

Gram Negatív Pyogen Coccusok és Coccobacillusok

Dr. Berek Zsuzsa

2008 Október 29

Neisseria, Haemophilus, Bordetella

1. Neisseria

Pyogen Coccusok GRAM -

Aerob: Oxidase +

Neisseria

N. gonorrhoeae

P

N. meningitidis

P

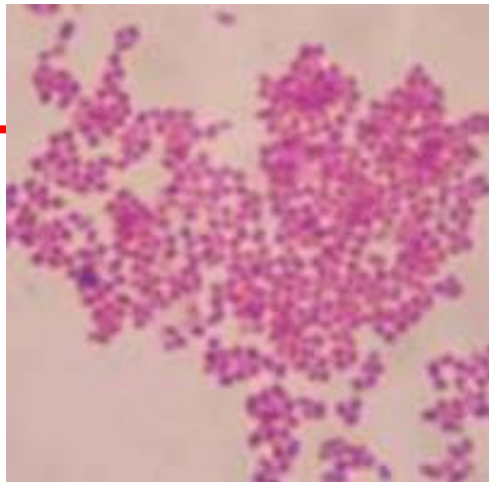
egyebek (N. sicca, N. subflava, N. flavescens és
apathogen fajok)

Moraxella

M. catarrhalis

Anaerob:

Veillonella spp.



Veillonellae

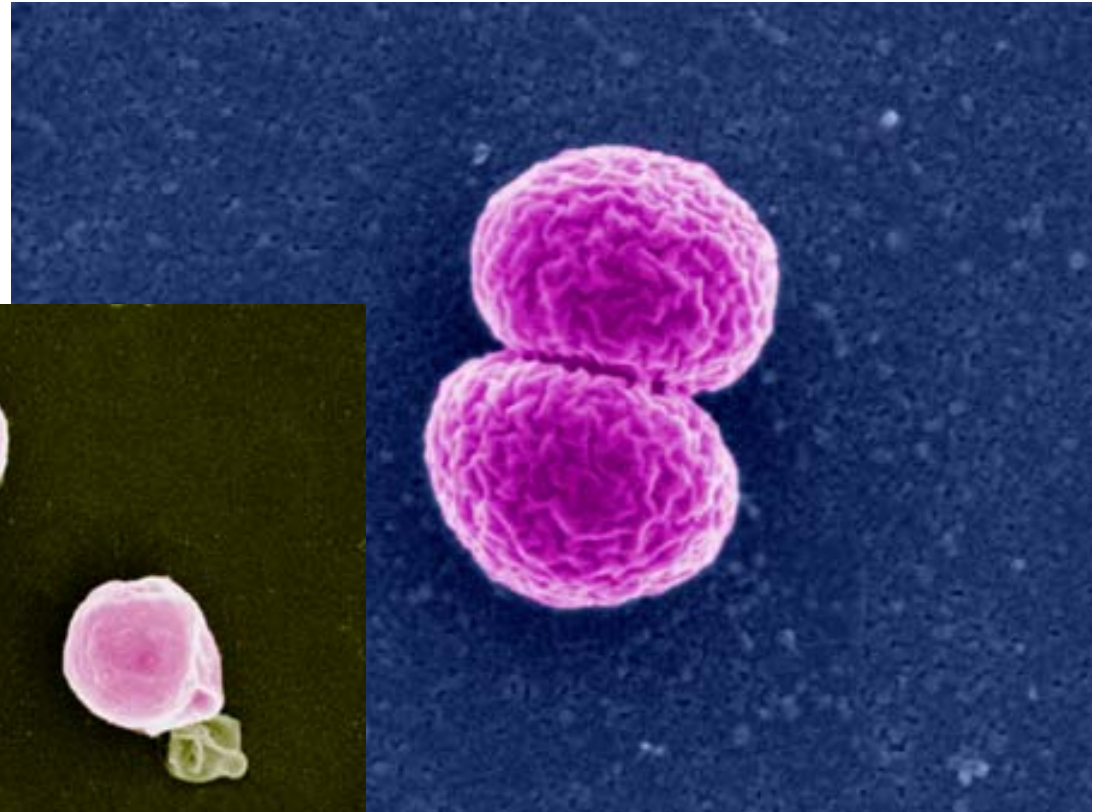
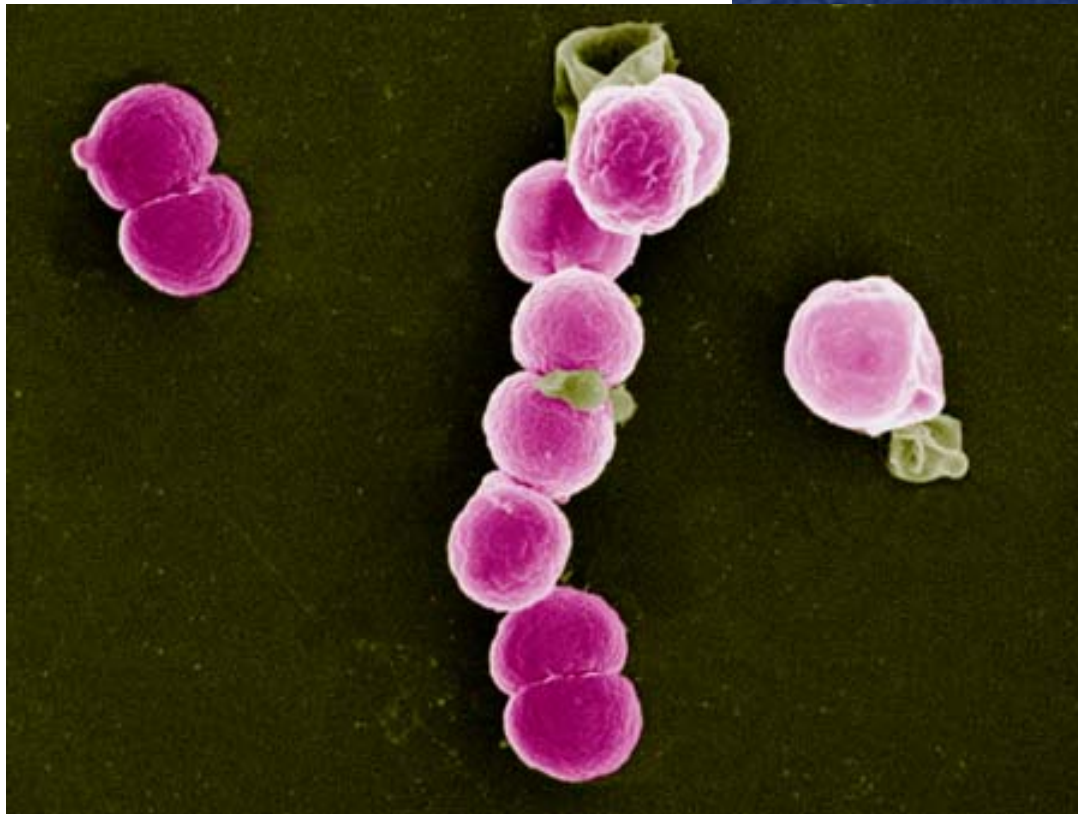
vietsciences.free.fr

N. gonorrhoeae és N. meningitidis

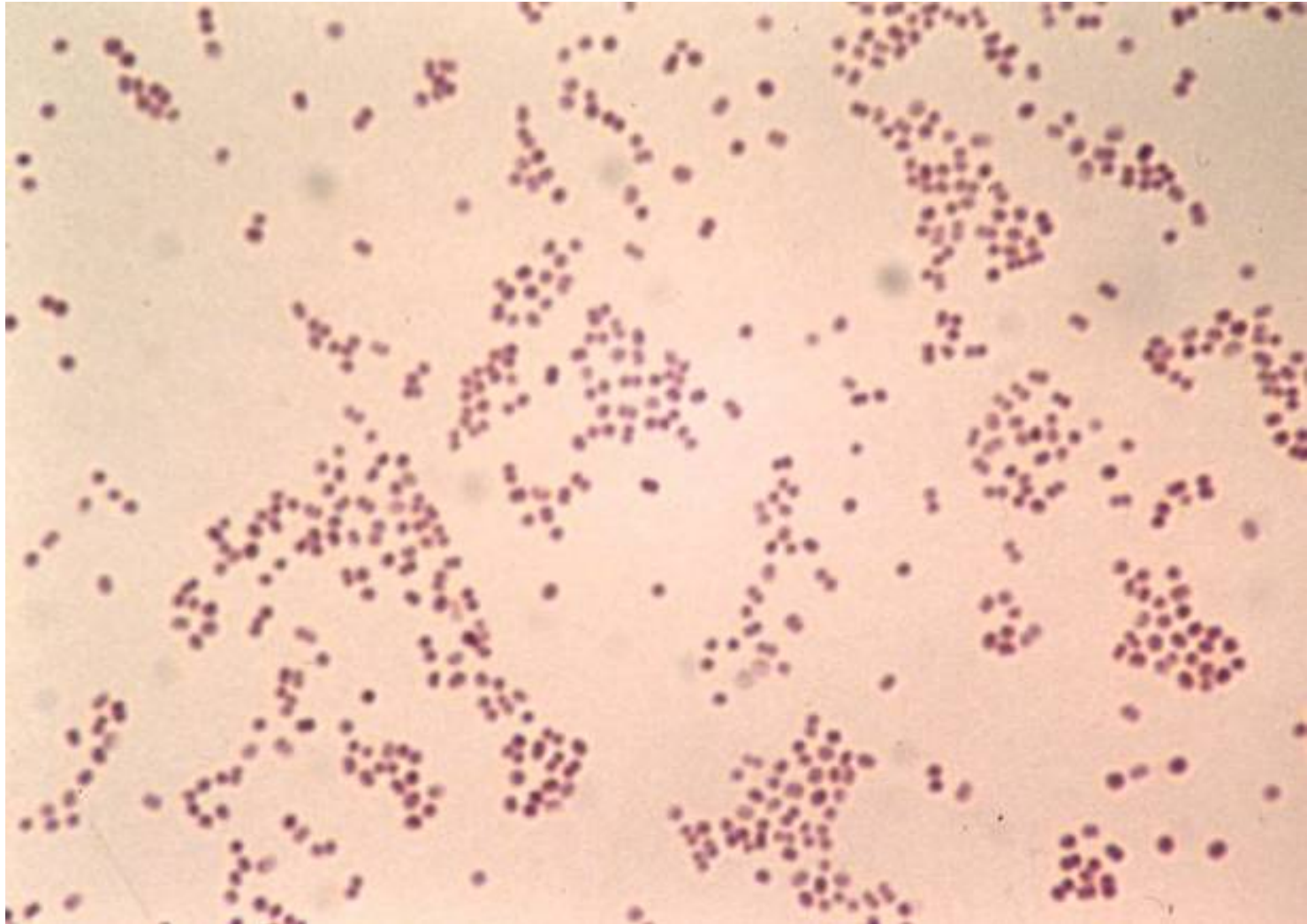
Morphologia

Gram negatív

Diplococcus



Gramnegativ Diplococcusok



N. gonorrhoeae és N. meningitidis

Tenyésztés:

Speciális, (Csokoládé agar, 5-10% CO₂)

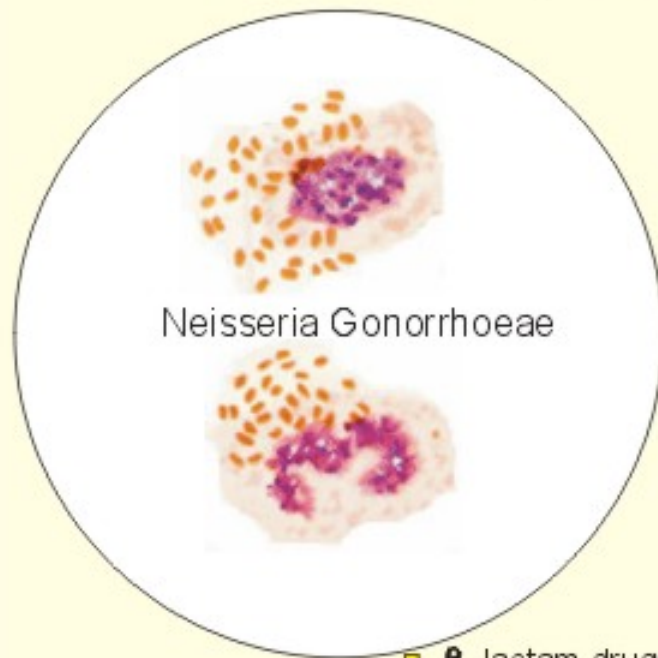
Rezisztencia:

Érzékenyek, kiszáradásra, hőre, dezinficiensekre, antibiotikumokra

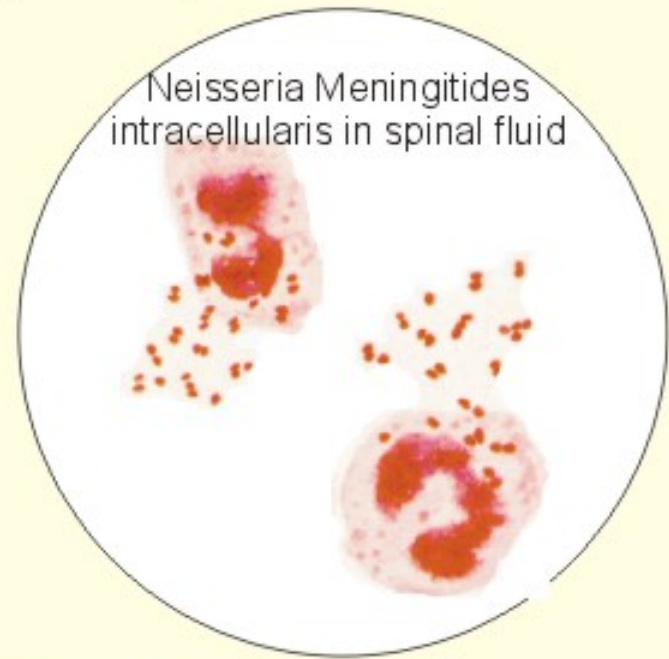
Oxidase +



Microscopic Pictures Of Neisseria (Gram-negative Diplococci)



Neisseria Gonorrhoeae



Neisseria Meningitidis
intracellularis in spinal fluid

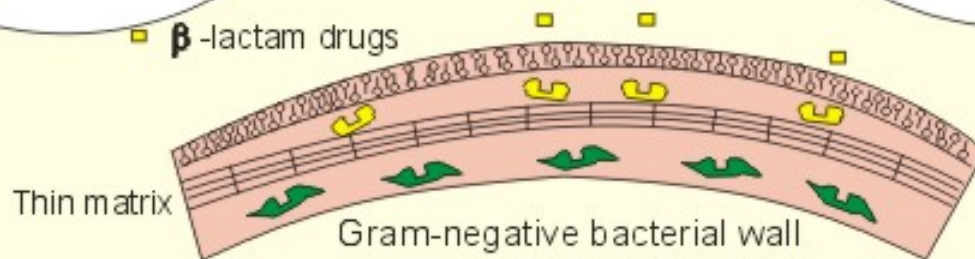


Fig. 33-3

KMc

N. gonorrhoeae = Gonococcus

Antigének és Virulenciafaktorok:

Pili/Fimbriae (Antigenvariációk!)

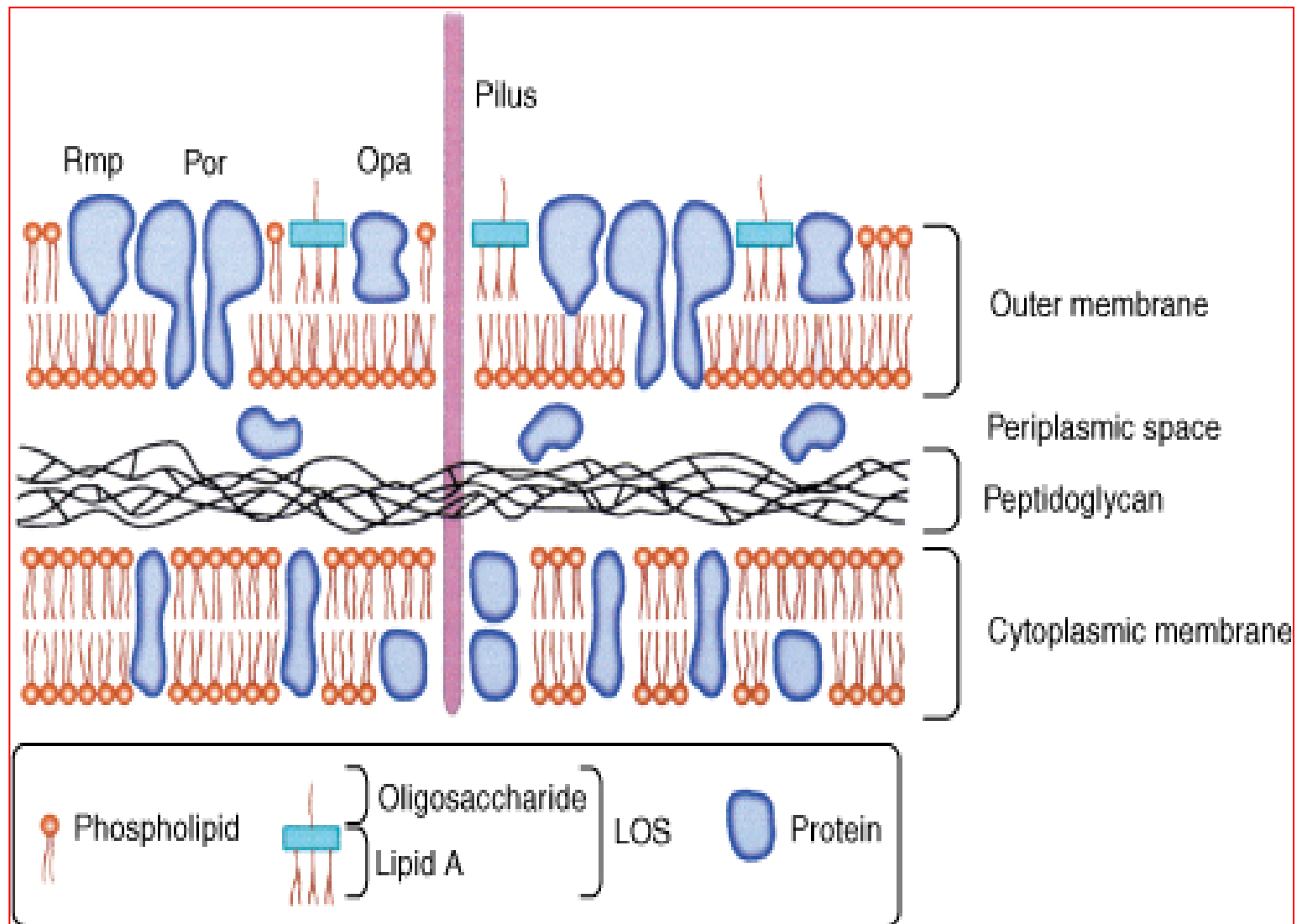
IgA-Protease-ok!

outer membrane proteins (OMP)
(Antigenvariációk!)

LOS (Mimikri!)

