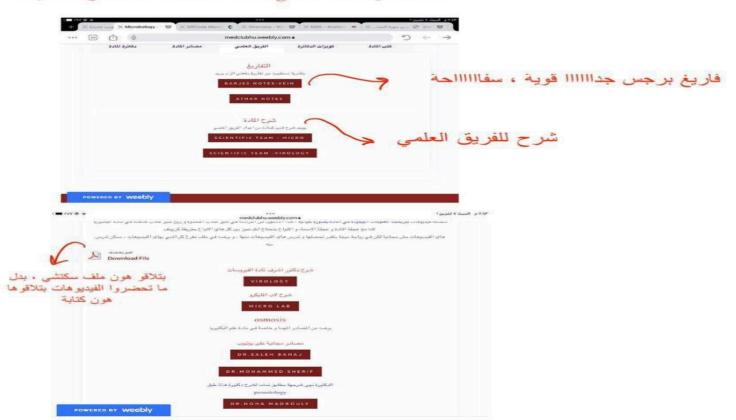


تجدون في guidance مادة المايكرو على موقع النادي:





8- Gram Negative Cocci Neisseria

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Objectives

- Understand the morphology, epidemiology, pathogenesis, and laboratory diagnosis of Neisseria gonorrhoeae
- Understand the morphology, epidemiology, pathogenesis, and laboratory diagnosis of Neisseria meningitides

Introduction

Gram -ve cooci

- Neisseria gonorrhoeae
- Neisseria meningitidis
- Moraxella catarrhalis Less common
- Other Neisseria species (non-pathogenic)
 N. cineria, N. lactamica, N. polysaccharea, N. subflava,
 N. sicca, N. mucosa, N. flavescens

رح نحكي عن هذول بالتفصيل

Neisseria gonorrhoeae (gonococcus)

General Characteristics

- Gram-negative cocci often arranged in pairs (diplococci) with adjacent sides flattened
- Oxidase positive
- Most catalase positive
- Non-motile, non spore forming
- Sensitive, aerobic but grow

