



GENITOURINARY 545TEM

SUBJECT: Microbiology 4

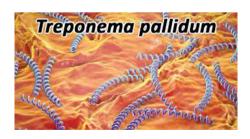
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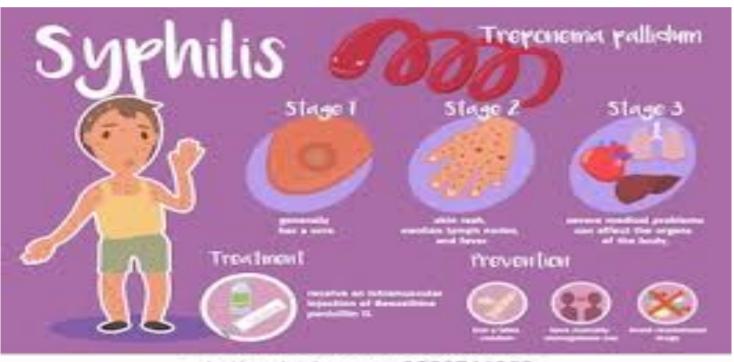
DONE BY: Rama omoush



Genito-Urinary System يعطيكم العافية اليوم ان شاءالله رح نكمل Syphilis

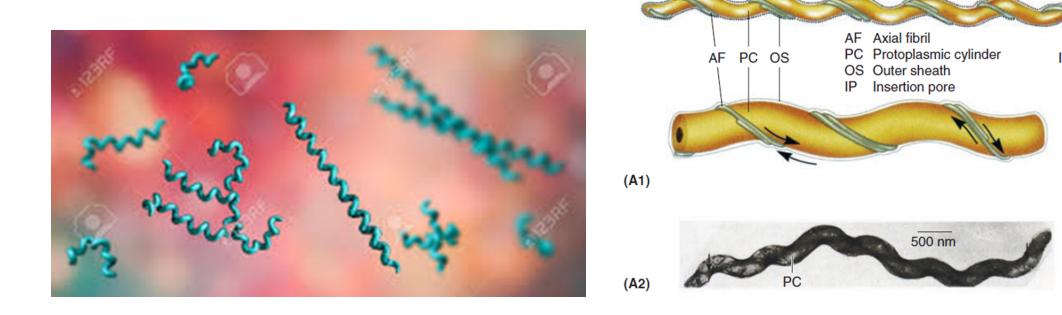






- Spirochetes are bacteria with a spiral morphology
 - Small, motile, gram –ve, slender, helically coiled, flexible
 - Intracellular flagella(endoflagella)

اول اشي بلشنا نحكي عن الخصائص تبعونها زي اي بكتيريا



- Syphilis
 - Treponema pallidum subspecies pallidum

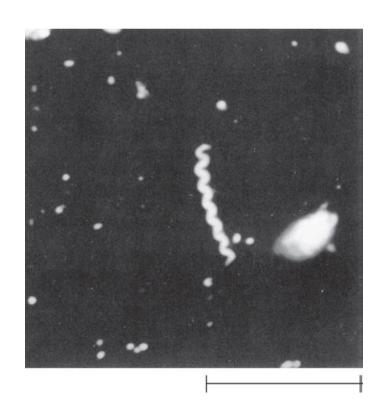
- طبعا عنا منها انواع كثير و كل واحد بسوي مرض شكل و احنا اليوم حنركز عمرض واحد منهم فقط الي بخص سيسيتمنا
- yaws (chronic skin infection characterized by papillomas (noncancerous lumps) and ulcers
 - treponema pallidum pertenue
- Lyme disease(It is transmitted to humans through the bite of infected blacklegged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. If left untreated, infection can spread to joints, the heart, and the nervous system
 - Borrelia bacterium





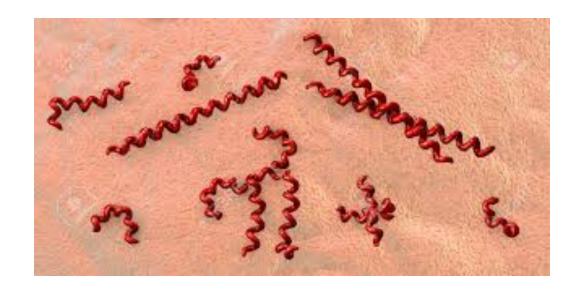
- Many spirochetes are difficult to see by routine microscopy.
 - Gram negative, many either take stains poorly or are too thin (0.15 μ m or less) to fall within the resolving power of the light microscope.
- Only darkfield microscopy, immunofluorescence, or special staining techniques can demonstrate these spirochetes.