Sejtfal Peptidoglycan (Toxikus hatás)

N. gonorrhoeae = Gonococcus



N. gonorrhoeae = Gonococcus

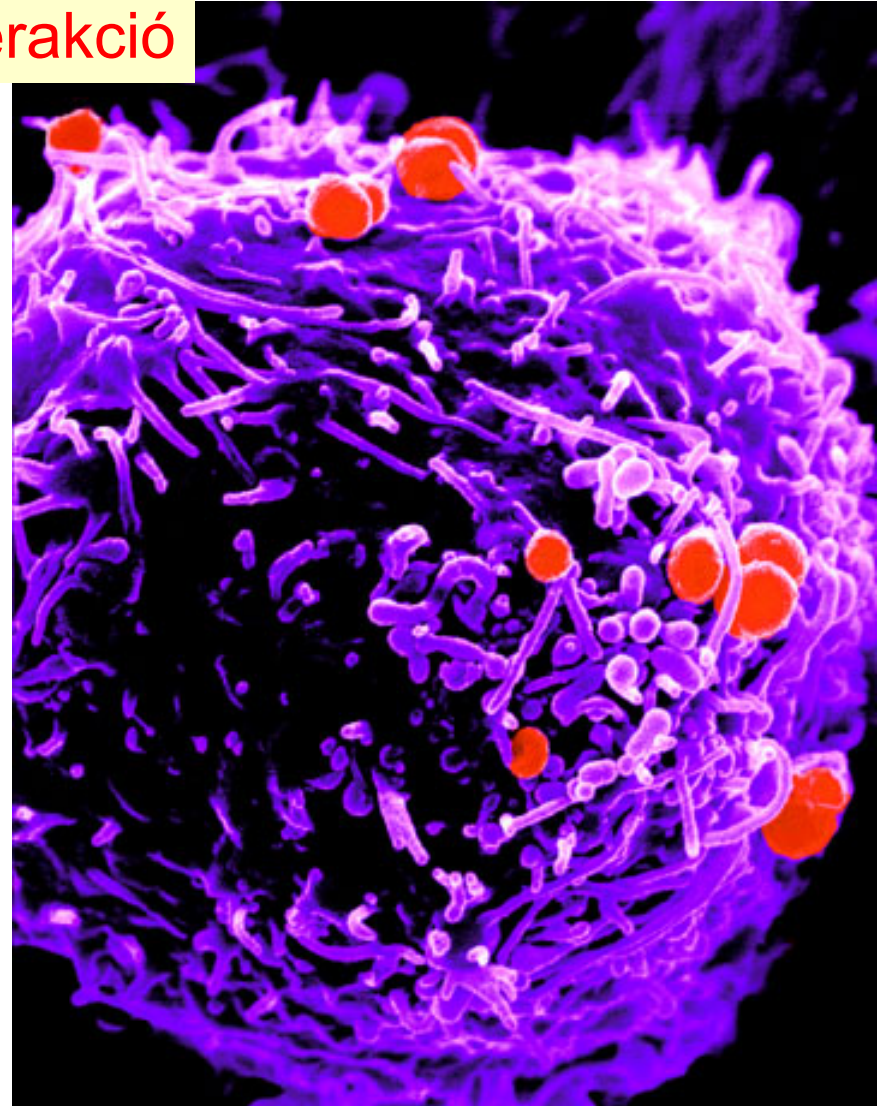
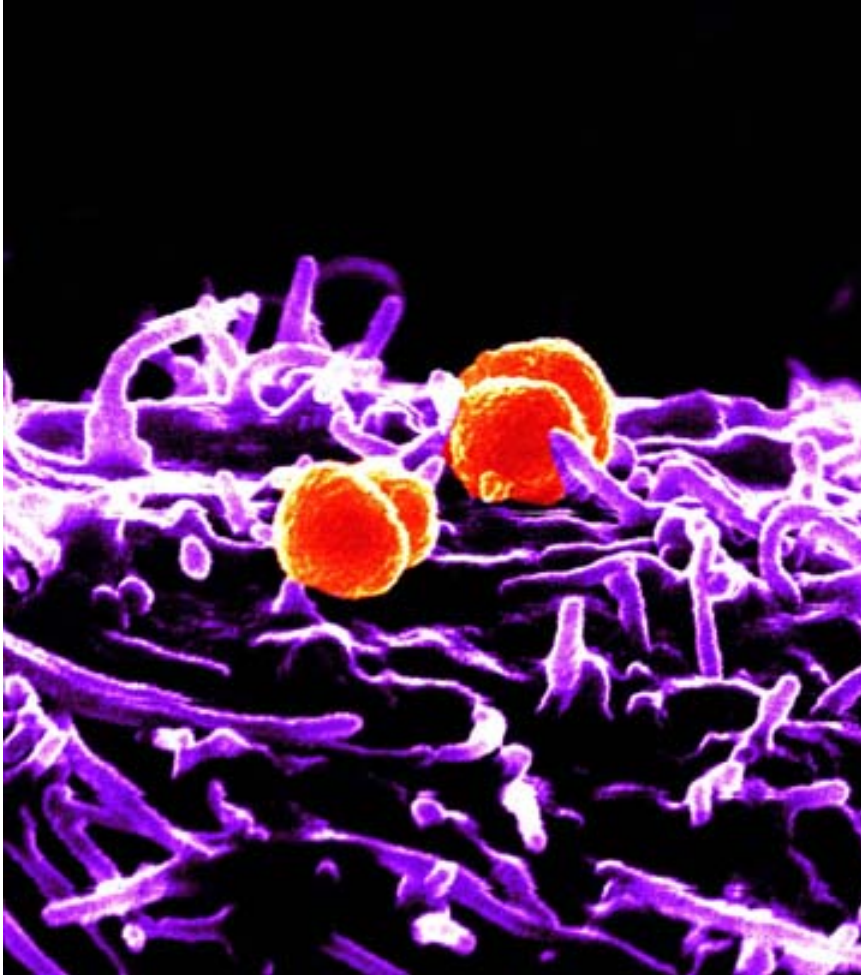
Pili

textbookofbacteriology.net



N. gonorrhoeae = Gonococcus

Gonococcus-Lymphocyta Interakció



N. gonorrhoeae = Gonococcus

Fertőzés forrása

beteg emberek

Átvitel

- Direkt (szexuális) Kontaktus

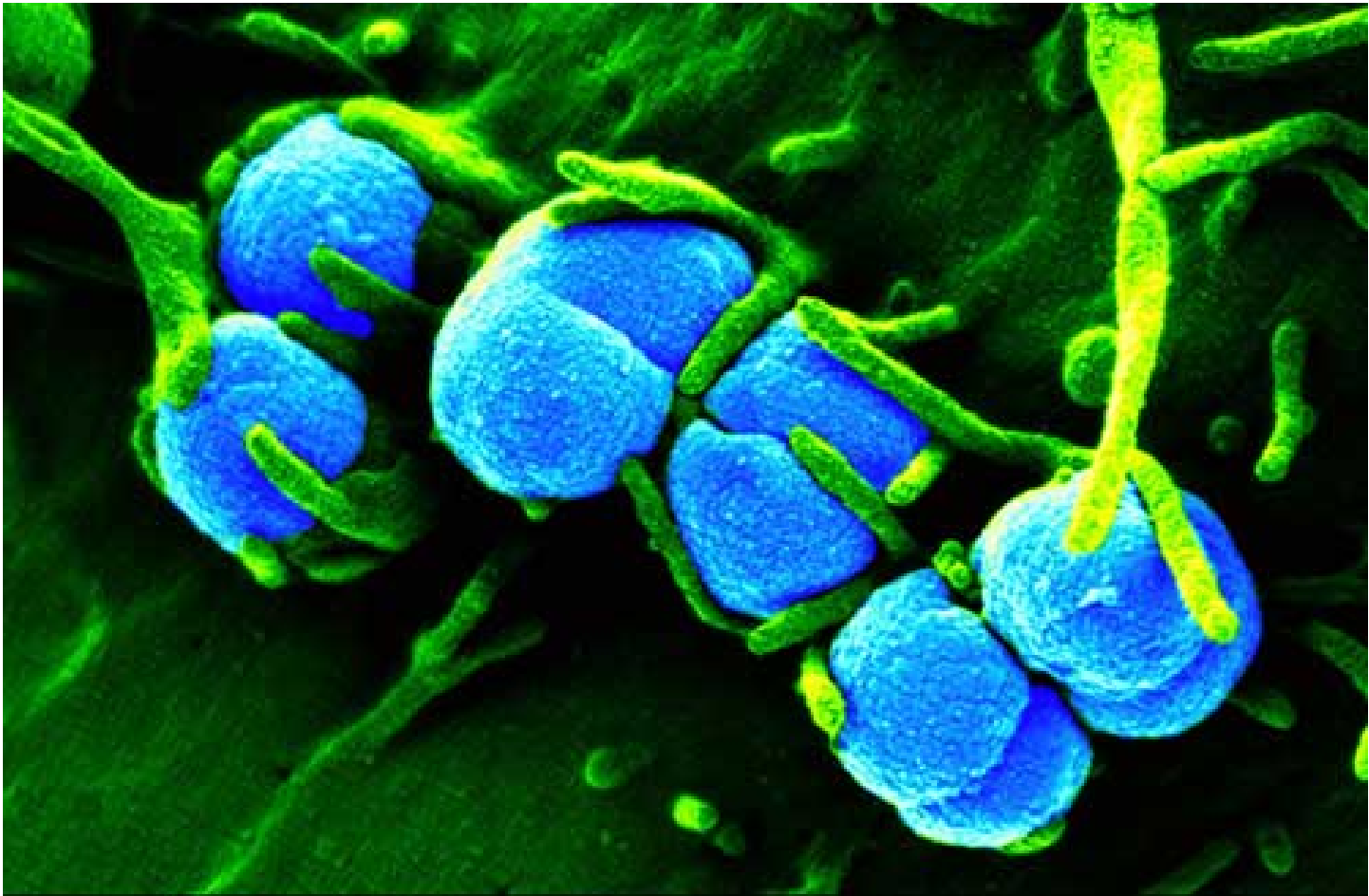
Kórképek

Gonorrhea = Kankó = Tripper

Ophthalmoblenorrhea neonatorum

Generalisatio 1%

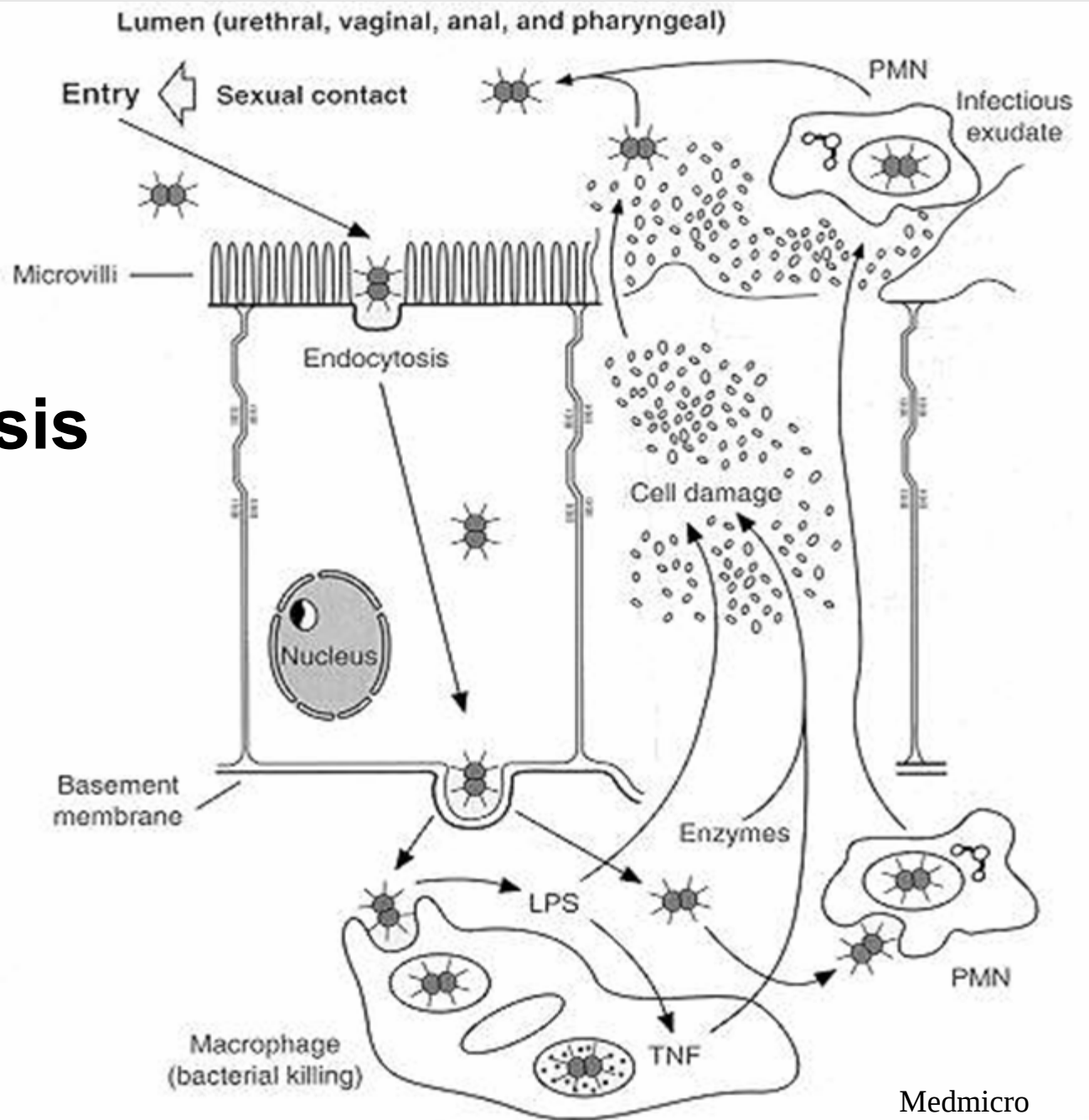
NINCS IMMUNITÁS!
(Antigenvariációk!)



Die Erreger des Trippers (*Neisseria gonorrhoeae*, hier blau) werden von fingerförmigen Fortsätzen auf der Zelloberfläche (grün) umschlossen. Im weiteren Verlauf der Infektion dringen die Bakterien dann in die Zelle ein.

Max-Planck-Institut für Infektionsbiologie, Volker Brinkmann

Pathogenesis



Gonorrhea – akut Urethritis



Gonorrhea – akut Urethritis

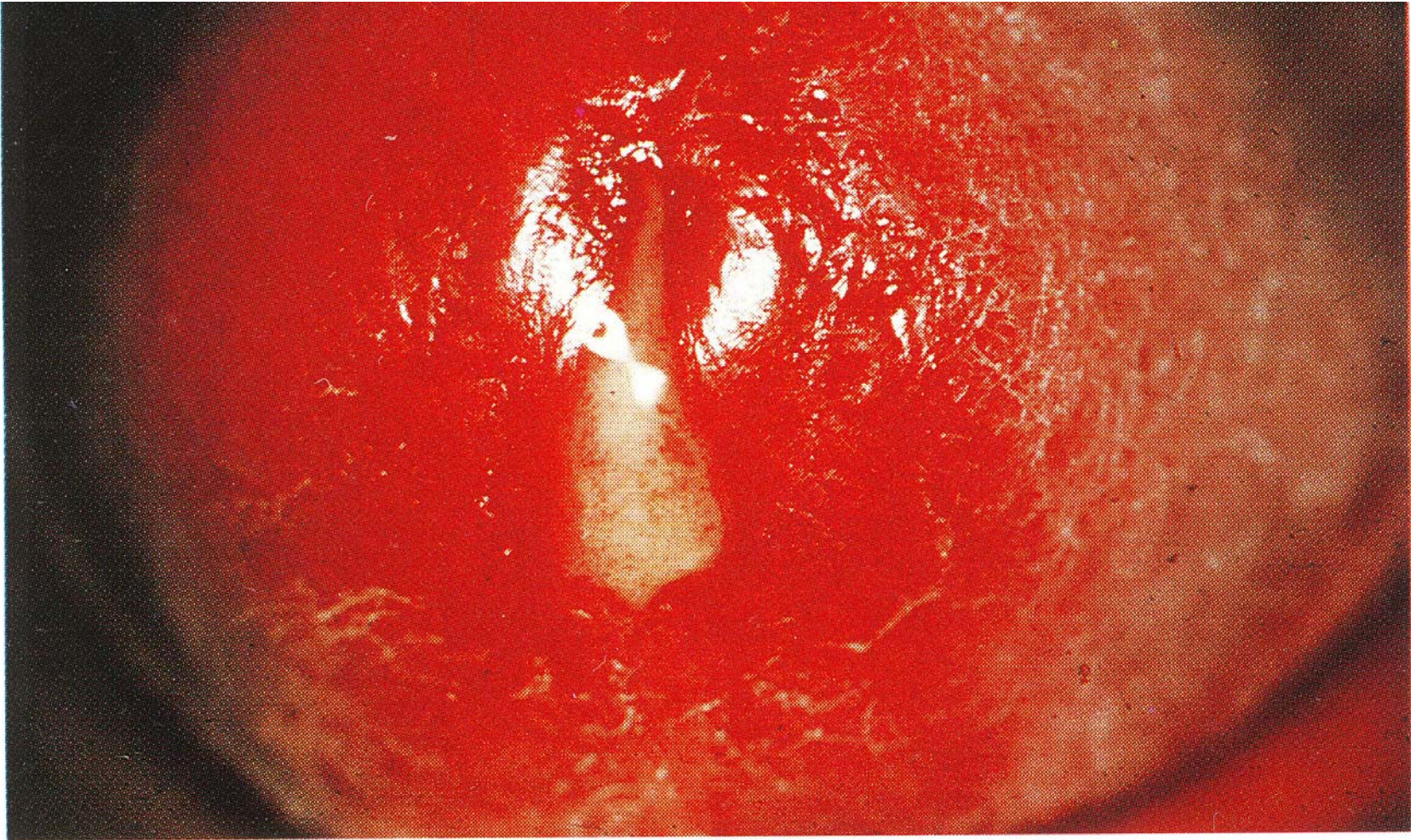
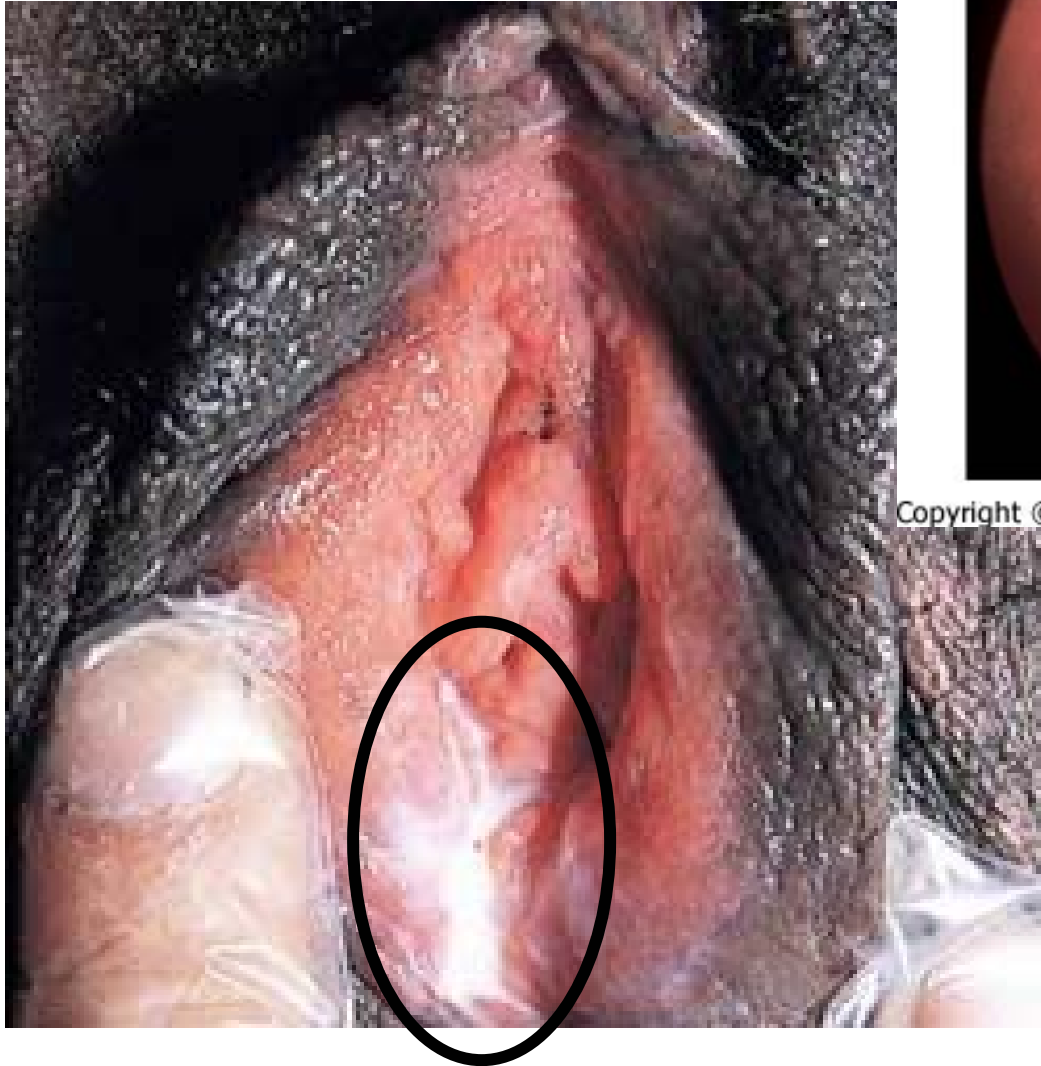


Fig. 78 Gonococcal urethritis. Typical purulent meatal discharge with inflammation of the glans. Symptomatic gonorrhoea in males is characterized by a spontaneous purulent discharge and dysuria. Courtesy of Dr J. Clay.