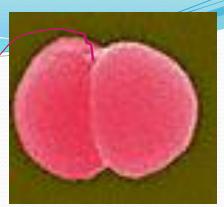
better with low CO2 and

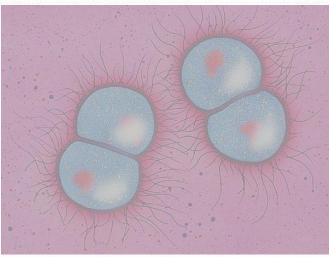
susceptible to cool temperatures,

drying and fatty acids





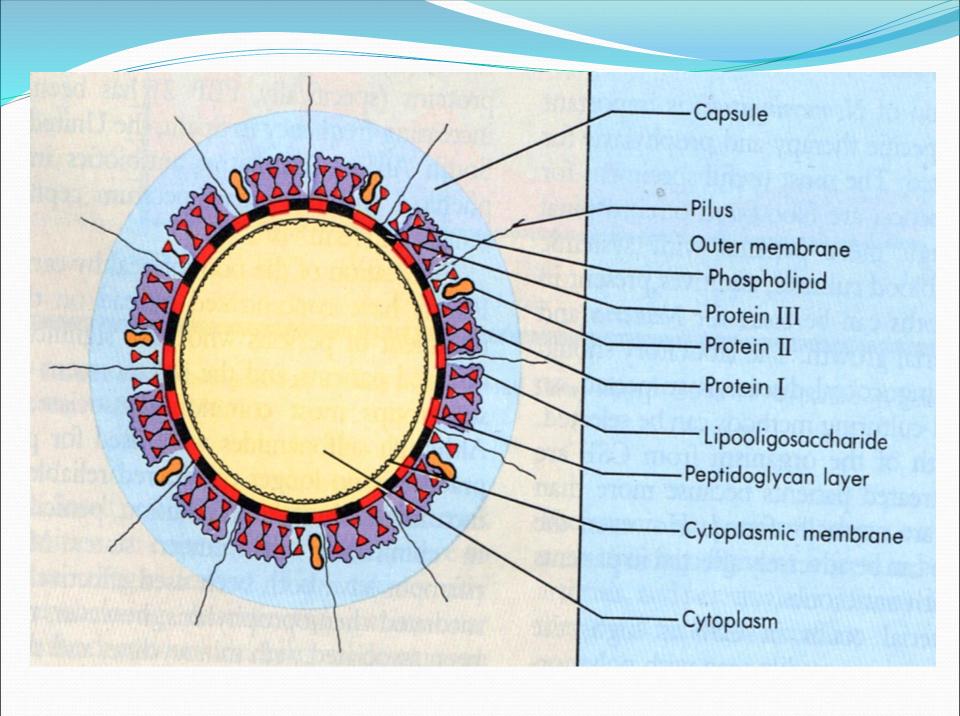




هنالك عوامل كثير بتأثر عليها فدنا نكون حذرين في اخذ العينة

Structure

- للالتصاق مش الحركة
- <u>Pili</u> (N-methylphenylalanine)
- Outer membrane:
- 1. Phospholipids
- 2. Proteins: Outer membrane proteins (OMP I, OMP II, Opa)
- 3. Lipopolysaccharide (LPS) mainly as lipooligosaccharide (LOS)
- Antigenic variation: Pili, OMPs, LOS



Epidemiology

- Neisseria gonorrhoeae is a common source of infection in humans
- Not part of normal human flora, only fond in mucous membranes of genitalia, anorectal area, oropharynex or conjunctiva during infection
- Transmission primarily by sexual contact or from infected mother during birth
- Asymptomatic carriage is a major reservoir
- Lack of protective immunity and therefore reinfection, partly due to antigenic diversity of strains

Pathogenesis

- 1. Attachment and invasion: pili and outer membrane protein help the bacteria to attach to intact mucus membrane epithelium. Invasion of submucosal eipthelial cells through parasite-directed endocytosis
- Survival and multiplication in the submucosa, establish infection in the sub-epithelial layer
- 3. Spread and dissemination: The bacteria cause local cell injury and inflammatory response. Local spread to adjacent structures or systemic dissemination through blood (bacteremia)
- Most common sites of inoculation:
 - Cervix (cervicitis) or vagina in the female
 - Urethra (urethritis) or penis in the male

Virulence Factors



جهاز المناعة بيفرز antibody من نوع IgA بكون موجود بال antibody هاي المكتيريا عندها انزيم بتكسرو

- N. gonorrhoea secrets IgA protease that inhibit IgA antibodies function
- Outer membrane proteins:
- 1. Prevents phagolysosome and promotes intracellular survival
- 2. <u>Mediates firm attachment to epithelial cells and subsequent</u> invasion into cells
- 3. Protects other surface antigens from bactericidal antibodies
- Lipooligosaccharide (LOS) (Lipid A) has endotoxin activity
- Acquisition of antibiotic resistance:
- 1. Plasmid-encoded beta-lactamase production مجموعة كبيرة من ال Resistant
- 2. Chromosomally-mediated changes in cellular permeability inhibit entry of antibiotics بالاكروموسوم بدل البلازميد antibiotic Resistantul عن الجينات المسؤولة عن ال

Clinical Presentation

In Men:

Urethritis: Most infections among men are acute and symptomatic with purulent discharge & dysuria (painful urination) after 2-5 day incubation period

In women:

Cervicitis: mild pain, discharge, dysurea but mostly asymptomatic

Pelvic Inflammatory Disease: ectopic pregnancy and infertility

Disseminated Gonococcal Infection: bacteremia

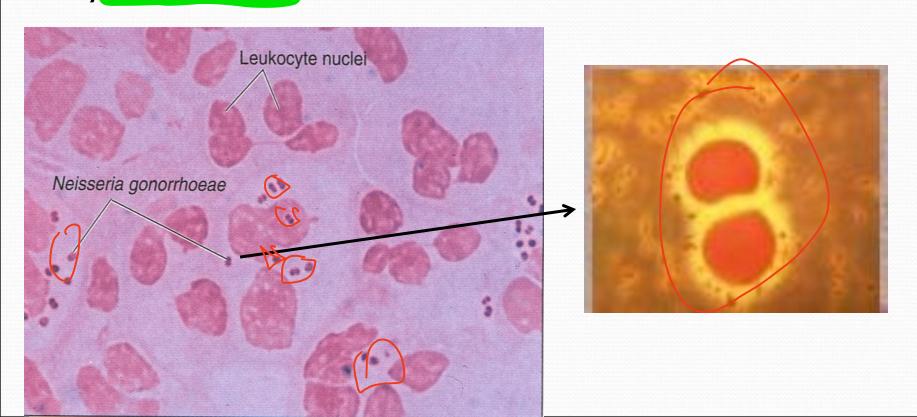
Laboratory Diagnosis

Specimen collection and transportation

- Specimens: urethral discharge, cervical swab, blood
- Should be processed immediately (no more than 6 hours)
- Do not expose to high temperature or dry conditions
- Cotton swab should include charcoal to inhibit fatty acid formation
- Transport in media with increased CO₂ using special packaged system that contain CO₂ generation system