ما بنقدر نشوفها بال light ابدا بس ینقدر نشوفها darkfield microscopy, immunofluorescence, فیهم و بتشوفوها زي کانها or special staining



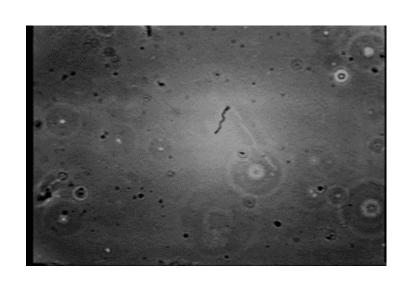
Treponema pallidum

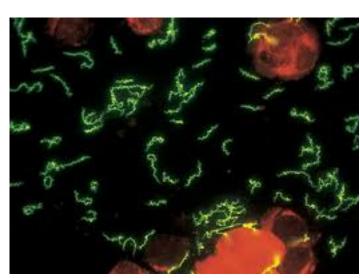
- *T. pallidum* is the <u>causative</u> agent of <u>syphilis</u>, a venereal disease first recognized in the 16th century.
- T. pallidum is a slim (0.15 μ m) spirochete 5-15 μ m long with regular spirals that resemble corkscrews .

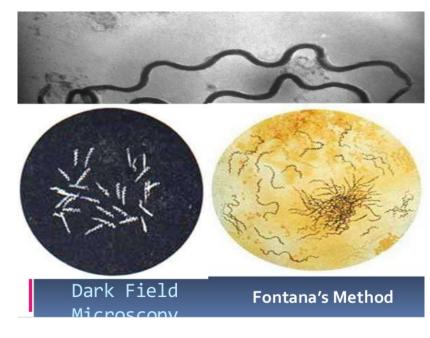


Treponema pallidum

- It is readily seen only by immunofluorescence, darkfield microscopy, or silver impregnation histologic techniques.
- Live *T. pallidum* cells show characteristic <u>slow</u>, <u>rotating motility</u> with <u>sudden 90-degree angle flexion</u>.







- inability to grow the organism in culture.
- It multiplies for only a few generations in cell cultures and is difficult to subculture.
 - cultured mammalian cells.
- Small genome
- Few structures or product
- The sluggish growth (mean generation time more than 30 hours)
- lacks lipopolysaccaride (LPS) and contains few proteins.

حتى انو نشوفها ب culture كثسر صعب لانها بطيئة بكلشي بال growth ,metabolism

- extremely susceptible to any deviation from physiologic conditions.
- It dies rapidly on drying
- is readily killed by a wide range of detergents and disinfectants.
- The lethal effect of even modest elevations of temperature (41° to 42°C) was the basis of <u>fever therapy early</u> in the last century.

و زي م حكينا بالمحاصرات الماضية انو البكتيريا الي بتسوي STI هي بكتيريا حساسة لاي تغير او اشي ممكن ياذيها زي الحرارة و الجفاف و عشان هيك حكينا انو صعب تنتقل ب route اخرى لانها بدها ظروف خاصة

- Bacterial
- Spiral
- Darkfield microscopy
- Slow, rotating motility
- Not grow in culture
- Slow grow
- Few structure
- Small genome
- Few protein
- No lipopolysachraide
- Sensitive

مراجعة لاهم خصائصها

EPIDEMIOLOGY

- Treponema pallidum is an exclusively human pathogen
- Infection is acquired from direct sexual contact with a person who has an active primary or secondary syphilitic lesion

ليش مش tertiary? لانه خلص وقتها لا رح يكون موجود بالمنطقة الي حيسوي فيها sexual contact لانها بتكون استقرت بمكان واحد فقط و حنفهم شوى مان شوى