Gonorrhea – akut Cervicitis



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Gonorrhea – akut Cervicitis

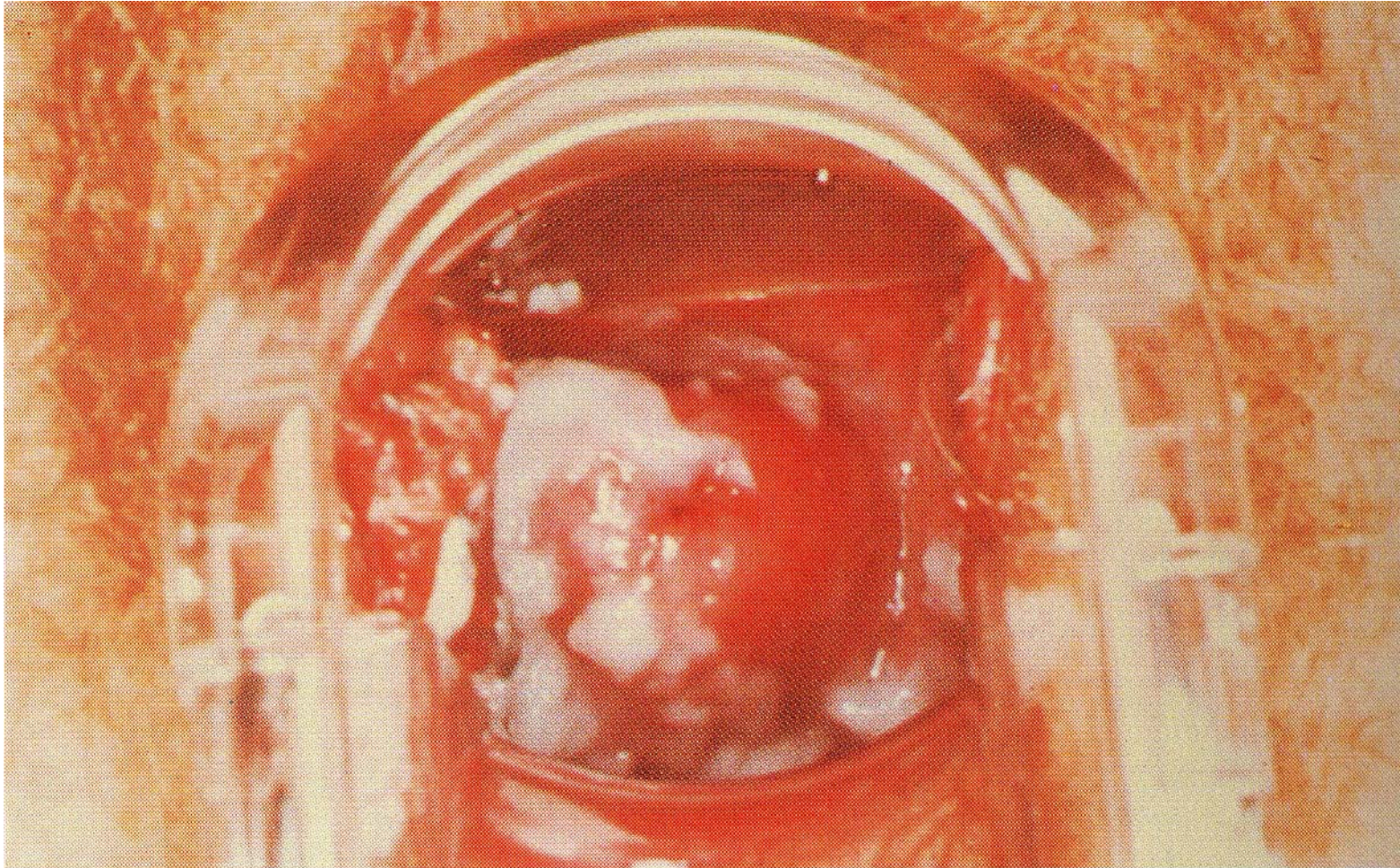


Fig. 79 Gonococcal endocervicitis. View through vaginal speculum showing reddened external os through which mucopurulent secretion is exuding. The most common manifestation of gonorrhoea in females is cervicitis, which is often asymptomatic. Courtesy of Dr S. E. Thompson.

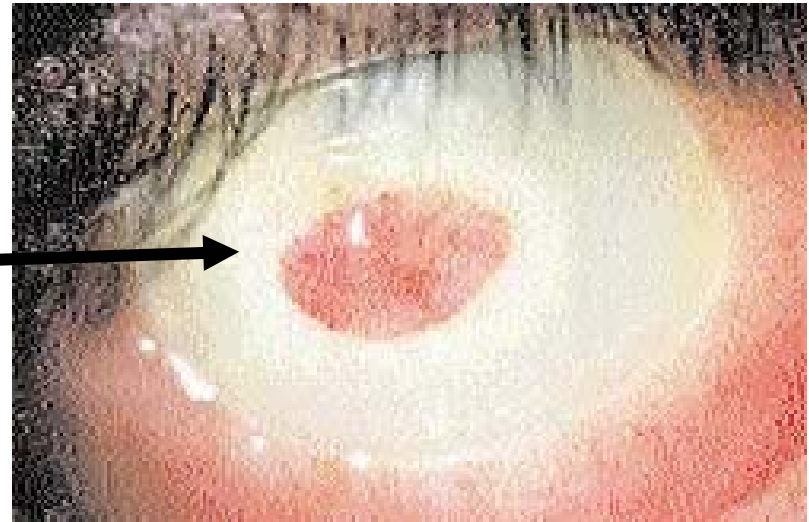
Gonorrhea – akut Conjunctivitis Blenorrhoea neonatorum



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www.mc3.edu

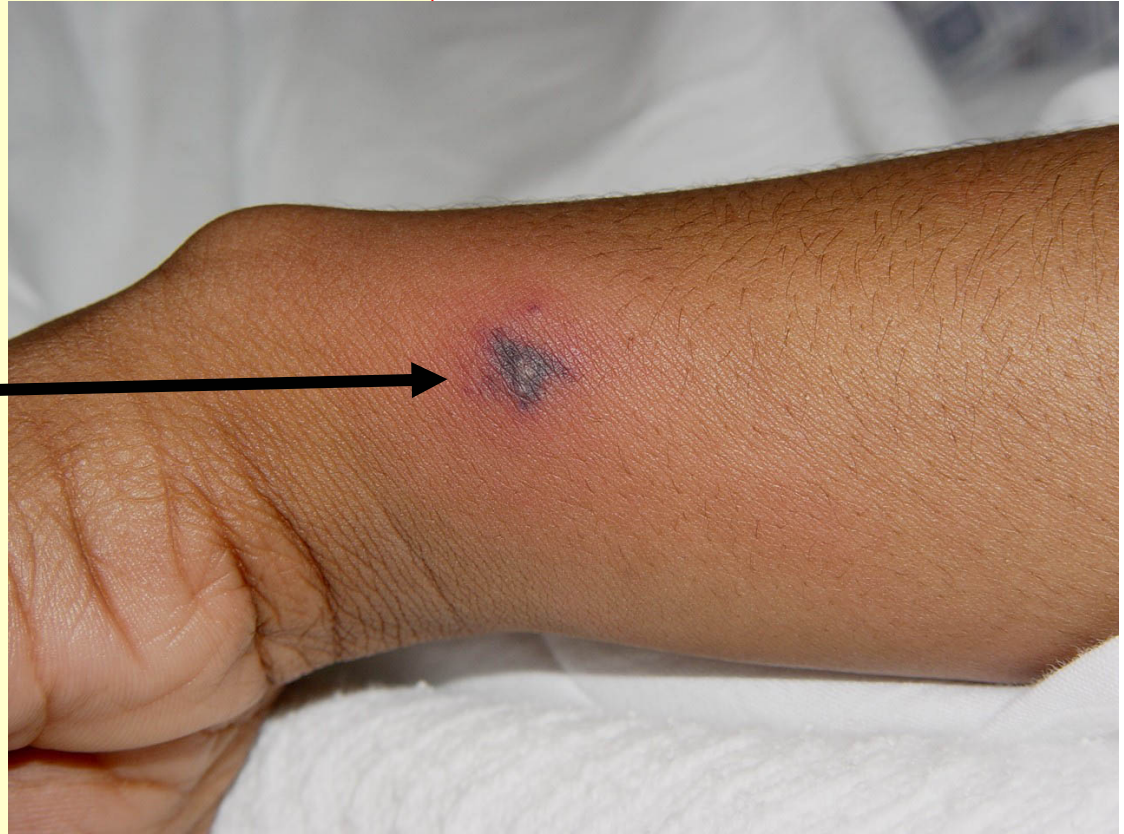
Corneal ulcers due to gonococcus are very destructive and have a tendency to perforate the cornea.



www.slackbooks.com

Gonorrhea – Krónikus és disseminált forma

Endometritis,
Salpingitis,
Prostatitis
purulent Arthritis,
Vasculitis



FONTOS!
anorectalis Go és Pharyngitis
(„alternatív Genitáliák”)



Fig. 8.33 Gonococcal arthritis. Dactylitis secondary to gonococcal bacteraemia. By courtesy of Dr. S.E. Thompson

Fig. 8.33 Gonococcal septic arthritis. Arthritis due to *N. gonorrhoeae* in a 24-year-old woman, showing marked erythema and swelling of the right ankle and leg. By courtesy of Dr. T.F. Sellers Jr.



Gonorrhea – Diagnosis – csak akut esetben!

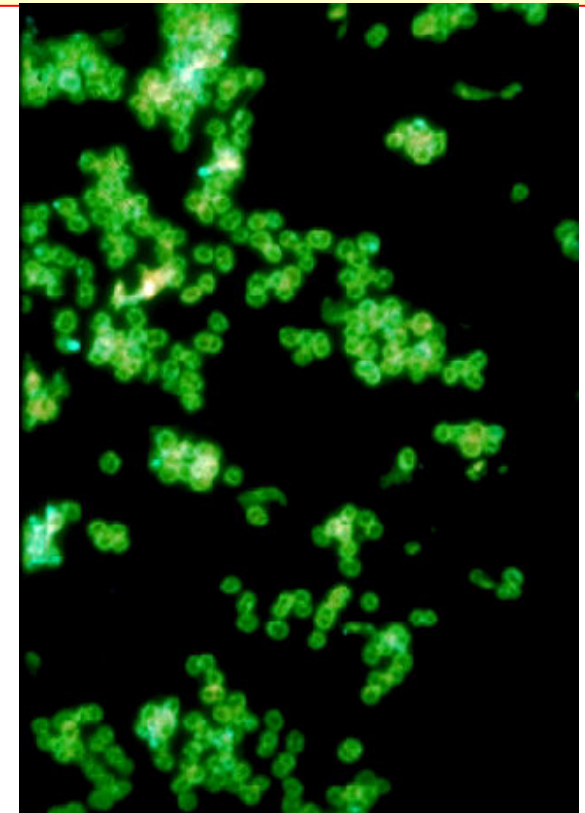
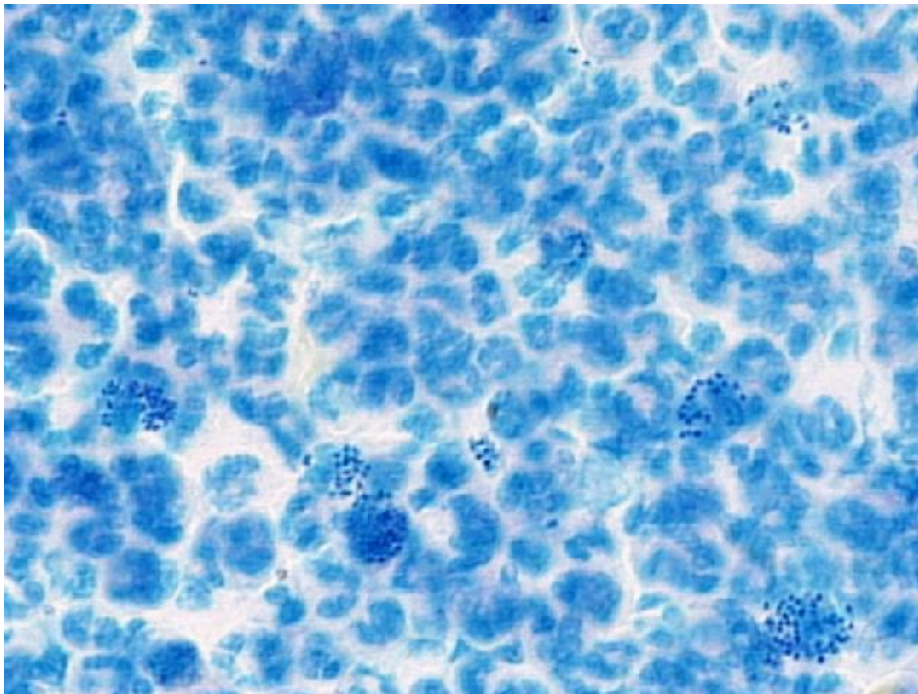
Mikroszkópos vizsgálat

Kórokozó kimutatása

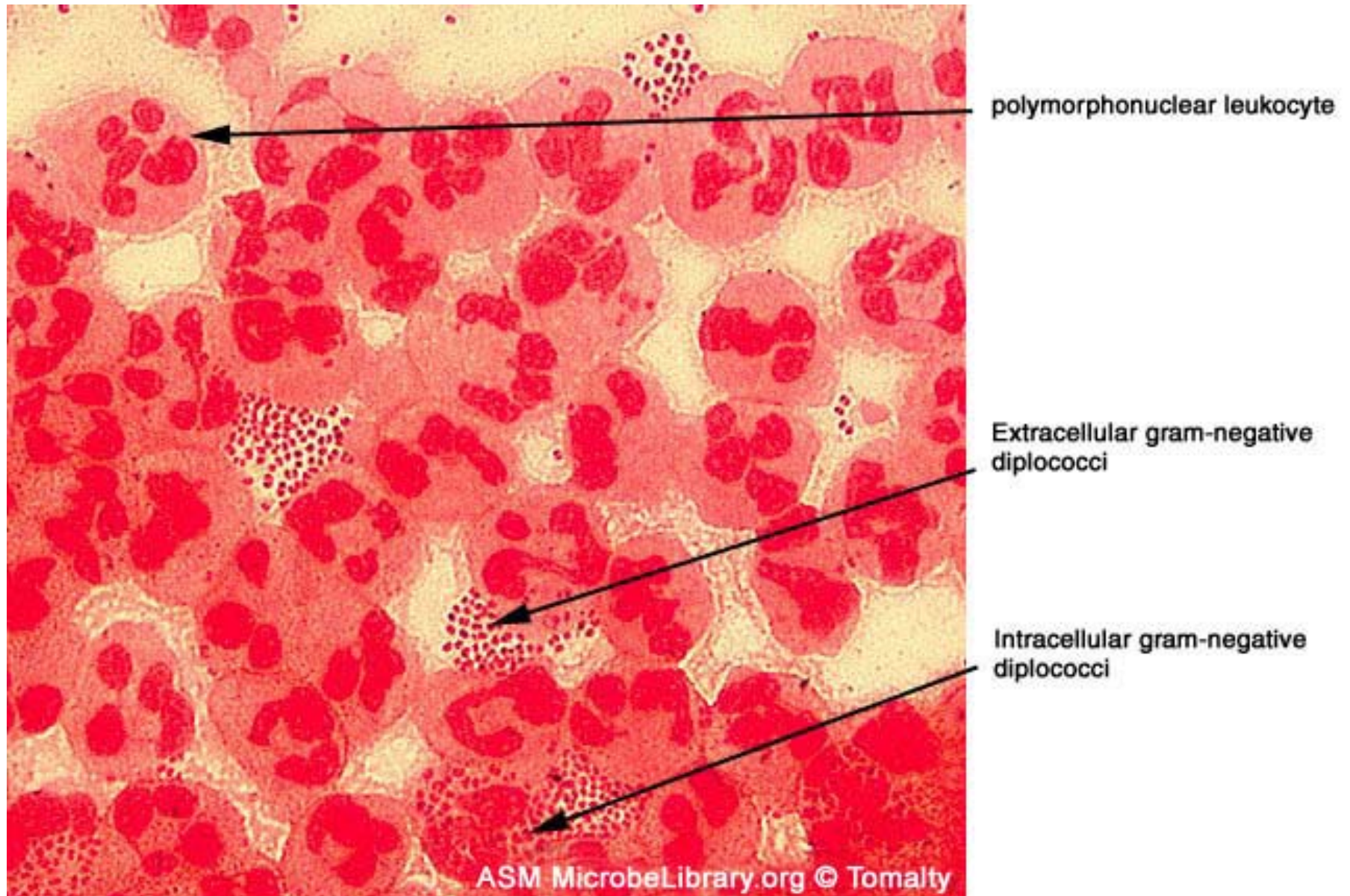
Gram festés

Methylenkék festés, Direkt Immunofluoreszcens (DIF)

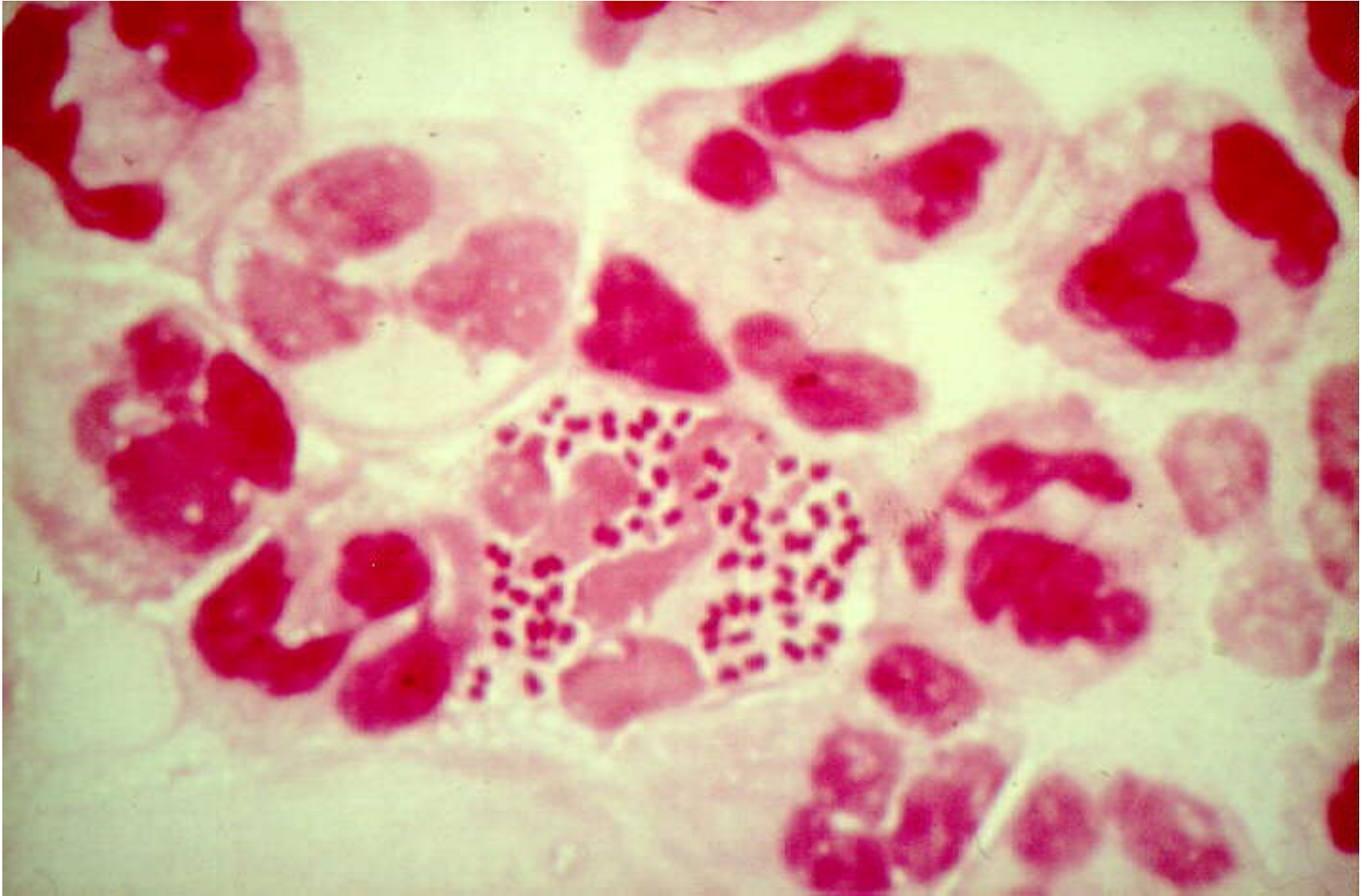
www2.mf.uni-lj.si,
www.uni-ulm.de,
pathmicro.med.sc.edu



GO – Gram festés – előzetes eredmény!