1. Gram Stain

- Grame –ve diploccoci inside polymorphonuclear leukocytes
- Gram stain: 95% specific and sensitive in men, 50% 70% in women



2. Culture

Media:

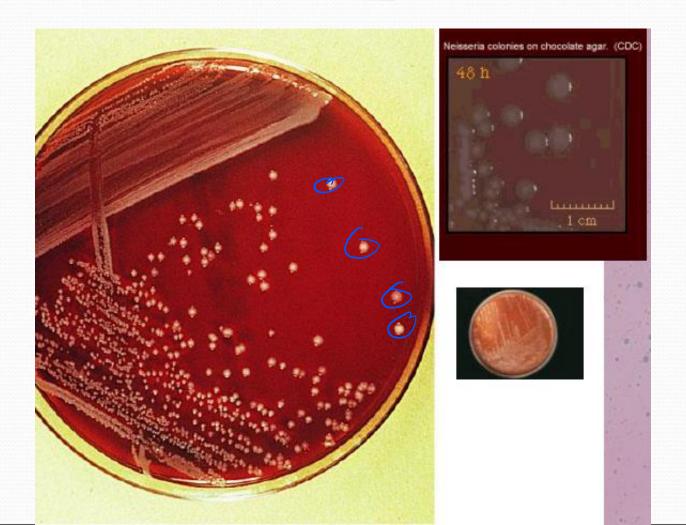
- Thayer Marten Media (TM): Enriched chocolate agar with antimicrobial colistin (to inhibit G- bacili)
 nystatin (to inhibit yeast) and vancomycin (to inhibt G+ bacteria)
- To Modified Thayer Marten Media (MTM): as above plus trimethoprim (to inhibit proteus) trimethoprim (by inhibit proteus) trimethoprim (by inhibit proteus)
- Martin Lewis medium (ML): same as above except that anisomysin is substituted for nystatin and vancomycin concentration is increased

Incubation conditions:

- Prewarm the media
- Incubate at 35-37 °C for 73 hours
- CO2 enriched ex candle jar (5-7%)
- Humid atmosphere ex sterile gauze pad soaked with sterile water in the bottom of candle jar

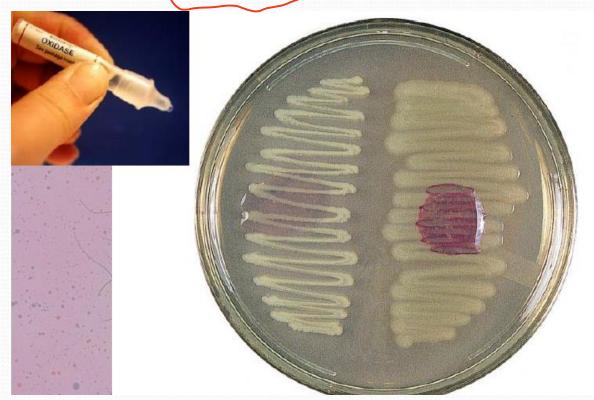
Colonial appearance:

Small, grayish white, convex, translucent, shiny, with smooth or irregular margins



3. Biochemical Tests

- Oxidase positive
- Glucose fermentation positive (while maltose and lactose fermentation is negative)
- Nitrite reduction negative



4. Immunological Tests

- Commercially available particle agglutination tests using specific monoclonal antibodies are available and used mainly for confirmation of colony growth
- Immunological assays is less useful due to antigenic variations

5. Antimicrobial Susceptibility Tests

- Resistance to pencillin is quite common due to production of beta-lactemase
- هذا ال antibiotic قوي Resistance to ceftriaxone is not described
- Treatment with ceftraxone is effective and does not require routine susceptibility testing

Thank you....