Sex

Genital ulcer (lesion at the point of entry)

Secondary syphilis

Generalized maculopapular rash

Tertiary syphilis

Focal lesions



Genital ulcer oint of entry)

- Papule...ulcer,,,indurated and ulcerates but remains painless .(chancre)
- heals spontaneously after 4 to 6 weeks.
- Firm, nonsuppurative, painless enlargement of the regional lymph nodes
- 1 week of the primary lesion and

may persist for months. رح نحكي عن ال primary اول اشي بتكون بين فترة محدد بعد ال contact من ٣ اشابيع ل ٣٠ يوم ممكن تتطلعله باي وقت و بتحفر زي الدريل ف بتسوي ulcers ما بتوجع و ممكن تنتفخ عنا ال lymph nodes و بنسمي مراحل ال ulcers هون (chancers)بعدين اذا تعالج خلص بروح كل اشي

بدون م ينتقل على ال secondary واذا لا رح ينتقل للمرحلة الى بعدها







Primary Syphilis

Sex

Genital ulcer (lesion at the point of entry)

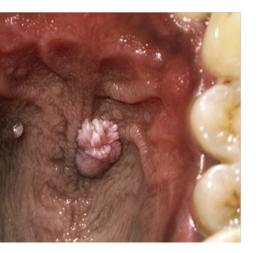
2 to 8 weeks after the chancre

Generalized maculopapular rash

Secondary syphilis

About 1/3 of patients condylomata lata,

- painless mucosal warty erosions
- usually develop in warm, moist sites such as the genitals and perineum.





- Symmetric non itchy muco -cutaneous maculopapular rash
 - generalized non-tender lymph node enlargement
- fever and malaise.
 - Skin lesions are distributed on the trunk and extremities, often including the palms, soles, and face.





All the lesions are highly infectious

هون مريضنا ما تعالج من الاول و انتقل للمرحلة الثانية هون البكتيريا بتكون راحت لل blood و بلشت تعمل rash عكل جسمه و اي حدا بمسكها ممكن ينعدي لانه بتكون البكتيريا جواتها هسا بهادي المرحلة ال rulcer بتكون راحت بس ممكن هاي ال rash نفسها تروح على المنطقة ال تسوي اشي اسمه c ينعدي لانه بتكون البكتيريا جواتها هسا بهادي المرحلة ال تسوي اشي اسمه ondylomata lata

Sex

Genital ulcer (lesion at the point of entry)

secondary syphilis

Generalized maculopapular rash

و هسا هون حنلاقي عنا خيارين اذا ما تعالج يا اما تروح لحالها او تتدخل بمرحلة الليتنسي

1/3: They resolve spontaneously after a few days to many weeks,

2/3: The illness enters the latent state

Latent Syphilis

هسا هون هي يتكون موجودة بس مش شرط symptoms تسوي

- No clinical manifestations
- + serologic tests

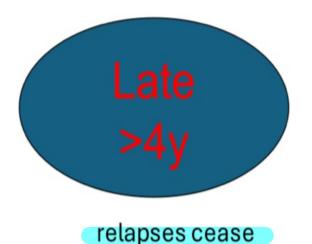
Early 1-4y

Relapses of secondary syphilis

هون اول اربع سنين بتضل ترجع كل شوي و تسوي rash زي secondary ال

Transmission

- From the relapse
- Blood transfusion
- Mother to baby



وبرضو هون بس ما يتعالج حيدخل عالثالثة او ممكن اصلا بعد ال secondary يدخل عالثالثة دايركت بدون م يمر بهاي

Tertiary Syphilis

- <u>one third</u> of patients with <u>untreated</u> syphilis <u>develop tertiary</u> <u>syphilis</u>.
- The manifestations may appear as early as <u>5 years</u> after infection but characteristically occur <u>after 15 to 20 years</u>.