GO – Gram festés – előzetes eredmény!



Gonorrhea – Diagnosis

Tenyésztés:

„bedside” Thayer-Martin táptalaj
és Csokoládéagar, 5% CO₂

Identifikálás: ox+, glu+, mal-

Antigénkimutatás:
Latex-agglutinatio



Therápia:

3. Generációs Cephalosporin (Ceftriaxone)
vagy Spectinomycin (Aminoglycoside)

Prophylaxis: GO

- Nem megkapni! (safe sex)
- Lehetséges fertőző források, kontaktok felderítése
- Korai Diagnosis és kezelés

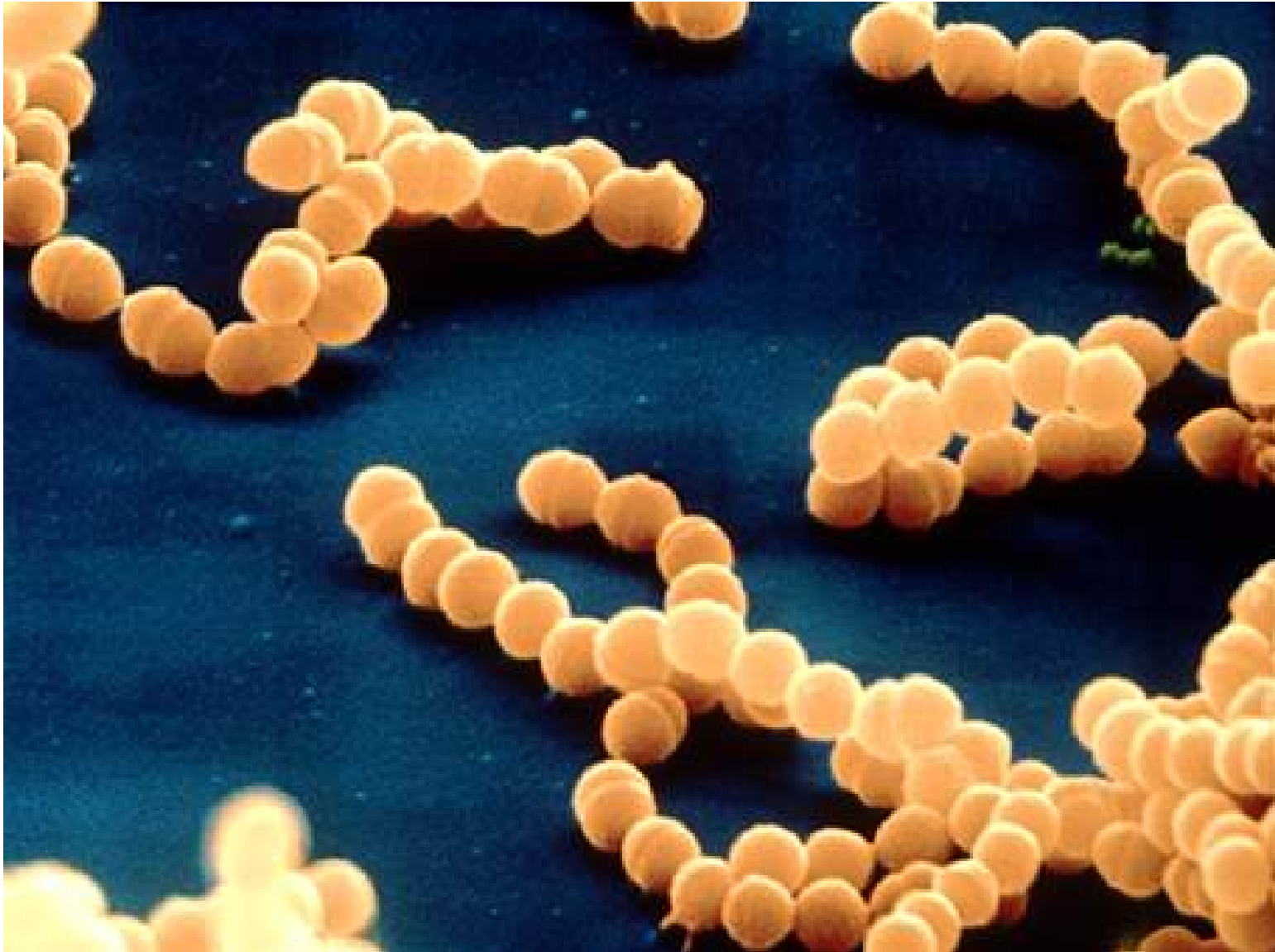
Ophthalmia neonatorum:

Credé szemcsepp 1% ezüst-acetát (-nitrát)

Védőoltás NINCS! (Antigenvariációk!)



N. meningitidis = Meningococcus



scanning EM

N. meningitidis = Meningococcus

Antigének és Virulenciafaktorok:

TOK – Polysaccharide

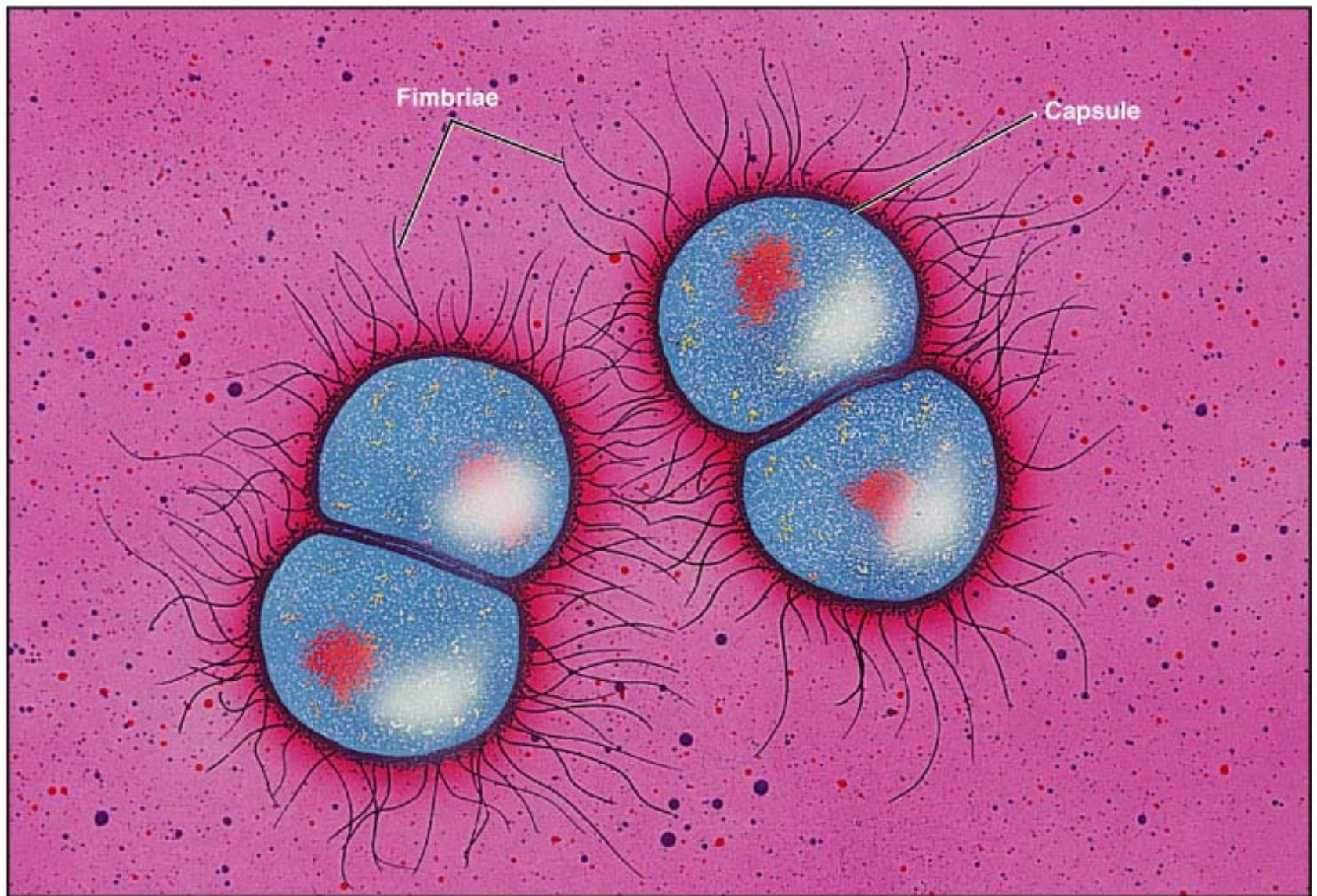
12 Serotypus (A, B, C, W135, Y!)

Pili/Fimbriae

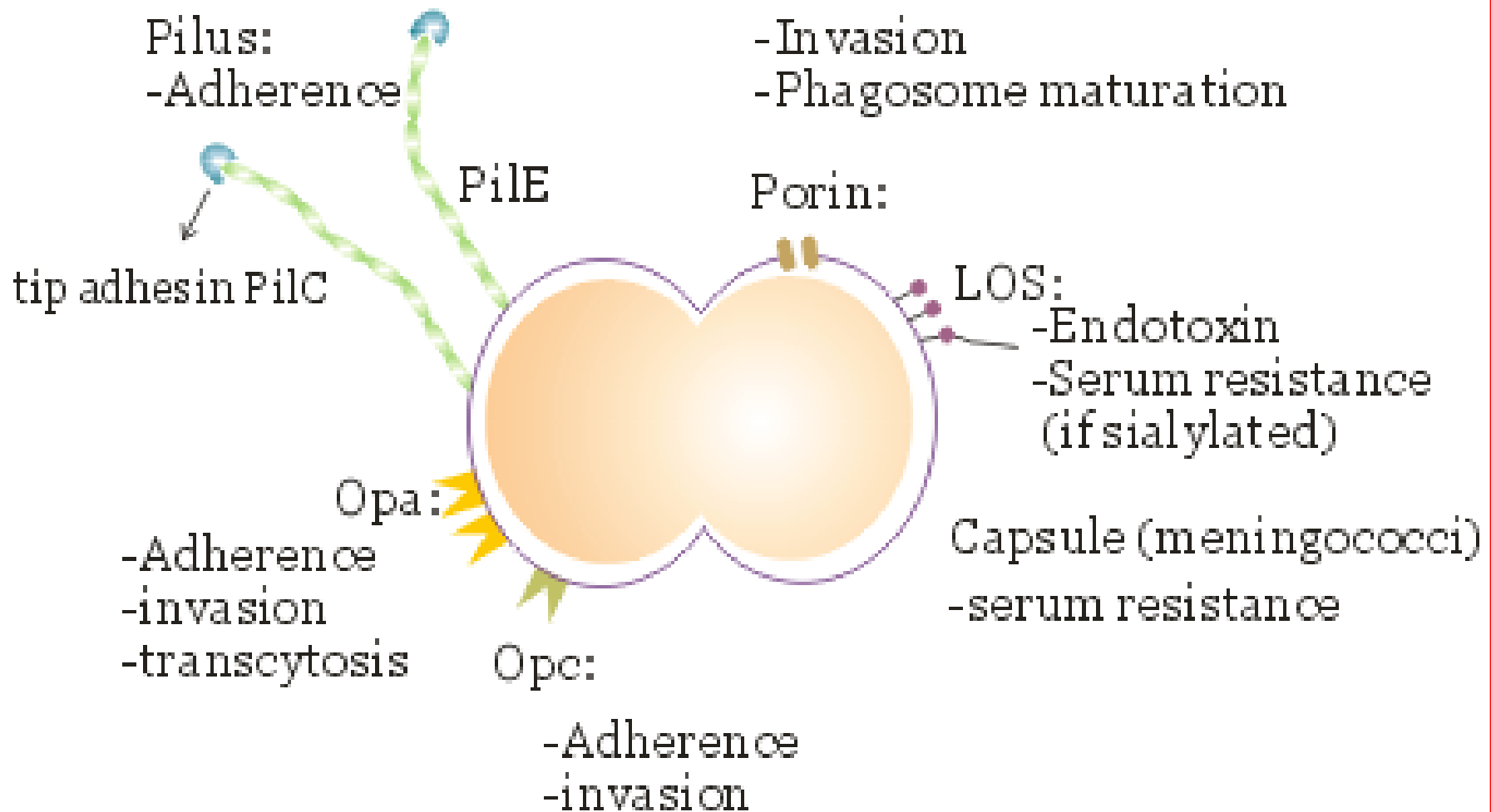
IgA-Protease!

Outer Membrane Protein-ek (OMP)

LOS (Mimikri, szializálva Serum-rezisztens!)



Meningococcus



N. meningitidis = Meningococcus

Fertőzés forrása

emberek – hordozók (betegek, egészségesek)

Átvitel, behatolás

- Direkt, cseppfertőzéssel
- Orrüreg, Torok

Kórképek

Pharyngitis

Meningitis cerebrospinalis epidemica

Sepsis = **Waterhouse-Friderichsen Syndroma**



Fig. 10.56 Acute meningococcaemia. Note the variable size of the lesions and their peripheral distribution. Some of the lesions are obviously purpuric, others macular or papular.



Fig. 10.60 Acute meningococcaemia. Petechia on bulbar conjunctiva.



Fig. 10.62 Acute meningococcaemia. Gangrene of the extremities following a near-fatal illness with hypotension.



Fig. 10.63 Acute meningococcaemia. Gangrene of both legs in a black man with acute meningococcal infection. Bilateral below knee amputations were later required.



The characteristic skin rash of meningococcal septicaemia, caused by *Neisseria meningitidis*. (Courtesy of Wellcome Trust Photographic Library)
srs.dl.ac.uk

Waterhouse – Friderichsen Syndrome - diagnosis





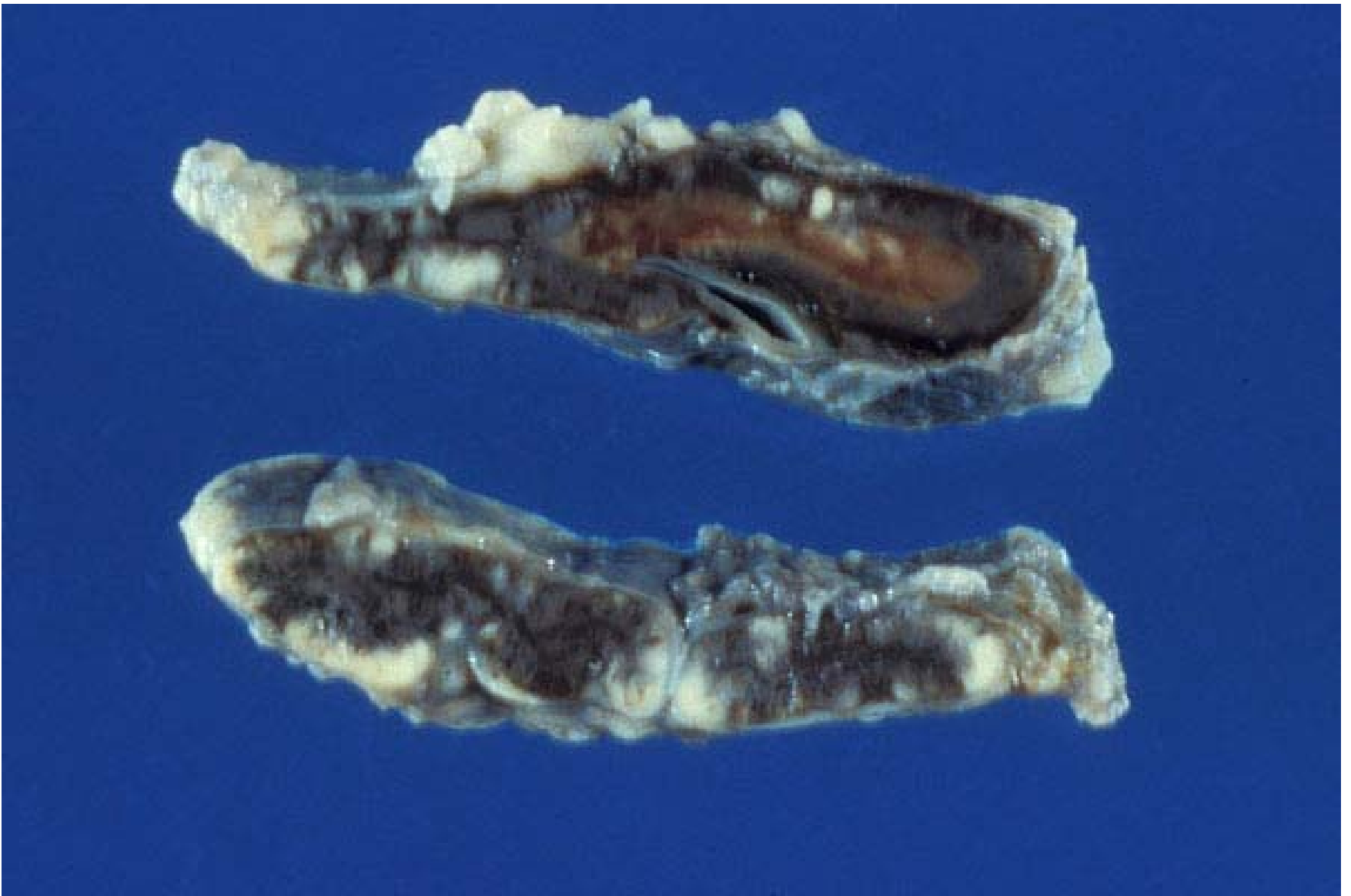
Waterhouse- Friderichsen Syndrome: schwere nekrotisierende Hautläsionen bei Meningokokkensepsis mit Verbrauchskoagulopathie (R. E. Rieger, Univ.-Kinderklinik Marburg).



The patient with Waterhouse-Friderichsen syndrome has sepsis with DIC and marked purpura.



Purulent meningitis with hemorrhage in the frontal lobe (gross findings).



Acute hemorrhage in bilateral adrenals caused acute adrenal insufficiency (Waterhouse-Friderichsen syndrome).

