



RESPIRATORY SYSTEM HAYAT BATCH



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RESPIRATORY TRACT INFECTIONS - III



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IX- Pneumonia

Community Acquired Pneumonia (CAP):

Bacterial causes:

مسؤولة عن 50 ٪ من الحالاس

- Streptococcus pneumoniae (the commonest cause of

lobar pneumonia in young children and elderly).

- Haemophilus influenzae
- Staphylococcus aureus
- Streptococcus pyogenes
- Bacillus anthracis (pneumonic anthrax)
- -Yersinia pestis (pneumonic plague)
- Mycobacterium tuberculosis & Atypical mycobacteria
- Atypical pneumonia:

(Mycoplasma pneumoniae, Legionella pneumophila, Chlamydia psittaci, Coxiella burnetii).

Fungal causes:

- Histoplasma capsulatum, Aspergillus fumigatus, Coccidioides immitis, Blastomyces dermatitis, Cryptococcus neoformans, Pneumocystis jirovecii

Viral causes:

Rarely the primary cause of pneumonia and when they cause pneumonia, it is mainly in infants and immuno-compromised patients.

- Influenza
- Respiratory syncytial virus (predominant in infants).
- Para influenza virus
- Adenoviruses

Parasitic causes:

- Paragonimus westermani

- Loeffler's syndrome (Ascaris lumbricoides, Strongyloides stercoralis, Ancylostoma duodenale).

Hospital Acquired (Nosocomial) Pneumonia (HAP): (48hs or more after admission) infection happen After Admission (Klebsiella pneumoniae, Pseudomonas aeruginosa and E. coli, Staphylococcus aureus MRSA).

Empyema (a collection of pus in the pleural cavity): Mostly caused by pyogenic G+ve cocci especially **Staphylococcus** aureus and G-ve bacilli especially **Klebsiella pneumoniae**.

Lung Abscess: Anaerobes (Peptostreptococcus spp., Prevotella spp. and Fusobacterium), S. aureus, K. pneumonia .

closed cavity --> pus ol>> / +02

Non groupable STREPTOCOCCUS PNEUMONIAE STREPTOCOCCUS PNEUMONIAE PMeuro PMe



Morphology

- **Gram-positive**, **diplococci** (arranged in pairs).
- > Capsulated (Polysaccharide capsule),

capsule appears as unstained halo around the

توزيها ما بتوخذ الصبغة حل 2 بكونوا حواليهم clear zone ما ينكن عليكة Capsule كونها ما بتوخذ الصبغة حل 2 بكونوا حواليهم Organism.



Culture:

- > Aerobic and facultative anaerobe.
- Does not grow on ordinary media. Growth needs an enriched media as blood agar.

blood to growth visit

- On blood agar, colonies are surrounded by partial zone of haemolysis with greenish discoloration (Alpha haemolysis).
- It is sensitive to optochin (Antibacterial agent). Pacetrae
 Killed by optochin
 The pneumococcus dies rapidly in cultures due to dies rapidly in cultures due to argaism at antopy is any stage of agent.







Biochemical reaction:

Ferment Inulin.

Soluble in bile.

لوحطيتا على bile solution بلاقل ال organism اختفى وظاب

➢ Catalase-negative.







وَلِعَلَّمَّاتَحْسَاهُ لِيسَرِبِكَانَ Table: Differences between Strept. viridans and Pneumococci وَلِعَلَّمَاتَرَجُوهُ سَوَفَيَكُون

	Pneumococci	Strept viridans « hemolysis
1) Capsule	Capsulated	Non - capsulated
2) Bile solubility	+	-
3) Optochin sensitivity	Zone of inhibition	- Can grow in optocin
4) Inulin fermentation	+	-

