-suppression and lymphoid depletion includes lymphocyte apoptosis (Owens et al. 2004).

Serum biochemistry: AST, ALT, ALP, and CK (Table 2) showed increasing trend in the infected group over a period of time. The amount of any single enzyme in serum indirectly reflects its concentration in the cell, extent of cell injury, normal cell death, and its degradation in plasma (Kaneko et al. 1997). The higher concentrations of the serum enzymes noticed in present study are not unusual, similar higher activity of some enzymes like lactate dehydrogenase, aldolase, CK and AST in BT infected sheep were observed by Jeggo et al. (1986). Similar activity of some enzymes, viz. ALT, AST, ALP, CK in experimentally BT infected sheep was recorded by Singh et al. (2008).

The AST values showed increasing trend over time from 3 to 21 dpi and significant increase (P<0.05) was noticed at 11 dpi (118.67 IU/l) and 14 dpi (109.78 IU/l) in BTV infected group as compared to uninfected control group. The values were significantly high (P<0.05) on 3 to 21 dpi and varied between 92.67 to 118.67 IU/l as compared to day 0 of BTV infected group. AST is known to present in various tissues like liver, heart, skeletal muscle, kidneys, brain, pancreas, lungs and in white and red blood cells. The presence of AST is a sensitive marker of soft tissue damage.

Table 2. Different serum values at various time intervals (Mean±SE)

<table>
<thead>
<tr>
<th>Group</th>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 7</th>
<th>Day 11</th>
<th>Day 14</th>
<th>Day 21</th>
<th>Day 45</th>
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</thead>
<tbody>
<tr>
<td>Aspartate amino transferase (AST) (IU/l)</td>
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<tr>
<td>BTV infected</td>
<td>81.5±1.8</td>
<td>80.93±1.42</td>
<td>83.69±5.31</td>
<td>92.67±1.43</td>
<td>105.45±2.73</td>
<td>118.67±3.31</td>
<td>109.78±2.97</td>
<td>94.71±5.17</td>
<td>77±1.53</td>
</tr>
<tr>
<td>Control</td>
<td>85±2.02</td>
<td>82.67±1.38</td>
<td>84±2.51</td>
<td>87.2±2.4</td>
<td>89.75±6.5</td>
<td>83.3±5.78</td>
<td>88±3.79</td>
<td>87.67±4.37</td>
<td>82.67±5.24</td>
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<tr>
<td>Alanine amino transferase (ALT) (IU/l)</td>
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<tr>
<td>BTV infected</td>
<td>24.36±0.98</td>
<td>25.57±1.03</td>
<td>25.85±0.95</td>
<td>32.75±1.35</td>
<td>46.45±1.65</td>
<td>58.78±3.21</td>
<td>58.89±2.94</td>
<td>51.71±2.46</td>
<td>29.67±1.67</td>
</tr>
<tr>
<td>Control</td>
<td>22.17±1.25</td>
<td>23±2.27</td>
<td>21.4±0.98</td>
<td>25±2.35</td>
<td>24±1.78</td>
<td>22.67±2.33</td>
<td>23.67±4.26</td>
<td>24.33±3.93</td>
<td>29.67±1.67</td>
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<tr>
<td>Alkaline phosphatase (ALP) (IU/l)</td>
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<tr>
<td>BTV infected</td>
<td>155.93±2.35</td>
<td>156.29±3.05</td>
<td>169.85±3.73</td>
<td>184.17±3.04</td>
<td>202.91±4.17</td>
<td>201.89±2.54</td>
<td>175.56±5.36</td>
<td>166.67±5.36</td>
<td>153.29±8.73</td>
</tr>
<tr>
<td>Control</td>
<td>158.67±8.47</td>
<td>155±9.19</td>
<td>161±9.07</td>
<td>155.8±7.08</td>
<td>158.7±8.53</td>
<td>176.33±4.26</td>
<td>168.33±6.49</td>
<td>154.33±2.73</td>
<td>146.67±9.7</td>
</tr>
<tr>
<td>Creatine kinase (CK) (U/l)</td>
<td></td>
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</tr>
<tr>
<td>BTV infected</td>
<td>107.43±2.19</td>
<td>107.14±2.91</td>
<td>104.31±1.78</td>
<td>110.83±2.01</td>
<td>111.5±7.96</td>
<td>111±4.47</td>
<td>117±5.79</td>
<td>122±6.08</td>
<td>118±9.64</td>
</tr>
<tr>
<td>Control</td>
<td>113.83±3.67</td>
<td>114±2.14</td>
<td>117.6±2.67</td>
<td>111.8±4.47</td>
<td>116.5±7.96</td>
<td>122±6.08</td>
<td>118±9.64</td>
<td>108±2.31</td>
<td>112.67±3.18</td>
</tr>
</tbody>
</table>