Tertiary Syphilis

spirochetal lipoproteins — inflammatory response — immune complexes

delayed-type hypersensitivity

هسا هون البكتيريا بتتجمع بمكان واحد و بتصسر يتجمع عليها fibrosis و بتصسر يتجمع عليها immune cells ف المسلم و jymphocytes ممكن تكون باي granuloma مكان بالجسم

granulomatous arteriolar walts

Gumma

manifestations depend on the body sites

Nervous and Cardiovascular systems.

و بنسميها gumma

Neurosyphilis

• Neurosyphilis is due to the damage produced by a mixture of meningovasculitis and degenerative parenchymal changes in virtually any part of the nervous system.

ممکن یروح علی brain او spinal cord و یبلش یعمل neurological symptoms

- Cortical degeneration of the brain
 - mental changes ranging from decreased memory to hallucinations or frank psychosis.
- In the <u>spinal cord demyelination</u> of the posterior columns, dorsal roots, and dorsal root ganglia produces a syndrome called tabes dorsalis
 - which includes <u>ataxia</u>, <u>wide-based gait</u>, <u>foot slap</u>, and <u>loss</u> of the <u>sensation</u>.



Cardiovascular syphilis

- arteritis involving the vasa vasorum of the aorta
- dilatation of the aorta and aortic valve ring leading to <u>aneurysms</u> of the ascending and transverse segments of the aorta and/or <u>aortic valve incompetence</u>.

aneurysm و بصير عنا cvs هون بتروح تهاجم ال valve و مشاكل بال

- A localized, granulomatous reaction to *T. pallidum* infection called a **gumma** may be found in <u>skin</u>, <u>bones</u>, <u>joints</u>, or other organ.
- Any clinical manifestations are related to the <u>local destruction</u> as with other mass-producing lesions, such as tumors.

زي م حكيتلكم فوق ممكن تتجمع باي مكان مش cns cvs شرط بس بال



Congenital Syphilis

• Untreated maternal infection may result in fetal loss or congenital syphilis.

وهون موضوع كثير مهم هو الام المريضة رح تنقل المرض لابنها و هي حامل فيه للاسف و حيصير عنا ما يسمى ب syphilis و للاسف بيجي لبيبي معها اعراض سيئة و

و بالنسبة للعدوى زي م حكيتلكم فوق اول و ثاني مرحلة بعدو و الليتنسى و الثالثة لا

Congenital Syphilia

- Bone involvement produces characteristic changes in the architecture of the entire skeletal system (saddle nose, saber shins, Hutchinson teeth, hearing loos). Anemia, thrombocytopenia, and liver failure are terminal events.

و هون بنحكي عن الاعراض الى حيطلع فيها البيبي







- Less commonly,
 - Non-genital contact with a lesion (e.g., of the lip),
 - sharing of needles by intravenous drug users,
- Late disease is not infectious.

DIAGNOSIS

Microscopy

- *T. pallidum* in primary and secondary lesions can be seen by <u>darkfield</u> <u>microscopy</u>.
 - It requires experience and fluid from deep.
 - A negative test does not exclude syphilis.
- Darkfield microscopy of oral and anal lesions is not recommended
 - because of the risk of misinterpretation of other spirochetes present in the normal flora.

Serologic Tests

- Most cases of syphilis are <u>diagnosed serologically</u> using serologic tests that detect antibodies directed at either <u>lipid</u> or <u>specific treponemal antigens</u>.
- The former are called <u>non-treponemal tests</u>, and the latter are referred to as <u>treponemal tests</u>.
- Their use in screening, diagnosis, and therapeutic evaluation of syphilis has been refined over many decades.

هاد النوع رخيص و بالبلاد الي برا بستخدموه ك screening فقط و اذا

-18-11

Non-Treponemal Tests (non-specific test)	Confirmatory Treponemal Tests
Venereal Disease Research Laboratory test (VDRL)	Treponemal pallidum particle agglutination test (TP-PA) Fluorescent treponemal antibody absorbed test (FTA-ABS)
Rapid plasma reagin test (RPR)	T. pallidum enzyme immunoassay antibody test (TP-EIA) Chemiluminescence immunoassay (CIA)

Note: The non-treponemal tests (titers) detect antibodies that are not specific for *Treponema pallidum*.