Antigenic structure & virulence factors

- > A polysaccharide capsule:
 - ✓ **The major virulence factor** (Anti-phagocytic).
 - ✓ Permits classification (Typing) of pneumococci to more than <u>90 types</u>.
- ► **IgA protease:** enhances colonization of the respiratory tract.
- Pneumolysin: Pore forming toxin (the hemolysin that causes α-hemolysis).
 Pneumolysin: Pore forming toxin (the hemolysin that causes α-hemolysis).
- Autolysin: lyse the bacterial wall and release potentially lethal toxins.
 Pecrozing و inflammation المعالية المعالية المحالية ا

Pathogenesis & clinical findings:

- > Pneumococci are **the most common** cause of:
- Otitis media and sinusitis.
- Community Acquired Pneumonia. It is typical lobar pneumonia (Fever, chills, cough with red brown "rusty" sputum, dyspnea and tachypnea).
 - (redish color ربطي لون Bacteremia. المعام معام
 - **9** Meningitis.
 - > Predisposing factors: Patient infected to s. pneumonia (unhealthy people)
 - Children < 2 ys and elderly > 65 ys. \downarrow immunity
 - Smokers and alcoholics (depress the cough reflex)
 - Asplenia
 - Immunocompromized e.g., HIV, cancers,...
 - Abnormality of the respiratory tract (viral infections, chronic lung diseases,..)





Diagnosis:

Specimen: Sputum, CSF, Blood,..

- 1) Gram Stained smears (Gram-positive diplococci with unstained halos).
- 2) Detection & typing of capsule: Capsule swelling test (quellung reaction).
- 3) Culture on blood agar:
 - Alpha haemolysis.
 - Soluble in bile.
 - Optochin sensitive.



4) Blood cultures are positive in 15% to 25% of pneumococcal infections.

Prophylaxis: Two types:

- 1) Capsular polysaccharide vaccine
- 2) Pneumococcal conjugate vaccine: (Capsular polysaccharides + protein: Stimuli to immuno respons against to capsule

carrier).

- مش احیاری They are <u>recommended</u> for:
- All children less than 2 years of age.
- Elderly more than 65 years.
- Adults with **certain medical conditions** (e.g. immunocompromised, chronic lung disease, **asplenia**,..).

<u>KLEBSIELLA PNEUMONIAE</u> "FRIEDLANDER'S BACILLUS"



Morphology:

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- It is Gram-negative bacilli, Non-motile.
- Capsulated both in tissue and in vitro culture.

Culture:

- On MacConkey's medium, it produces rose pink
 colonies due to lactose fermentation.
- Colonies are big, high convex with a striking characteristic **mucoid appearance** due to the production of a very large polysaccharide capsule.





Pathogenesis & Clinical findings:

- > It is important cause of nosocomial infections:
 - Pneumonia (sever form of lobar pneumonia which من خطرانه یعنی can progress to abscess formation & empyema).

Sputum characterized by being thick, mucoid, bloody نوي من الاخر نوي من الاخر "currant jelly sputum". مهم نميز بين نوي ال مهم المن بين ال

- ***** Urinary tract infections.
- * Bacteremia.

(e.g. immunocompromised, chronic lung disease,

Infections frequently have predisposing conditions??

Strain of bacteria used and strain of the sistence is the strain of the sistence is the strain of the strain o







Morphology:

Gram positive bacilli, non-motile, arranged in chains.
 Sporulated in vitro. The spores are oval, central and

not stained with Gram stain.

"D-Glutamic acid") only inside the body, appears as unstained hallow in gram stain).

➤ When the organism is stained with polychrome methylene blue, the organism stains blue while the capsule purplish. (McFadyean's reaction)





Culture:

- > Aerobes; grow on ordinary media.
- Colony is large opaque disc with rough granular surface and irregular fimbriate edge (medusa head colony).
- Colonies on blood agar are non-hemolytic
- الله It liquefies gelatin (proteolytic activity) Hire Hire tree توية لما بزرعوا على اي proteolytic على سائل ريكون شكله دي . Solid media) fire tree appearance.