*Values bearing asterisk differs significantly (P<0.05) between groups within same day. Values bearing latter differ significantly (P<0.05) from 0 day within group.
supported by increased level of AST. Flanagan et al. (1986, Singh et al. 2008) and further supported by gross and histopathological findings in present study. Grossly, spleen and lymph node were enlarged and microscopically showed depletion of lymphocytes followed by hyperplasia of germinal follicles (Fig. 2).

The ALT values were significantly high (P≤0.05) in BTV infected group from 7 to 21 dpi which varied between 46.45 to 51.71 IU/l and peak values noticed on 11 and 14 dpi as compared to uninfected control group. The ALT values were significantly high (P≤0.05) on 3 to 21 dpi and varied between 32.75 to 58.89 IU/l as compared to day 0 of BTV infected group. ALT and AST are two of the most reliable markers of hepato-cellular injury or necrosis. However, higher levels of AST and ALT were also documented to be associated with muscle damage (Valentine et al. 1990). In present study, high levels of ALT observed in the BTV infected group are indicative of hepatic injury. Of the two, ALT is thought to be more specific for hepatic injury in primates, dogs and cats, whereas it is of little diagnostic importance in ruminants (Boyd 1983). In present study, the high levels of ALT and AST indicated hepato-cellular and muscle injury which was proved on microscopic findings of liver, trapezius muscles and tongue musculature.

ALP values also showed increasing trend from day 3 to 14 and then returned to the normal levels in BTV infected group. But, a highly significant increase (P≤0.05) was recorded in BTV infected group on day 3 (184.17 IU/l), 7 (202.91 IU/l) and 11 (201.89 IU/l) as compared to uninfected control group. Though ALP is known to be present in all tissues, the greater activity of this enzyme is seen in kidney, liver and intestinal tissues. Singh et al. (2008) found lesions in kidney and liver, which might have been contributed to the high level of this enzyme in the serum. During present study, values of ALP were significantly higher in BTV infected group than uninfected control group, indicating damage of kidney and liver tissues.

CK values also revealed an increasing trend in the infected group from day 7 to 14. The values were significantly high (P≤0.05) in BTV infected group on days 7 (181.55 IU/l) and 11 (186.44 IU/l). CK is reported to be present in many cell types but its highest activity seen in skeletal muscles. Skeletal muscle degeneration and necrosis are related to increased activity of CK in BTV infection (Jeggo et al. 1986, Singh et al. 2008). In our study, the muscle changes like hyaline degeneration and necrosis with infiltration of mononuclear cells were seen and these were possibly responsible for significantly high level of CK in the BT infected animals. The muscle damage was further supported by increased level of AST. Flanagan et al. (2008) also reported significant changes in plasma enzyme concentrations of AST and CK in the infected sheep. The higher concentrations of these serum enzymes are not unusual and were in close agreement with the findings of Jeggo et al. (1986). The increased CK, AST levels were apparently related with muscle damage and the increased ALT values appeared to be due to hepatic damage.

In conclusion, changes in haematological parameters, mainly TLC, PCV, Hb, TPC and differential leucocyte count under the study related to BTV induced vascular endothelial damage resulted in changes to capillary permeability and fragility with lymphoid depletion in spleen and lymph nodes. Significant alterations in biochemical parameters, namely ALT, AST, ALP and CK were observed in the experimentally infected sheep indicative of cellular and tissue injury in liver, skeletal and cardiac muscles damage caused by BTV infection.

ACKNOWLEDGEMENTS

These studies were supported by research grant from AINP-BT, CADRAD, IVRI, Uttar Pradesh, India. We thank Director, Joint Directors and Head, Division of Pathology, ICAR-IVRI for providing all the facilities to carry out this research work. The financial support in the form of Junior Research Fellowship from the UGC, New Delhi, India, to Dr Jaynudin Khorajiya is duly acknowledged.

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