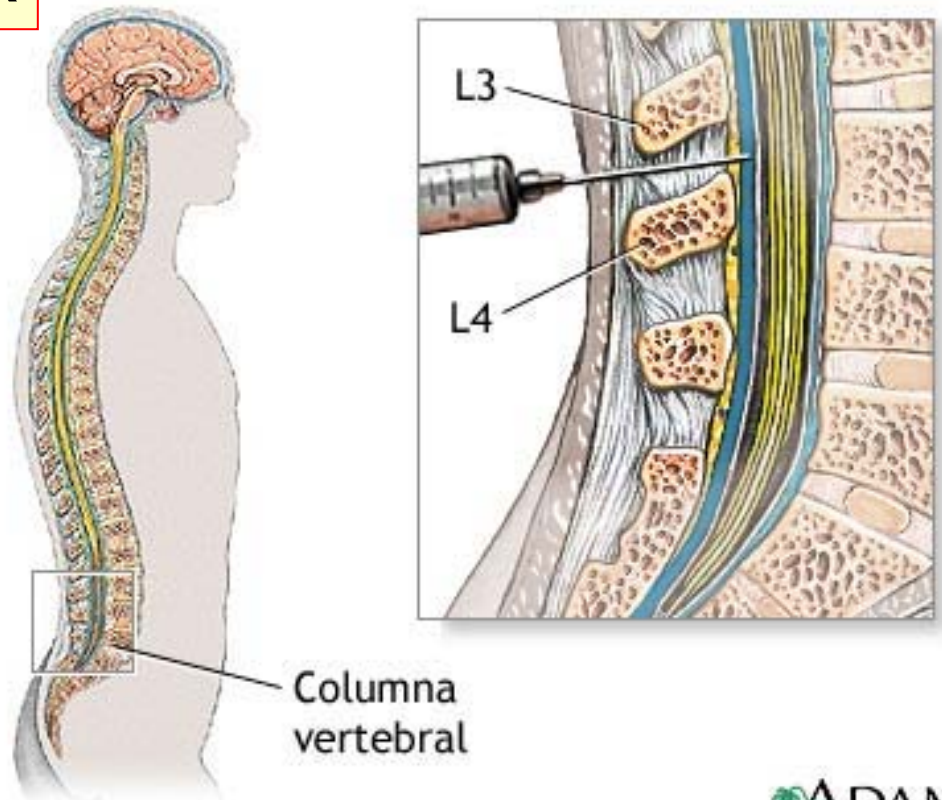
Meningitis Diagnosis

Vizsgálati anyagok:

Liquor! - Lumbalpunctio

Vér

Hordozóktól: Torokváladék



Meningitis Diagnosis

Kórokozó kimutatás

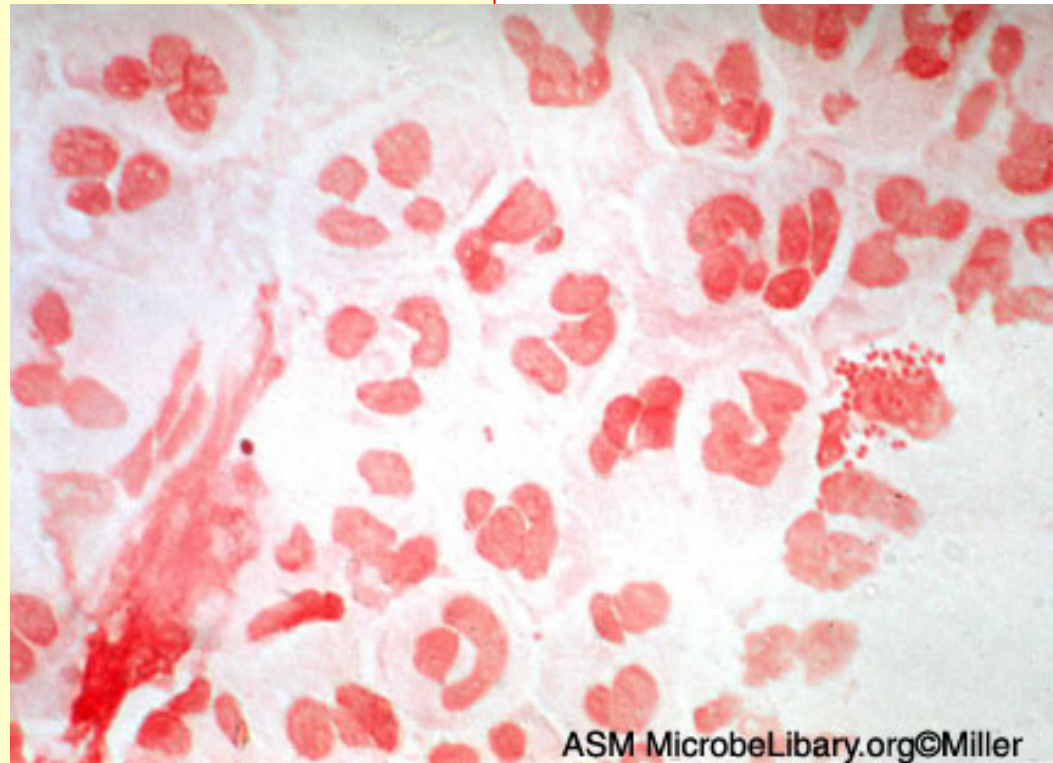
Mikroszkópos Vizsgálat
(Liquor, Haemokultura)

Tenyésztés

Liquor, Vér, Torok

Direkt Ag Kimutatás

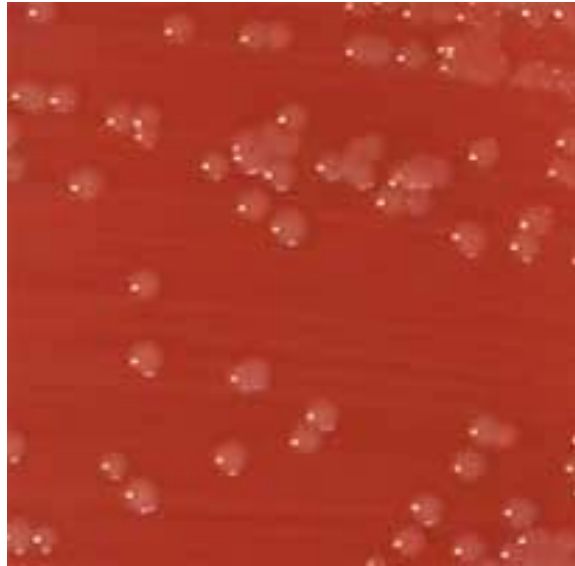
(Liquor) – Latex-agglutinatio



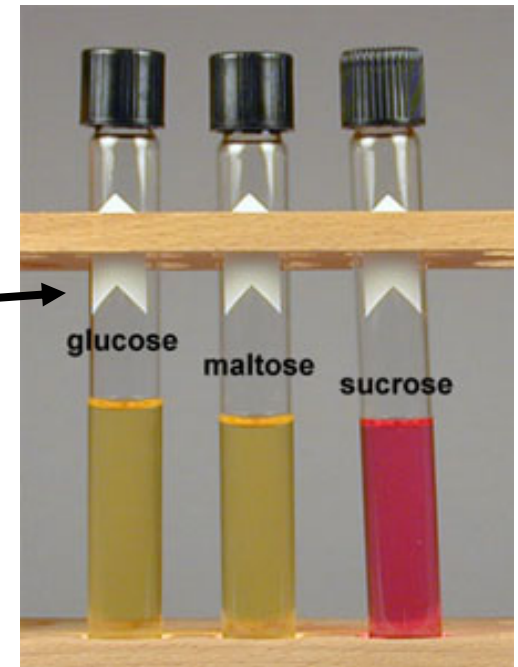
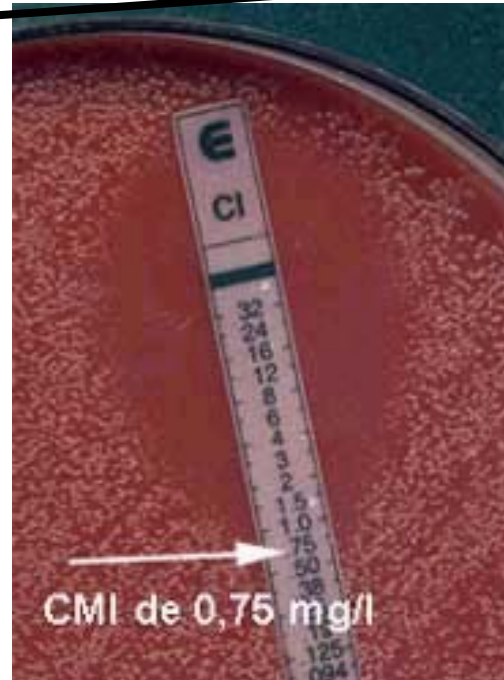
ASM MicrobeLibrary.org©Miller

Diagnosis *N. meningitidis*

Tenyésztés:
Véresagar,
Csokoládéagar



Identifikálás:
glu+, mal+



Meningococcus meningitis

Therapia:

Penicillinek és/vagy
Cephalosporin (III. Gen.)
Nincs Beta-lactamase termelés

Prophylaxis:

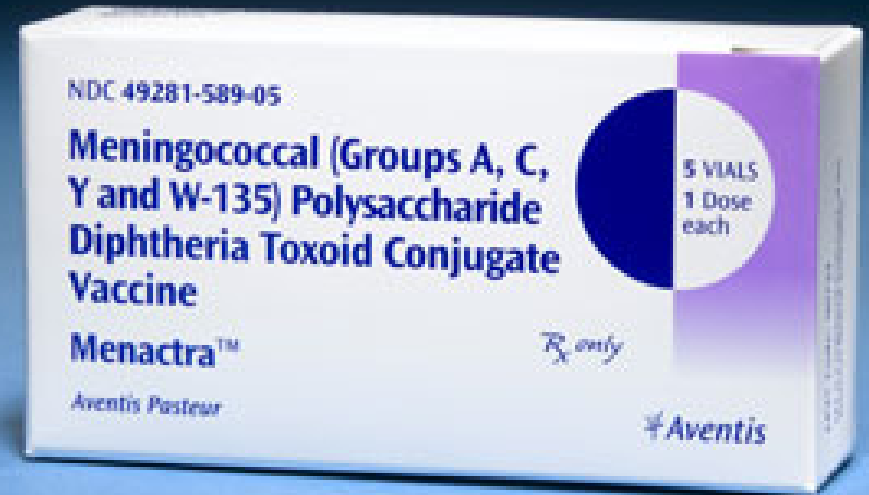
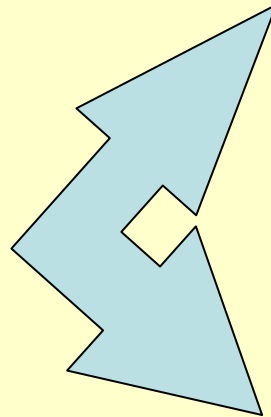
Aktív Immunizálás

Védőoltás:

- Rizikócsoporthoz
 - Utazás!
- (Meningitis övezet!)

Chemoprophylaxis:

Rifampicin (Kontaktok)





Meningitis övezet

Neisseria meningitidis - B

Európa!

NINCS Védőoltás!

Rifampicin



**Neisseria, Haemophilus,
Bordetella**

2. Haemophilus

Kicsi, Gram negatív pálcák/coccobacillusok

Genus

Haemophilus

Faj

H. influenzae **P**

H. parainfluenzae

H. aegyptius **P**

H. ducreyi **P**

Bordetella

B. pertussis **P**

B. parapertussis

P: Pathogen

Haemophilus influenzae

Morphologia:

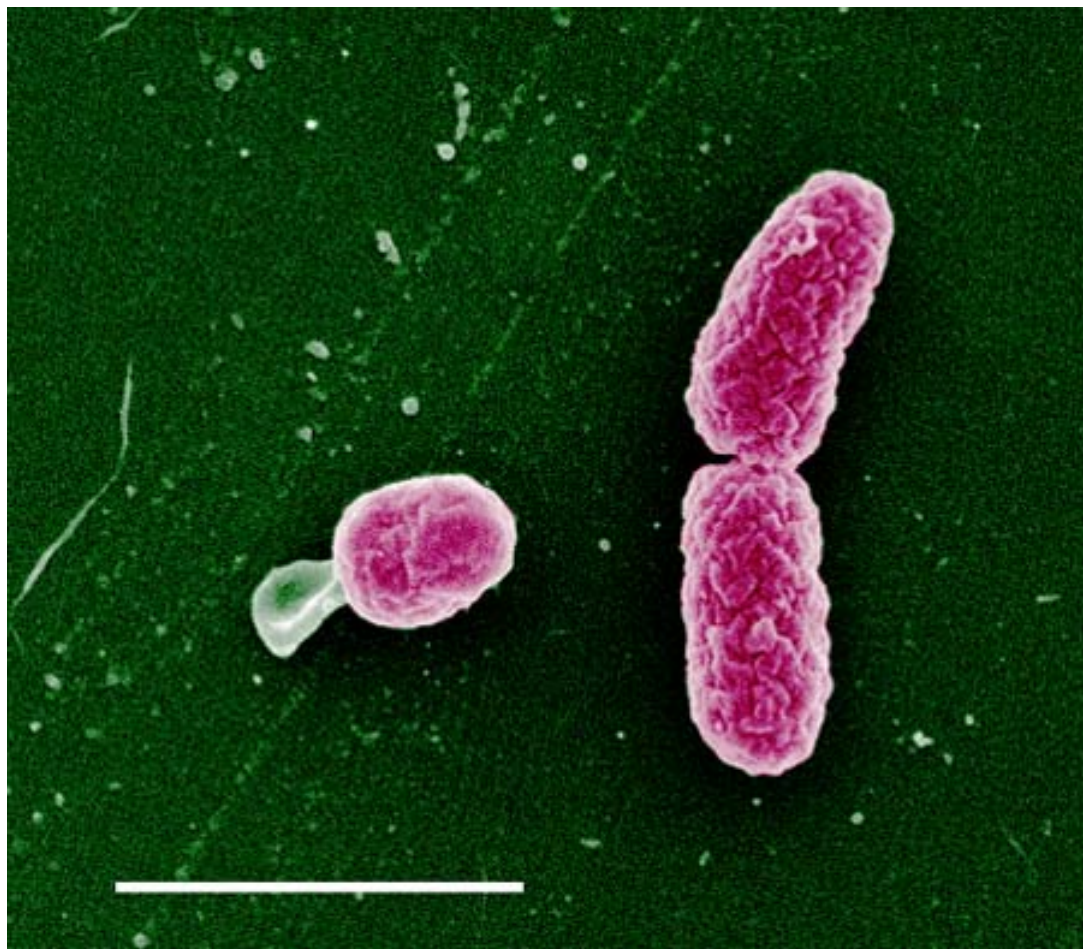
Gram - Coccobacillus,
ca. 1 μm

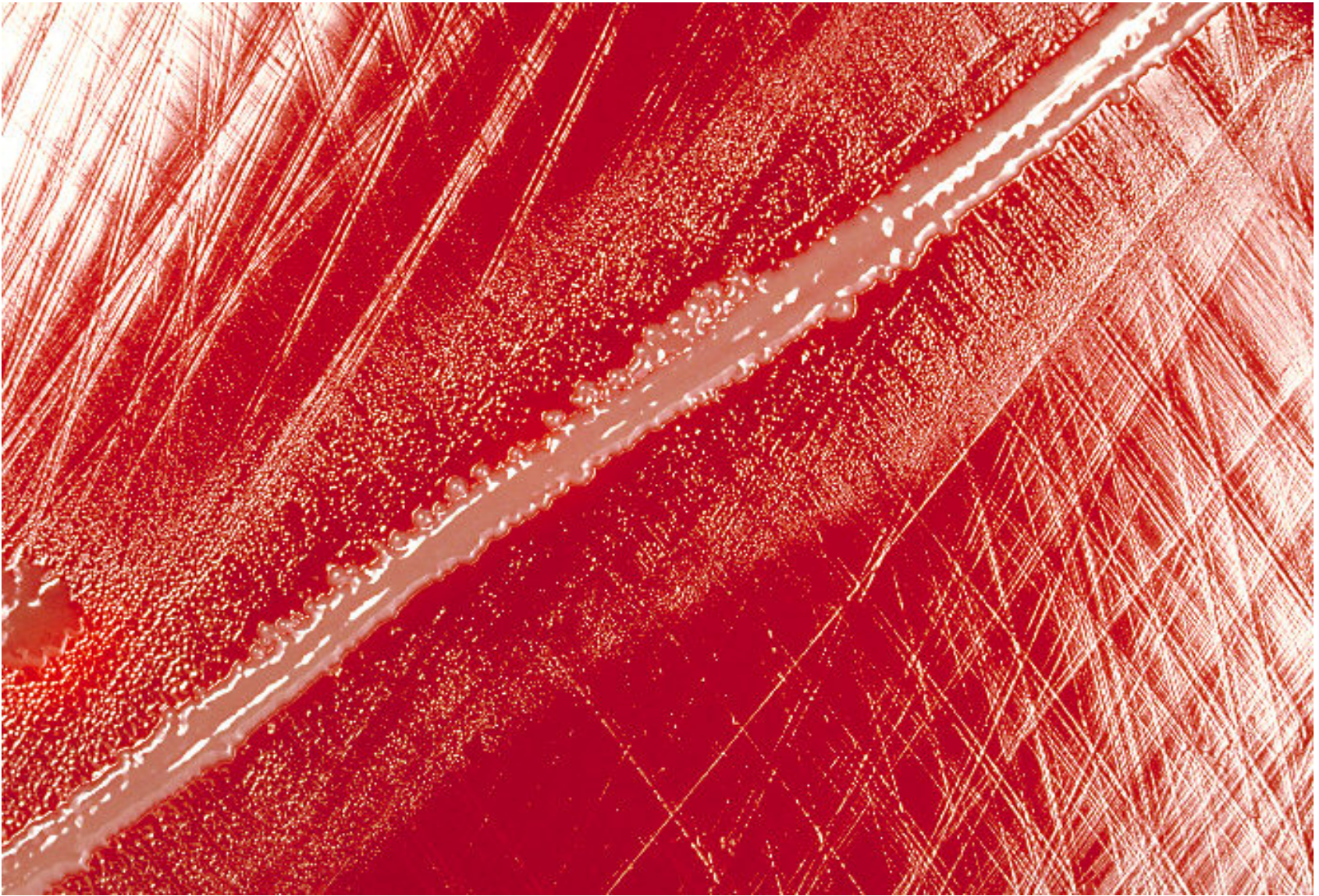
Tenyésztés:

Növekedési faktorok !

(Csokoládé agar,
X= Haem, V= NAD,

Szatellitizmus,
„Dajkajelenség”)





Haemophilus influenzae

Antigének és Virulenciafaktorok:

TOK – Polysaccharid

Typen: a, **b**, c, d, e, f (HiB!)

IgA-Protease!

Felszínen:

Outer Membrane Proteine (OMP)

LPS



*Haemophilus
influenzae Typ b
(Hib)*

Haemophilus influenzae

Kórképek:

Meningitis, Sepsis

Cellulitis

Felső légutak:

Epiglottitis!, Nasopharyngitis, Sinusitis, Otitis media

Alsó légutak:

Bronchitis, Pneumonia

Haemophilus influenzae



Sepsis

An infant with severe vasculitis with disseminated intravascular coagulation (DIC) with gangrene of the hand secondary to *Haemophilus influenzae* type b septicemia - prior to the availability of the Hib vaccine.

-Image provided by: Visual Red Book on CD-ROM-

-(2000 Red Book: 25th Edition, Report of the Committee on Infectious Diseases)

www.ecbt.org

Haemophilus influenzae



Periorbitalis cellulitis.

Haemophilus influenzae

Kórképek:

Meningitis, Sepsis

Cellulitis

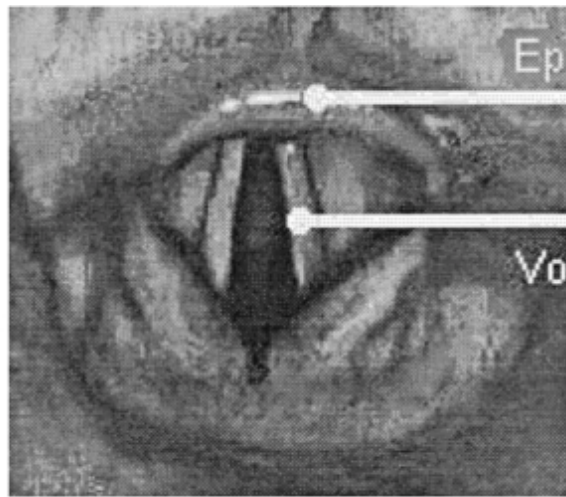
Felső légutak:

Epiglottitis!, Nasopharyngitis, Sinusitis, **Otitis media**

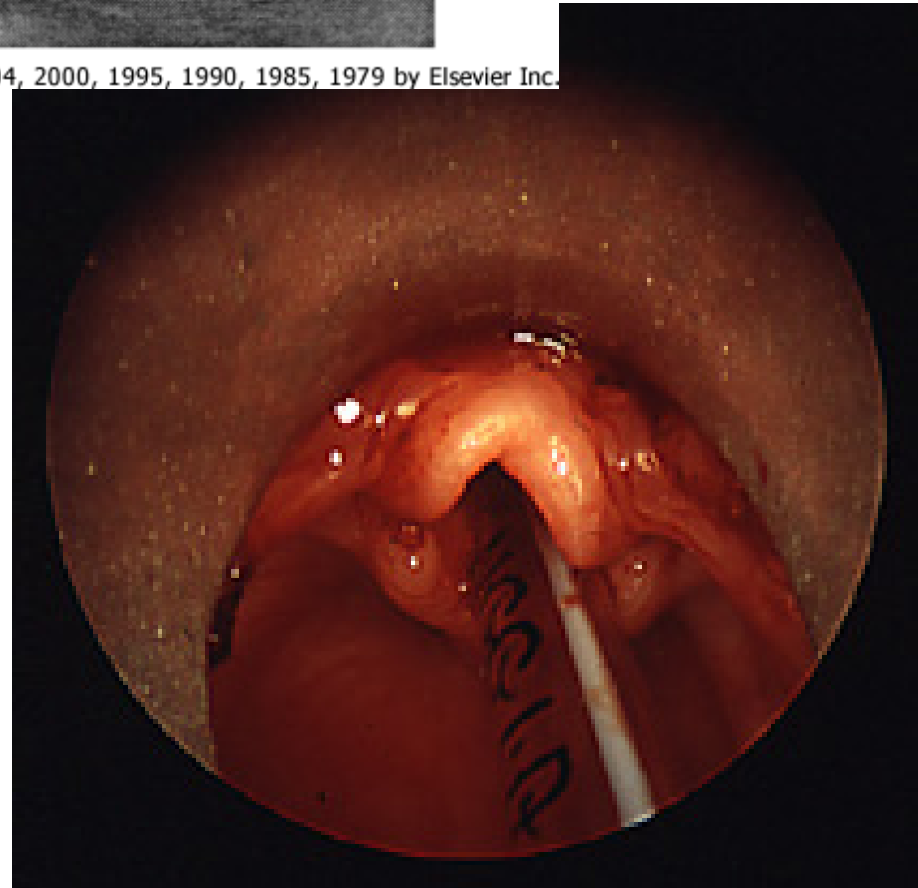
Alsó légutak:

Bronchitis, Pneumonia

HIB-epiglottitis



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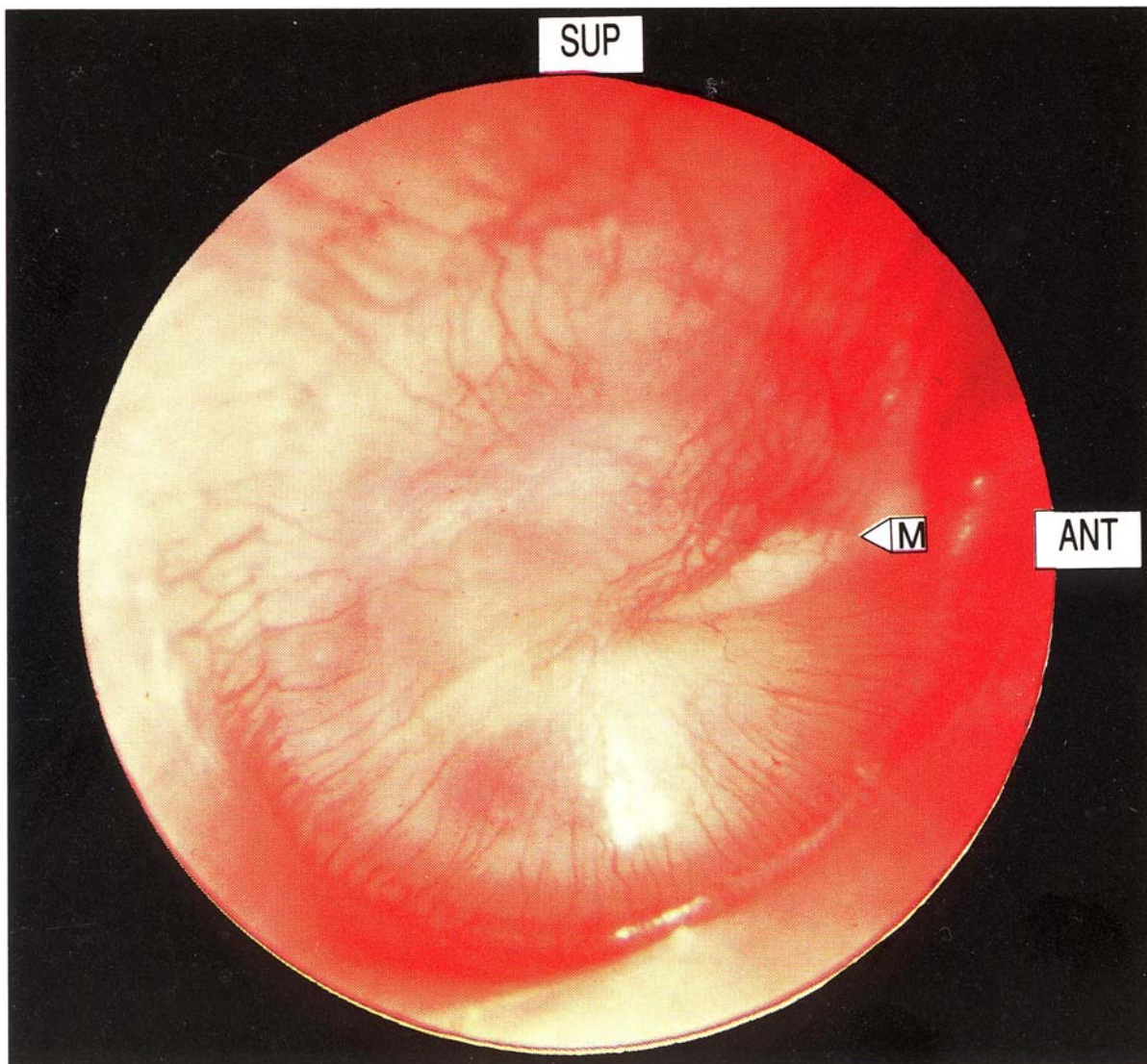


Fig. 10 Acute otitis media. Early stage showing mild injection of the drum, especially in the region of the malleus (M). The most common bacterial causes are *Streptococcus pneumoniae* and *Haemophilus influenzae*, with a smaller proportion of cases caused by *Streptococcus pyogenes* or *Branhamella catarrhalis*. Courtesy of Dr M. Chaput de Saintonge.

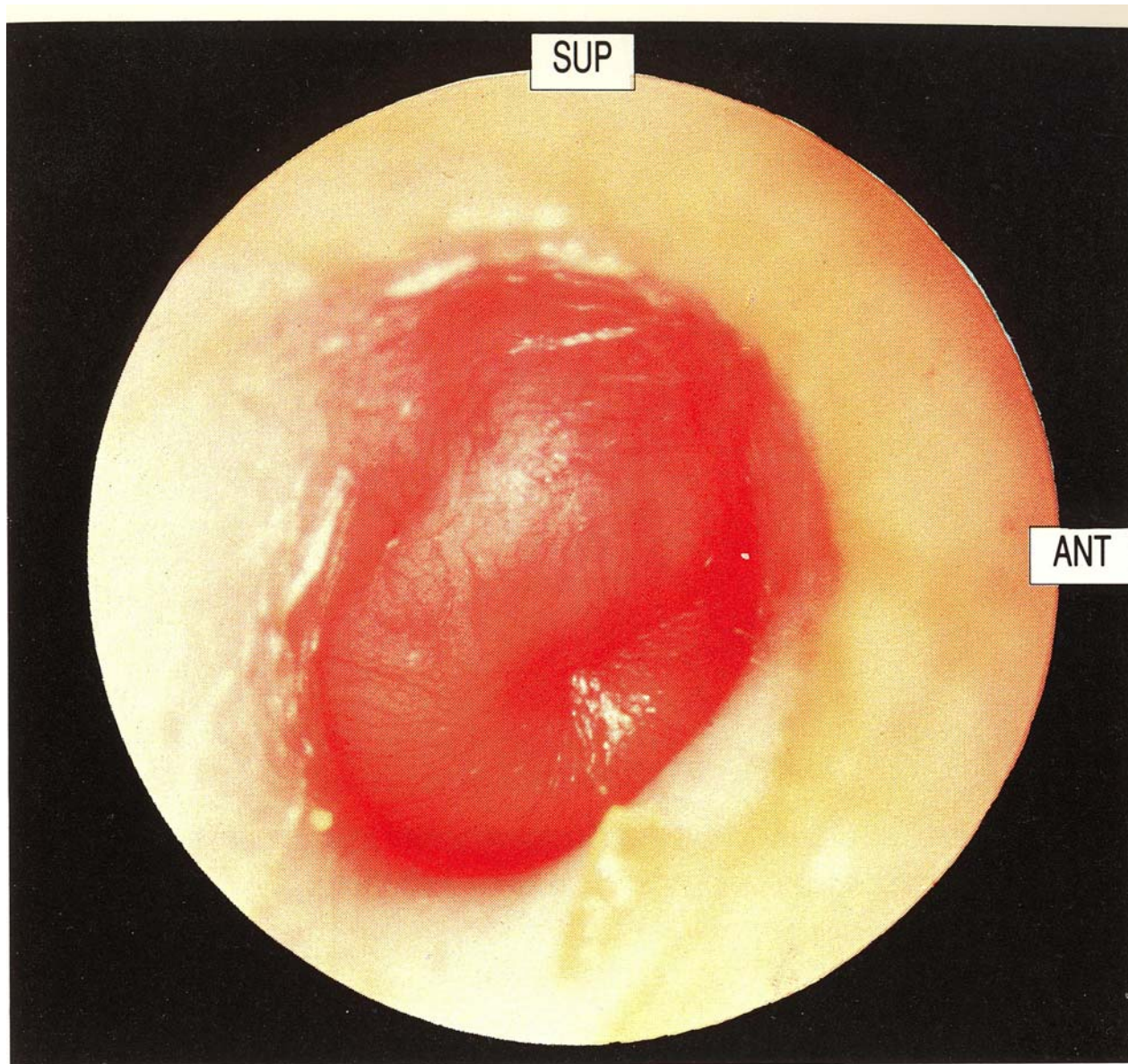


Fig. 11 Acute otitis media. Advanced stage showing bulging of the drum on both sides of the malleus, which is obscured. These features are seen just before the drum perforates. By courtesy of Dr M. Chaput de Saintonge.

Haemophilus influenzae

Diagnosis:

Vizsgálati anyagok

- LIQUOR! (CSF)
- Minták a fertőzés helyéről (orr, torok, köpet stb.)

Kórokozó kimutatás:

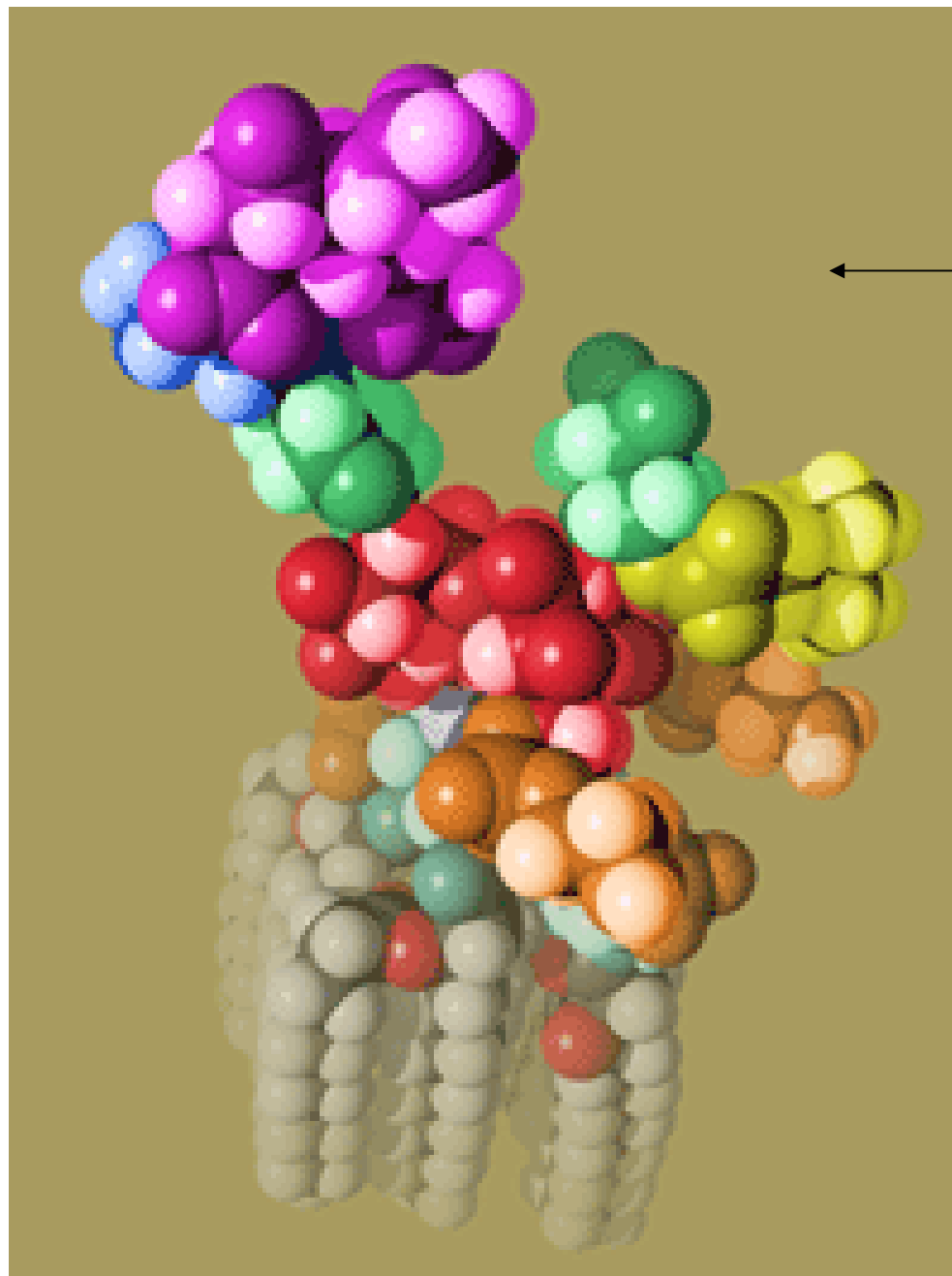
Mikroszkópos vizsgálat, Tenyésztés,
Tok Ag kimutatás (Latex-agglutinatio)

Therapia:

1. Ampicillin + III. gen. Cephalosporin
2. Ampicillin + Aminoglycoside

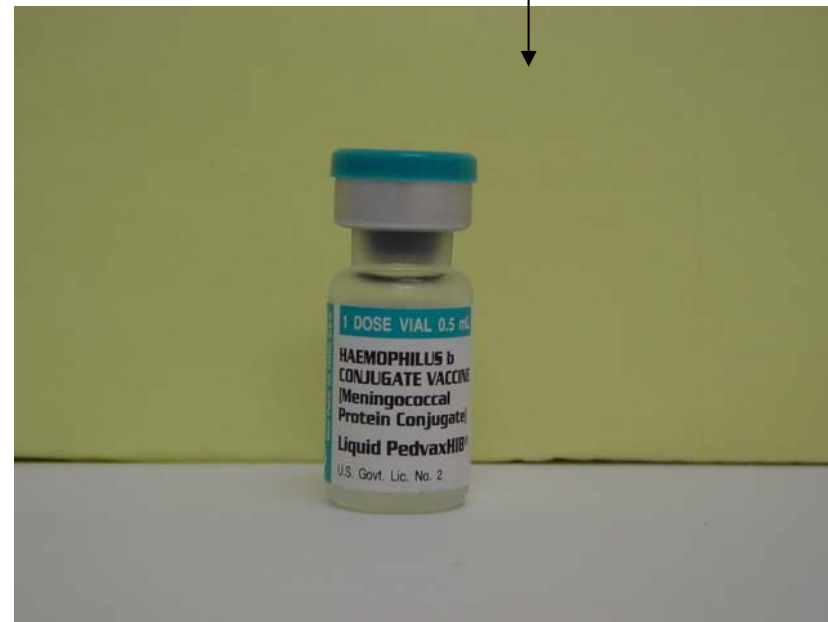
Prophylaxis:

Aktív Immunizálás - **HiB Konjugált-Védőoltás**
(Polysaccharid + Protein)



Lipopolysaccharid
Extrakt - Vakcina

ibs-isb.nrc-cnrc.gc.ca



www.kmhk.kmu.edu.tw

Haemophilus ducreyi

Kórkép:

Ulcus molle = Chancroid = lágy Schanker/fekély

Haemophilus aegyptius

Kórkép: Brazíliai purpurás láz

Haemophilus parainfluenzae

Pharyngitis, Endocarditis, Conjunctivitis

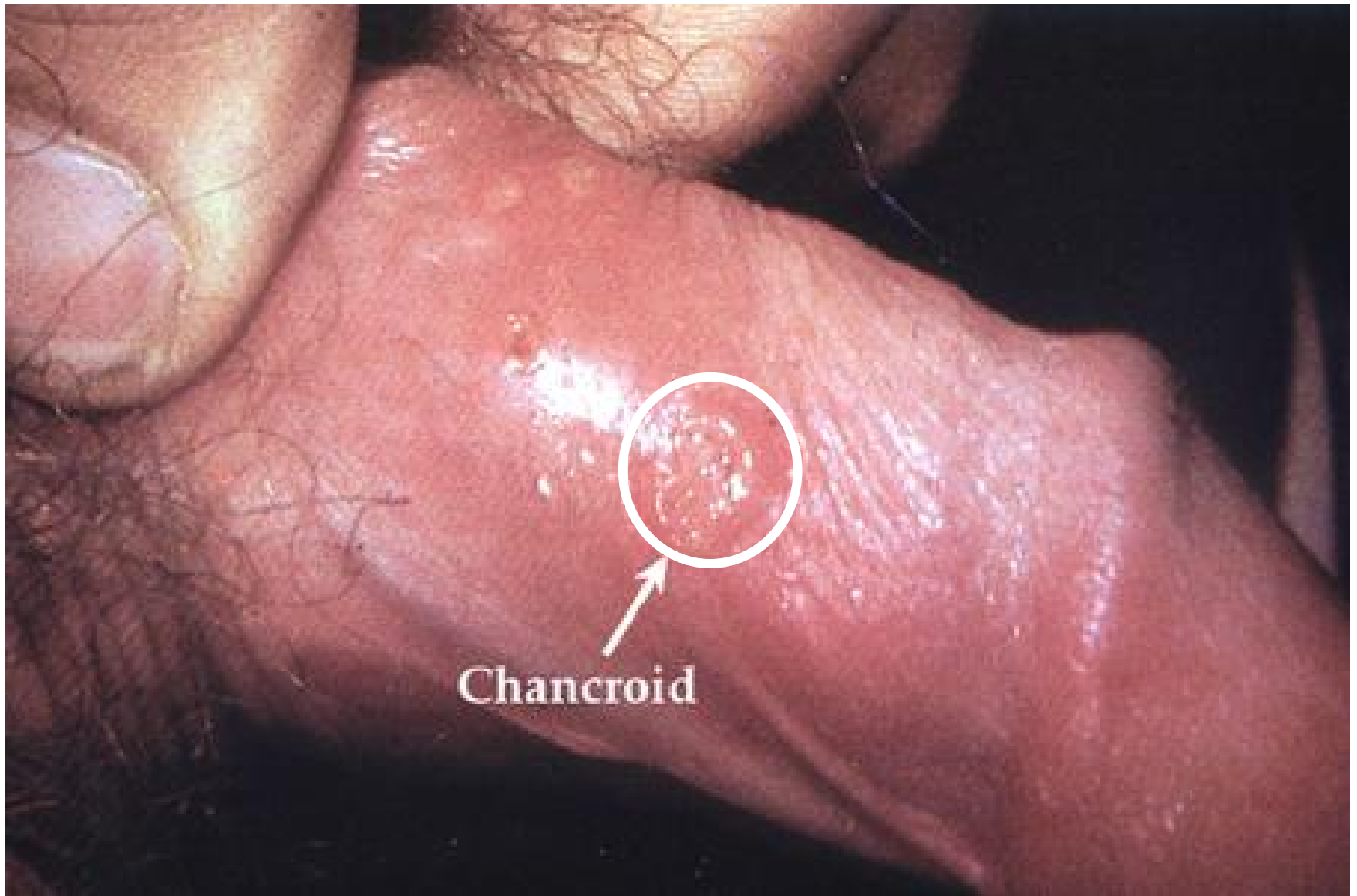
Ulcus molle



Ulcus molle



<http://dermis.net>





Chancroid in female

**Neisseria, Haemophilus,
Bordetella**

3. Bordetella

Kicsi, Gram negatív pálcák/coccobacillusok

Genus

Haemophilus

Faj

H. influenzae P

H. parainfluenzae

H. aegyptius P

H. ducreyi P

Bordetella

B. pertussis P

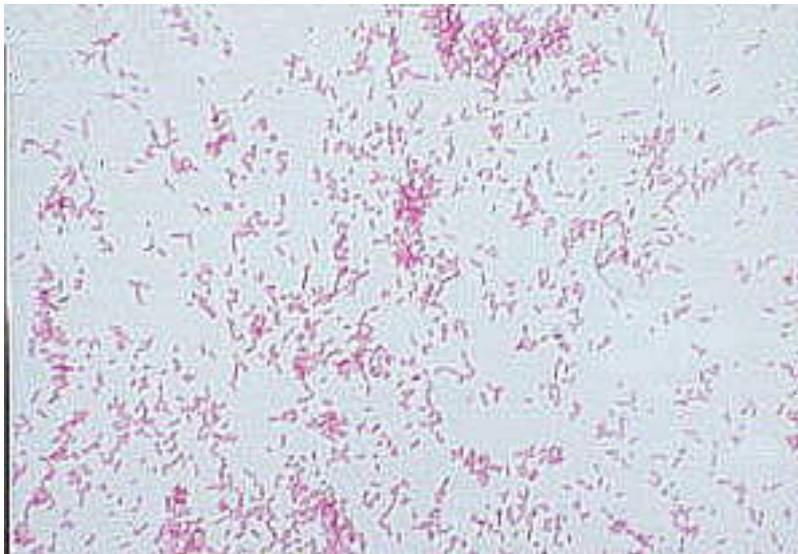
B. parapertussis

P: Pathogen

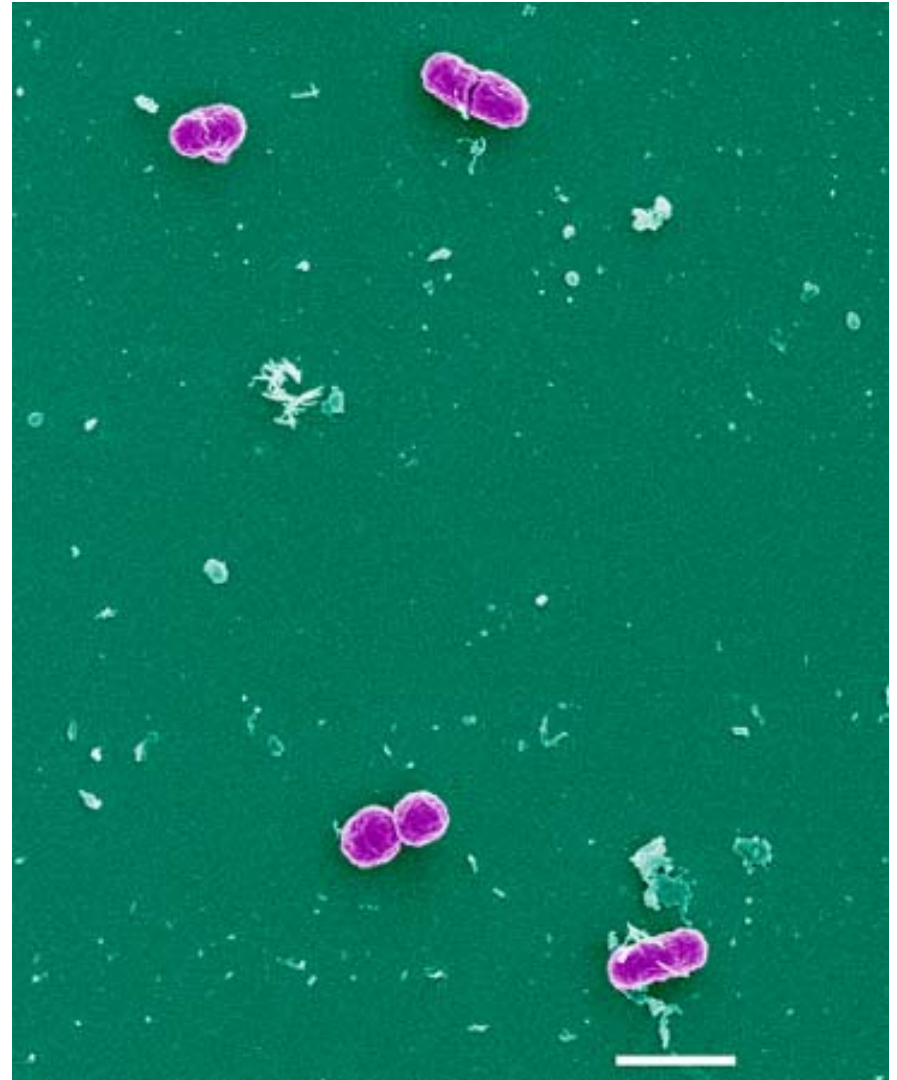
Bordetella pertussis

Morphologia:

Gram negatív
Coccobacillus,
ca. 1 μm



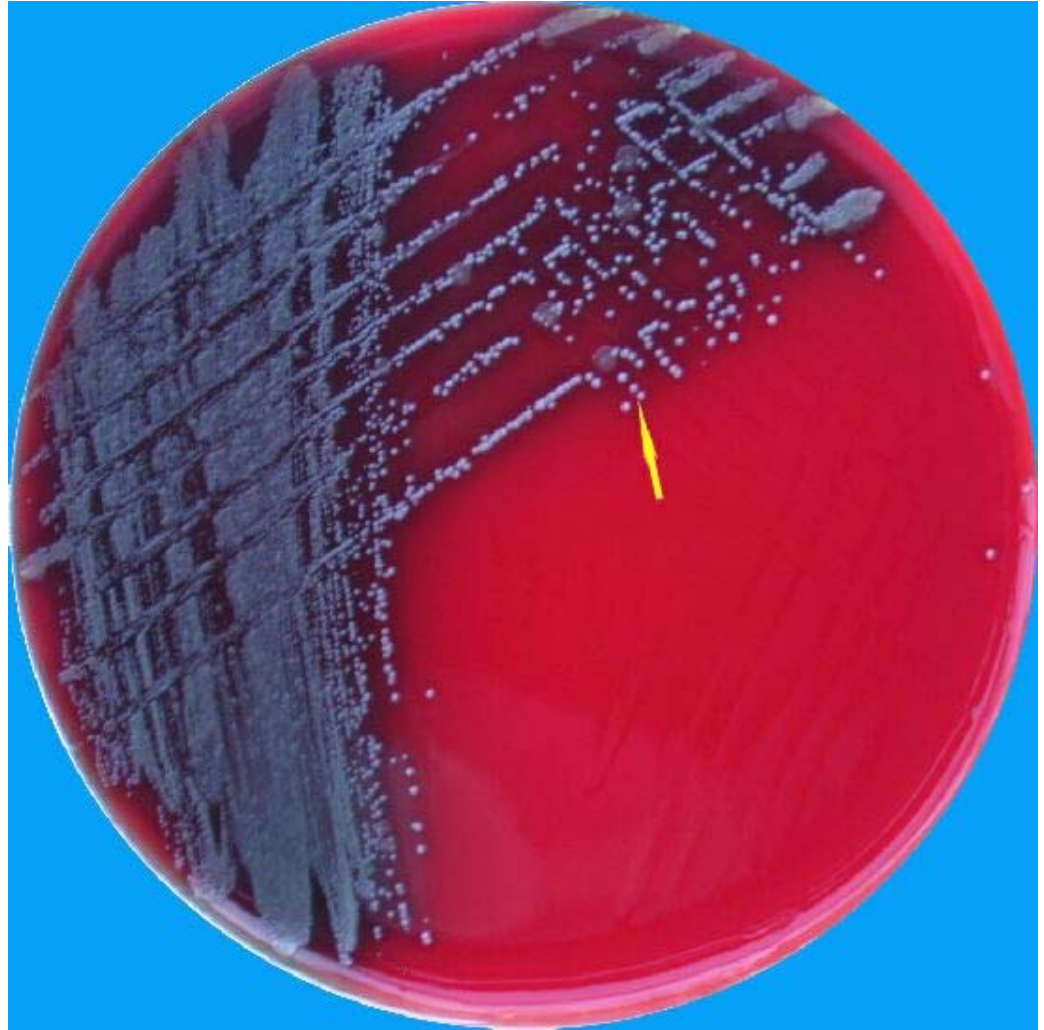
Gram stain of *B. pertussis*



Bordetella pertussis

Tenyésztés:

Speciális
Bordet – Gengou



Bordetella pertussis

Antigének és Virulenciafaktorok:

Tok

Fimbriák, filamentózus Haemagglutinin

Outer Membrane Proteine (OMP)

LPS

Pertactin

Extracelluláris Toxinok:

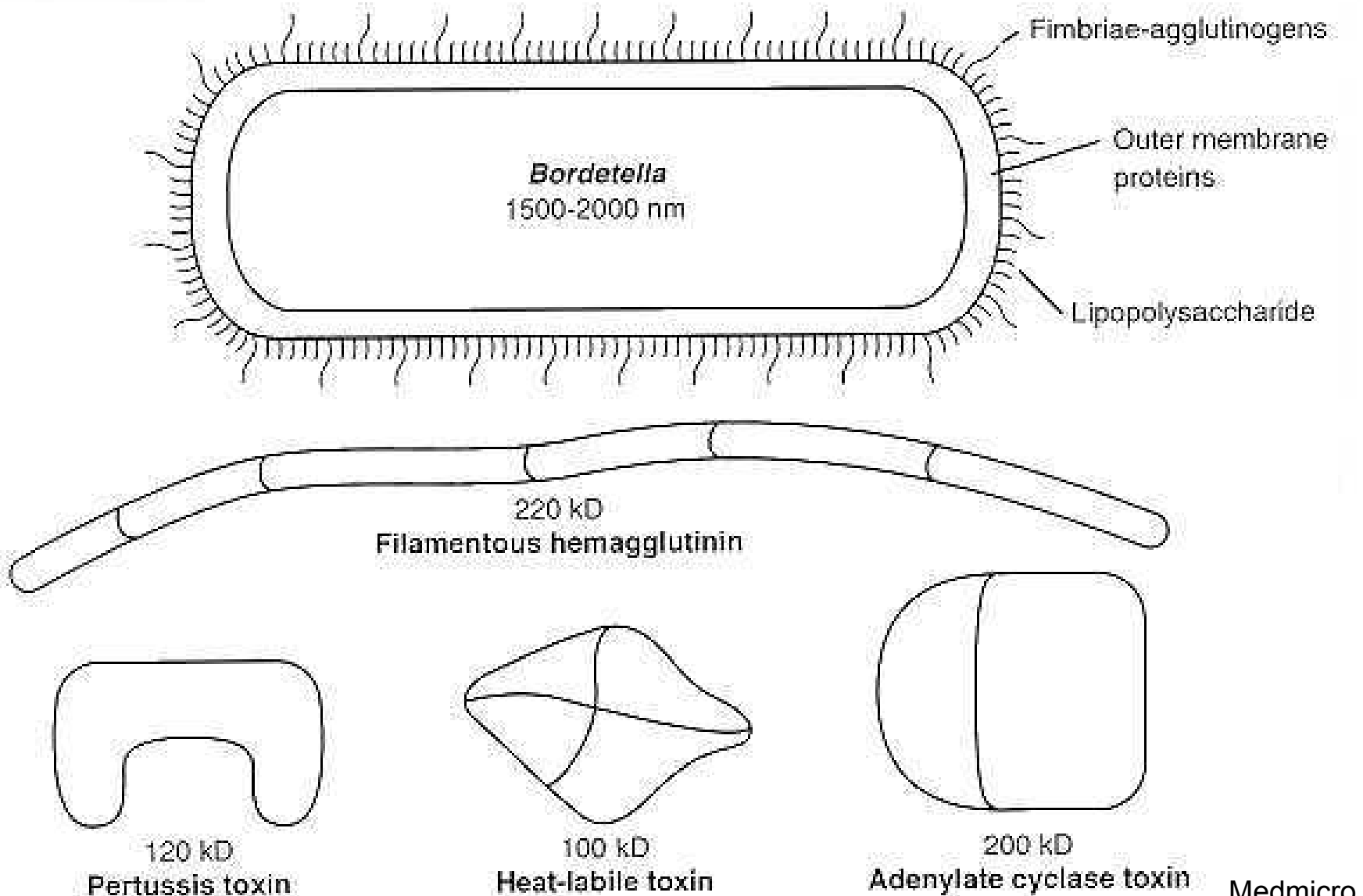
Pertussis Toxin (AB toxin)

Adenylatcyclase Toxin

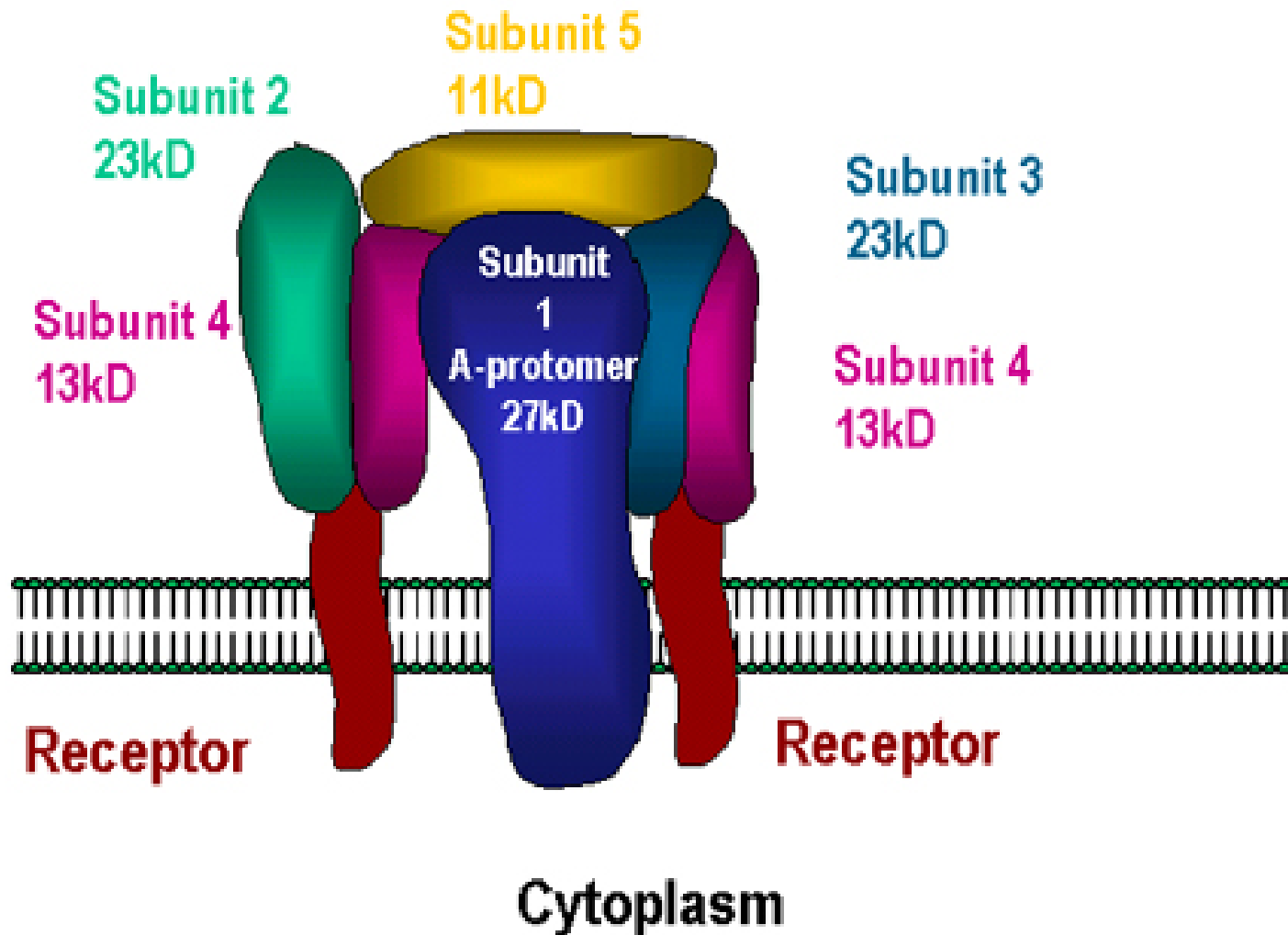
Trachealis cytotoxin

Dermatonecrotikus Toxin

FIGURE 31-2 Virulence factors of *B. pertussis*.



Pertussis toxin



Bordetella pertussis

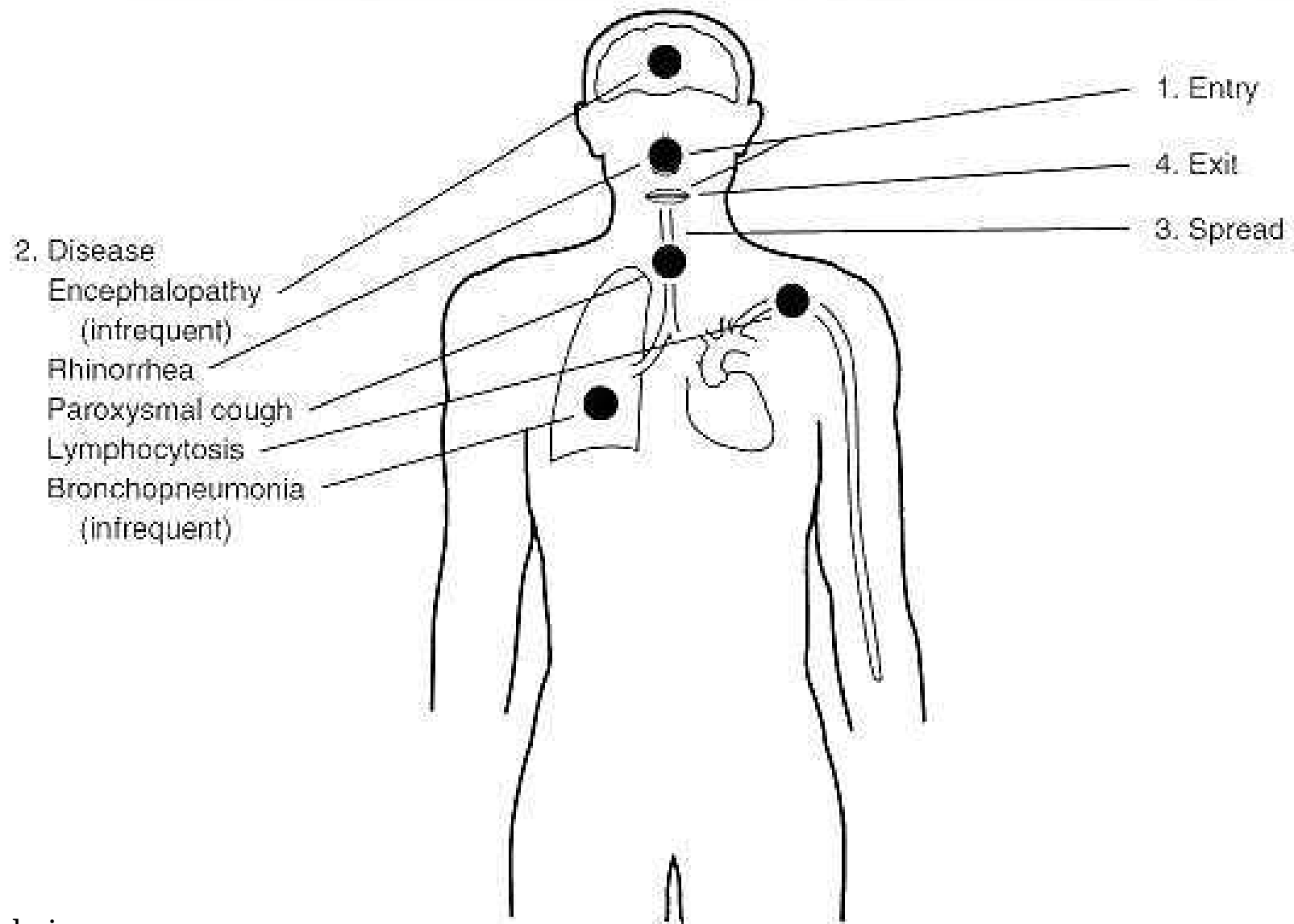
Pathogenesis, Fertőzés:

Fertőzés forrása: Betegek – prodromalis és katarrhalis Stadiumban

Behatolási kapu: Légzőtraktus

Átvitel: Cseppfertőzés → ÉRZÉKENY!
55°C; 30'

FIGURE 31-1 Pathogenesis of whooping cough.