Note: As a group, these tests are based upon the detection of antibodies directed against specific treponemal antigens. Treponemal tests are qualitative only and are reported as "reactive" or 'non-reactive".

The use of only one type of serologic test is insufficient for diagnosis.

Non-treponemal tests	Treponemal tests
Antibody directed against cardiolipin (lipid complex) (reagin) Specific للبكتيريا تبعتنا؟ ليش ينعتبره مش specific للبكتيريا تبعتنا؟ لانه برضو موجود باشياء اخرى زي ال	antibody specific to T. pallidum
Nonspecific autoimmune disease	• Specific
 Sensitivity and low cost :preferred for screening if positive, they must be confirmed by one of the more specific treponemal tests 	 not useful for screening Positive result confirms RPR and VDRL
• following treatment	• They are not useful for following therapy (once positive, they usually remain so for life)
• With successful antibiotic therapy nontreponemal serologies slowly revert to negative.	• The treponemal IgM tests are useful in establishing the presence of an acute infection in
in a variety of auto-immune diseases or in diseases involving substantial tissue or liver destruction, such as lupus	

erythematosus, viral hepatitis, infectious mononucleosis, and malaria.
False-positive results can also occur occasionally in pregnancy and in patients with HIV infection

TREATMENT AND PREVENTION

- *T. pallidum* remains exquisitely <u>sensitive</u> to <u>penicillin</u>, which is the <u>preferred treatment in all stages</u>.
- In primary, secondary, or latent syphilis persons <u>hypersensitive</u> to <u>penicillin</u> may be treated with <u>tetracyclines</u>, <u>erythromycin</u>, or <u>cephalosporins</u>.

لو كان عنده حساسية نستخدم هدول

طبعا هو اذا تعالج بكون اشي خفيف وخلص بروح بس السيء لو ما تعالج بنعطيه intramuscular بنسلن

TREATMENT AND PREVENTION

- In <u>penicillin-hypersensitive</u> patients with <u>neurosyphilis</u> or <u>congenital syphilis</u> be desensitized rather than use an alternate antimicrobial.
- Safe sex practices are as effective for syphilis prevention.
- No vaccine is available so far.



*Treponema pallidum *

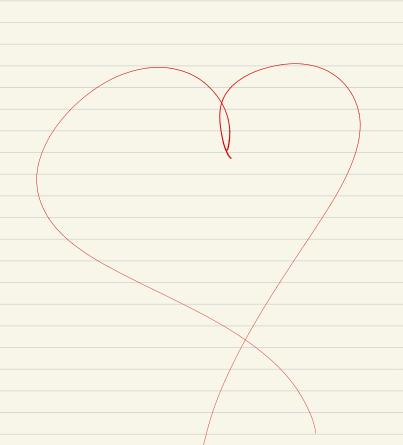


- Spirochete
- 2 Dark field microscopy can identify treponema pallidum
- 3. Sexually transmitted infection 4. Primary syphilis presents with a painless genital ulcers
 - VDRL test 6. The presence of anticardiolipin antibodies indicates a positive test result
 - 7. RPR test

- The FTA-ABS test is the "confirmatory" test
- Secondary syphilis may present with a maculopapular rash involving the trunk, palms, and soles
- 10. Secondary syphilis may present with a wart-like lesion on the genitals known as conduloma lata
- Tertiary syphilis causes tabes dorsalis (demyelination of the nerves within the dorsal columns)

 12. Neurosyphilis is a common complication of tertiary syphilis

- B. Tertiary syphilis may cause aortitis resulting in a tree barking appearance of the aorta
 - Congenital syphilis
- 5. Congenital syphilis may cause hutchinson teeth
- 6 Congenital syphilis may cause a saddle nose
- Congenital syphilis may cause saber shins
- Congenital syphilis can be prevented if the mother is treated with penicillin early during pregnancy
 - Congenital syphilis may cause hearing loss



يعطيكم الف عافية يعتذر عاي خطأ املائي و بليز شيكو عكومنتات اول تفريغ عدلت الاسئلة و يعطيكم الف عافية يرب