Virulence factors:

A) Very powerful exotoxin.

The toxin consists of 3 domains:

Protective antigen (PA: binds to specific receptor لله يعلى poor in cell membrane بعن Specific receptor المسؤول انه يعلى binding المسؤول انه يعلى poor in cell with its proteolytic activity producing

membrane channel and permits entrance of:

Edema factor (EF) with its adenyl cyclase $\overleftarrow{}$ activity \rightarrow loss of water \rightarrow \rightarrow edema.

Lethal factor (LF) which cause tissue necrosis.

B) Protein capsule: Antiphagocytic.



Anthrax

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≻ It is a disease of farm animals e.g. cattle and sheep (Zoonotic disease).

- Man infected by coming in contact with diseased animals or their dead bodies.
 الفنات الاكثر عرضة للإصابات ت
- > Farmers, butchers, wool sorters and veterinarians are more liable to infection.
- > Infection could occur in different forms, the commonest forms are:
- 1- Cutaneous anthrax (malignant pustule)
- 2- Pulmonary anthrax (wool sorters disease)
- **3- Intestinal anthrax**



Pathogenesis





Pathophysiology of Anthrax.

PULMONARY ANTHRAX والعون العيانات Wool sorters disease"



- > Pulmonary anthrax occurs when spores are inhaled into the lungs.
- After inhalation, the organism moves rapidly to the mediastinal lymph nodes.
 Because it leaves the lung so rapidly, it is not transmitted from person to
 Imphnede de macrophog add media and transmitted from person to
 person by respiratory route (not contagious).
- > Begins with nonspecific respiratory symptoms resembling influenza.
- This rapidly progresses to hemorrhagic mediastinitis (fever, chest pain, RDS and widened mediastinum on chest X-Ray).
- End by septic shock and death
 (Mortality rate is very high > 95%).



Diagnosis:

1- Chest X- Ray or CT scan: widening of mediastinum or pleural effusion.

- **2- Detection of the organism in:**
- **Blood:** blood cultures is positive in most cases. The organism identified by Gram stain, subculture or PCR.
- Sputum. Not useful and seldom yields positive smears or cultures.
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 3- Detection of toxin in blood: (test specific for the PA component of the toxin protective Antigen
 e.g. ELISA, IF).

Treatment & Prevention:

Active immunization:

a) Pasteur's vaccine & Live spore vaccine: given only to animals.

b) Protective antigen vaccine: It is used for humans. Given to people at high risk.

*Antibiotics effective only if given before the lymphatic spread or septicemia. المعام المعالية المعا



Anthrax as a Biological Weapon



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- Anthrax is one of the most likely agents to be used because:
 - Virulent organism with high fatality.
 - Forms spores which:
 - \checkmark Can be produced in lab and put into powders, sprays, food, and water.
 - \checkmark Very small so, you may not be able to see, smell, or taste them.
 - \checkmark Can last for years in the environment.

معلومات عامة غير مطلوبات بالامتحان

BIOTERRORISM-anthrax as a bioweapon

-Anthrax was used by Scandinavian rebels against Russians -Operation vegetarian by Royal Air Force against Germany in 1944 ,an anti-livestock operation

-In 1997-accidental release of anthrax spores from biological weapons complex in Russia infected 94 people ,68 died

-In Oct.2001 anthrax attacks in USA termed Amerithrax(FBI)

22 cases- 11 inhalation(5 deaths),11 cutaneous(no deaths)

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ANTHRAN	NEW YORK NY 10036	You DIE NOW.	TAKE PENACILIN Now
	Tom BROKAW NBC TV	DEATH TO AMERICA.	DEATH TO AMERICA
	30 ROCKEFELLER PLAZA New YORK NY 10112	DEATH TO ISRAEL.	DEATH TO ISRAEL

شتبتسم الأمانى <u>گن قریب</u> كَن في الله نفق مع يَخيب