Pathogenesis of *Bordetella pertussis*

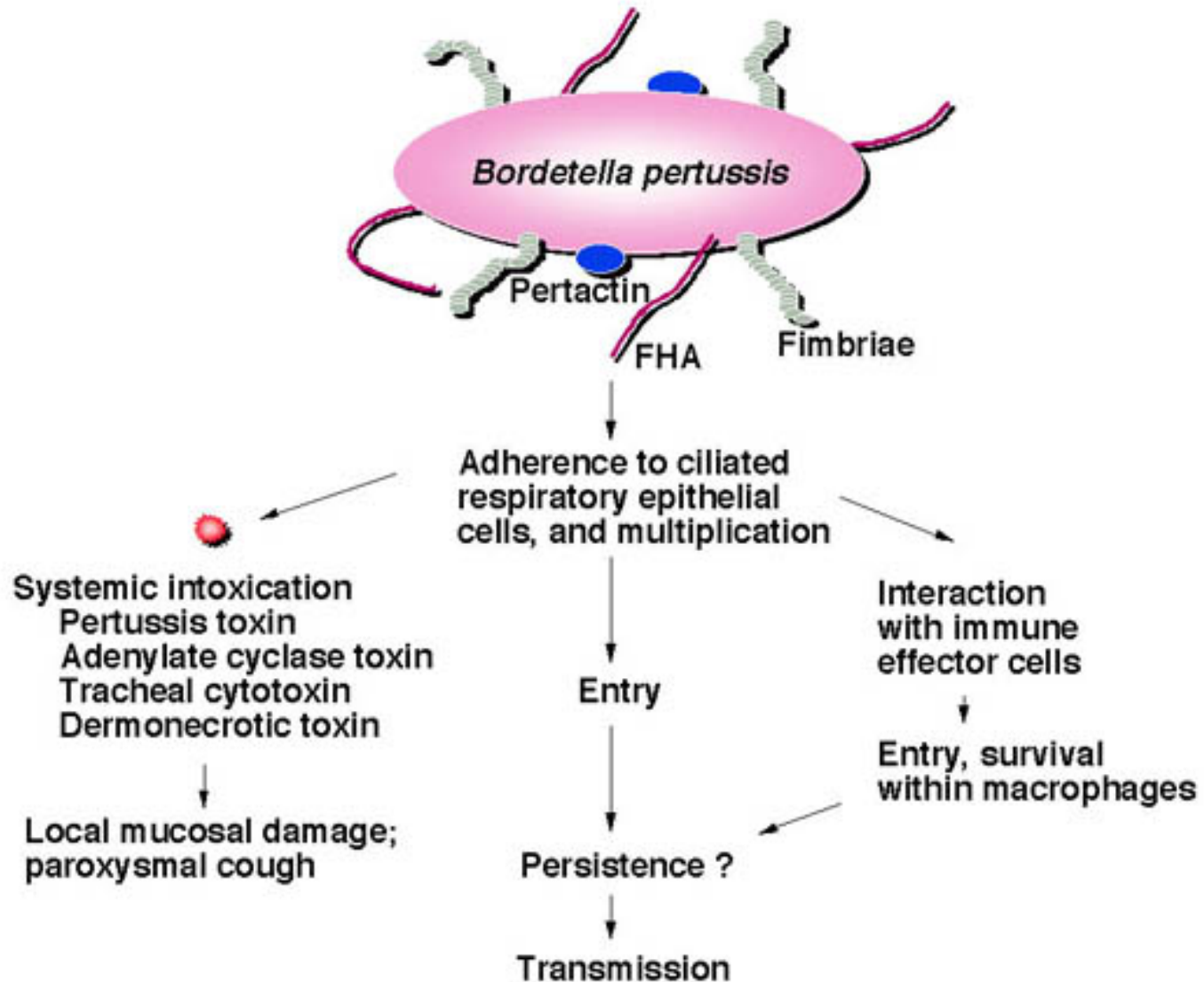


FIGURE 31-3 Binding of pertussis toxin to cell membranes.

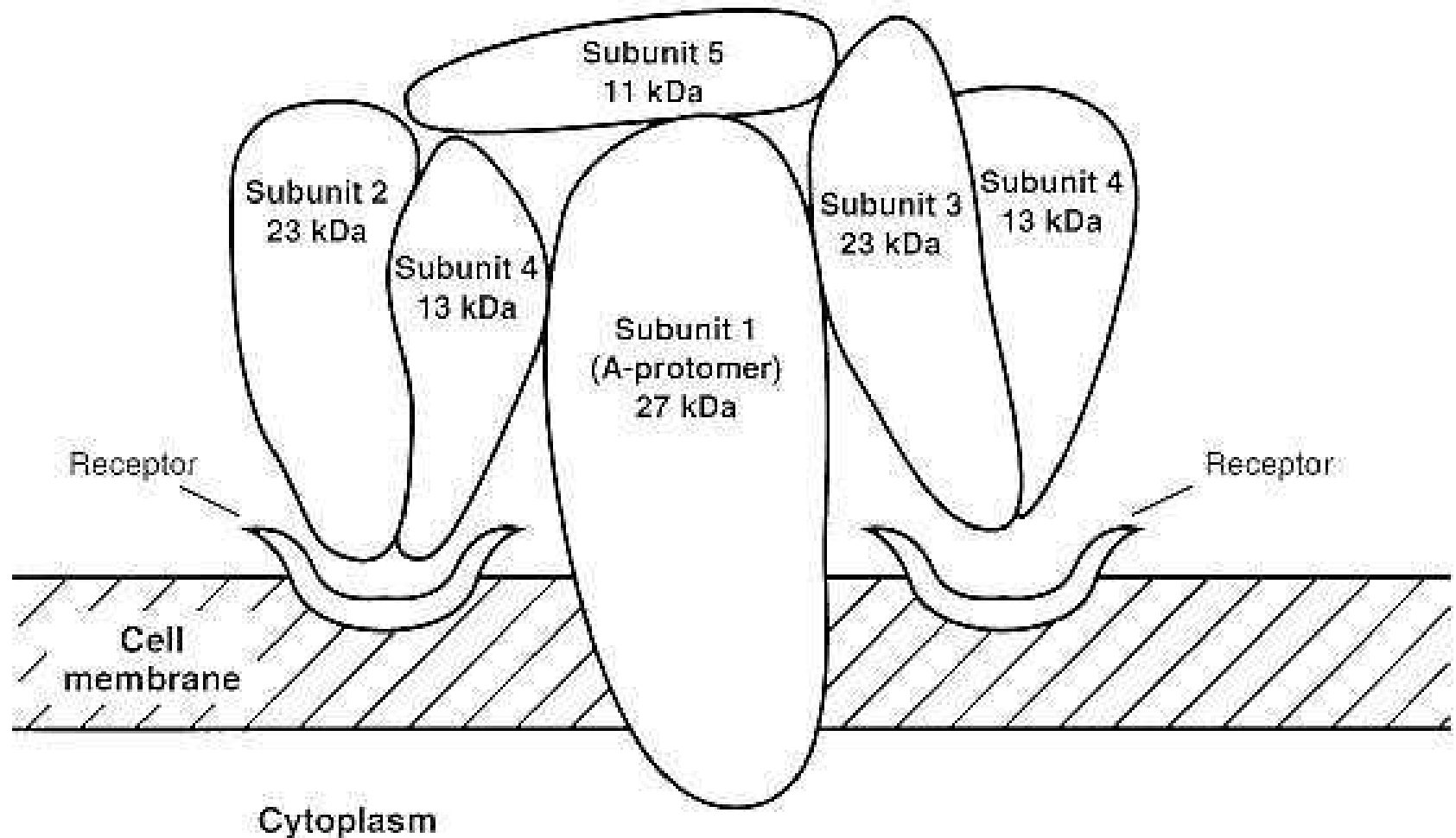
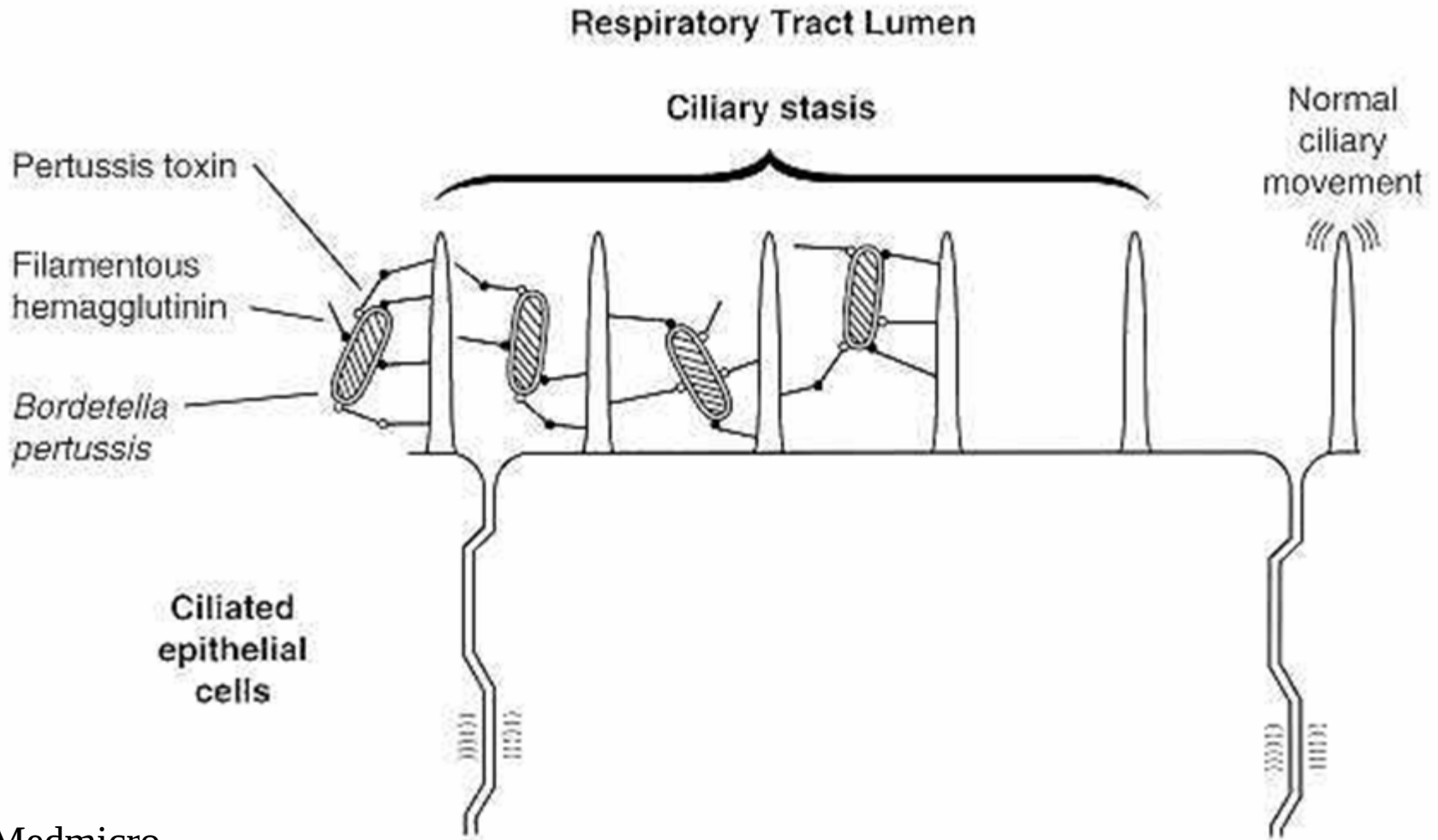


FIGURE 31-4 Synergy between pertussis toxin and the filamentous hemagglutinin in binding to ciliated respiratory epithelial cells.



Bordetella pertussis

Kórkép:

Szamárköhögés / Pertussis

(Peribronchialis gyulladás, Intersticiális Pneumonia)

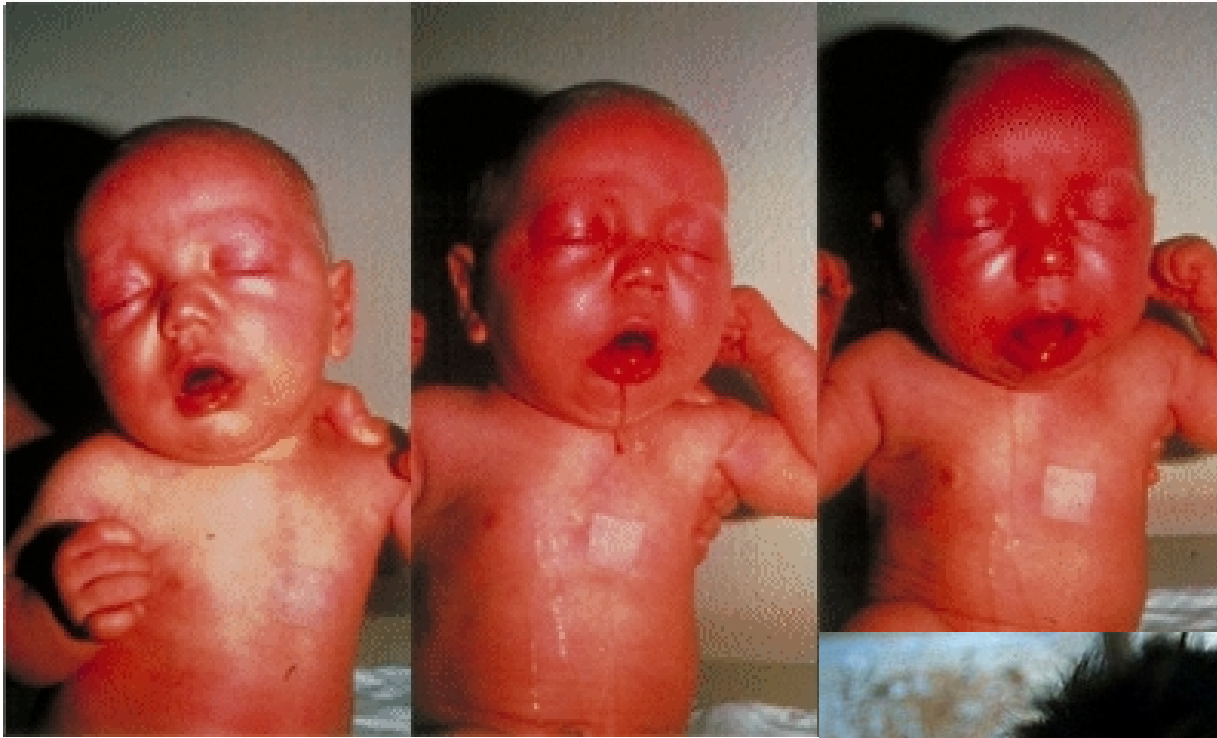
4-Phasis:

Prodroma,
Katarrhalis,
Paroxysmalis,
Rekonvalescens



Colonization of tracheal epithelial cells by *B. pertussis*

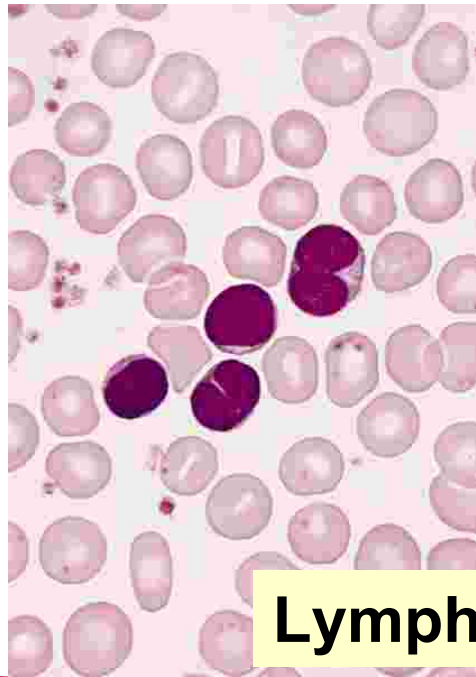
web.umr.edu/~microbio



Pertussis – paroxysmalis Phasis



Pertussis - Diagnosis



Lymphocytosis



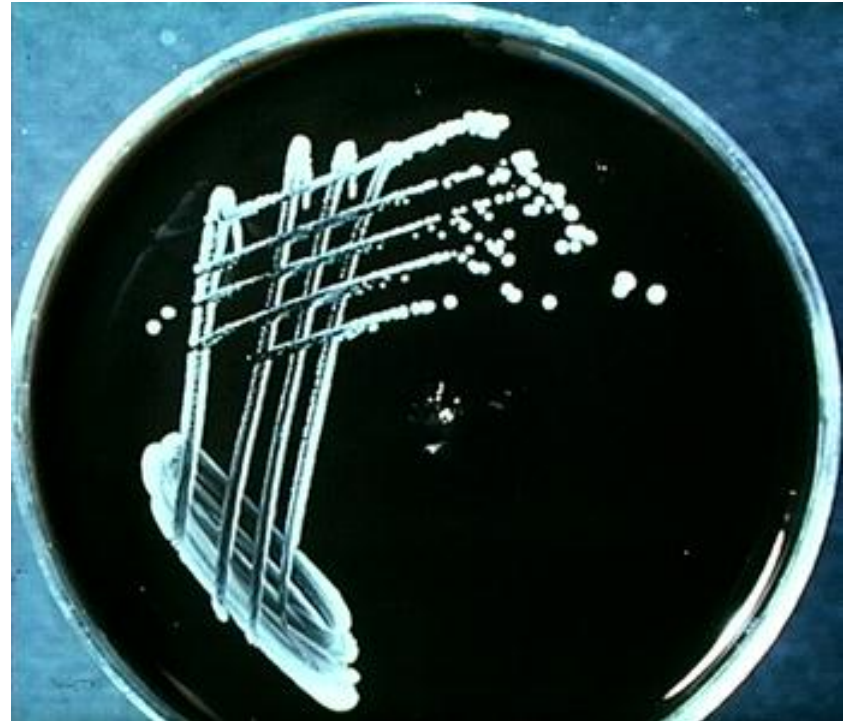
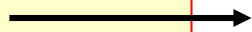
Bordetella pertussis

Diagnosis

Tenyésztés:

Bordet – Gengou
Direkt ráköhögni!

Charcoal Medium



Szerologia:

IgM, IgA, IgG kimutatás

PCR

Bordetella pertussis

Therapia:

Makrolid

Prophylaxis:

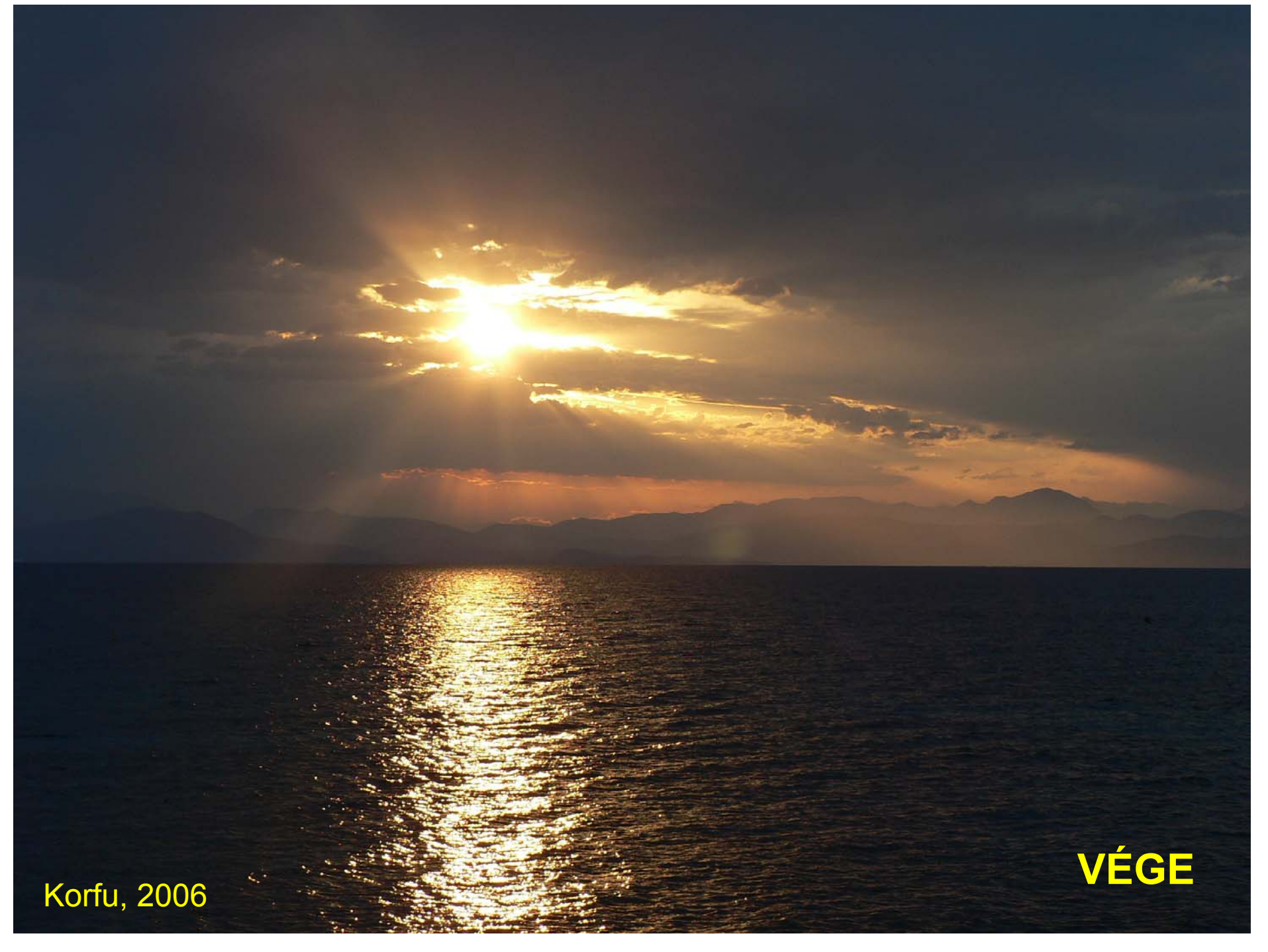
Aktív Immunizálás – acelluláris oltóanyag **DaPT**,
benne:

Toxoid

FH/Pilus

Pertactin

DiPerTe – elölt B. pertussis baktérium



Korfu, 2006

VÉGE