Gi Microbiology summary (1+2)

الملف فيه أهم النقاط المذكورة لكل بكتيريا . الملف الأصلي كنت كاتبته بخط الايد بس للوضوح حولته لنص باستخدام (Ai) يعني ممكن يختلف شوي عن الترتيب الأصلي بس راح يفيدكم بالدراسة إن شاء الله ، خاصة انه الدكتور بركز عالشغلات يلي بتميز كل بكتيريا .

صلوا على النبي وبلشوا 🧡



Vibrios

- General Features:
 - Motile, oxidase +ve (≠ Enterobacteriaceae).
 - G-ve, comma-shaped rods.
 - Found in surface water.
 - V. cholerae = halotolerant, others = halophilic.
- ◆ Types & Diseases:
 - 1.V. cholerae
 - O1, O139 \rightarrow cholera.
 - Non-O1/O139 → cholera-like gastroenteritis.
 - Toxins: heat-labile (H antigen), O antigen.
 - ↑cAMP → profuse watery diarrhea.
 - Needs large dose to infect.
 - Stool: "rice water", mucus, no blood.
 - Epidemics: clinical diagnosis enough.
 - Sporadic: need lab confirmation.
 - 2.V. parahaemolyticus \rightarrow seafood poisoning.
 - 3.V. vulnificus \rightarrow sepsis (cirrhotics), wound infections.
 - 4.V. alginolyticus \rightarrow eye, ear, wound infections.
- Lab Diagnosis:
 - 1. Sample: G—ve comma-shaped in stool.
 - 2.Smear: dark-field \rightarrow shooting star motility.
 - 3. Culture:
 - Grows fast (18h) on TCBS, peptone, blood agar (pH ~9).
 - 4. Specific tests:
 - Slide agglutination (O1/O139), biochemicals.
- **♦** Treatment:
 - 1.Fluids
 - 2. Antibiotics (if needed)

Campylobacter

- General Characteristics:
 - Found in the GI tract of animals.
 - Causes diarrhea and can lead to systemic (extra-intestinal) disease.
 - C. jejuni and C. coli cause gastroenteritis in developed countries.
- ☐ May cause bloody diarrhea (inflammatory type).
- ☐ Usually seen in healthy individuals.
 - C. fetus causes systemic infections in immunocompromised patients.
- Campylobacter jejuni:

Morphology & Physiology:

- Gull-wing shape under the microscope.
- Motile with darting motility.
- Microaerophilic: requires $\uparrow CO_2$ and $\downarrow O_2$.
- Thermophilic: grows best at 42°C.
- Diagnosis:
 - Specimens: stool samples.
 - Smear:
 - Shows gull-wing shape.
 - Observed under special conditions: microaerophilic and high
- temperature.
 - Characteristic darting motility.
- Complications:
- Certain serotypes of C. jejuni and C. coli are linked to Guillain-Barré Syndrome (post-diarrheal).
 - Local complications may include:
 - Cholecystitis
 - Pancreatitis
 - Cystitis
- **♦** Treatment:
 - Fluid replacement is the mainstay of therapy

Helicobacter pylori

- General Features:
 - Spiral-shaped, multiple flagella
 - Urease ↑↑, microaerophilic
 - Oxidase & catalase positive
- ◆ Epidemiology:
 - Colonizes ²/₃ of people in developing countries
 - Fecal-oral / oral-oral transmission
 - Humans are the only reservoir
- Diseases:
 - Duodenal & gastric ulcers
 - Gastric cancer & MALT lymphoma
 - May cause iron deficiency via occult blood
- Pathogenesis:
 - Lives in mucus layer near epithelium (neutral pH)
 - Motile in mucus → reaches gastric pits
 - Urease → ammonia → neutralizes acid & damages cells
 - Mucinase → penetrates mucus
 - Disease depends on:
 - Bacterial factors: cag, VacA, type IV system
 - Host: IL-1 gene polymorphisms
 - Environment: smoking
- Diagnosis:
 - Smear
 - Biopsy (stomach or duodenum)
 - Difficult culture
 - Special: CLO test, urea breath, stool Ag
- **♦** Treatment:

Triple: PPI + Metronidazole + Amoxicillin/Tetracycline

Quadruple: PPI + Metronidazole + Tetracycline + Bismuth

Brucellae

- General Features:
- G-ve coccobacilli, aerobic. OB. abortus requires \CO₂.
- Non-motile, slow-growing, oxidase & catalase positive.
- Facultative intracellular \rightarrow RES (e.g., liver, spleen, marrow).
- Zoonotic (livestock, unpasteurized dairy).
- Transmitted via inhalation \rightarrow potential biological weapon.
- ♦ Species & Diseases:
 - 1.B. melitensis (goats/sheep) \rightarrow most severe.
 - 2.B. abortus (cattle) / 3.B. suis (pigs) / 4.B. canis (dogs)
- Cause brucellosis (Malta/undulant fever).
- Fever ↑ afternoon, ↓ night.
- Progression: entry \rightarrow lymph nodes \rightarrow thoracic duct \rightarrow blood \rightarrow RES.
- Form granulomas \rightarrow may become abscesses.
- Intracellular in RES (liver, spleen, marrow).
- ◆ Transmission: Direct contact.
- Ingestion of unpasteurized dairy. Inhalation (lab risk).
- ◆ Lab Diagnosis:
 - 1. Culture: blood, bone marrow.
- Uses Brucella agar (highly enriched; reduced form used for anaerobes).
 - 2. Serology:
 - Standard agglutination test (SAT)
 - ELISA (uses cytoplasmic proteins; \(\) sensitivity/specificity)
 - 3.PCR (in specialized labs).
- Important Notes:
- Brucellosis patients can't donate blood.
- Live-attenuated Rev.1 vaccine used (for animals).
- Treatment:
- Doxycycline + Rifampin (6 weeks)
- TMP-SMX for children/pregnant.

Leptospira

- General Features:
- G—ve spirochete, thin, tightly coiled, double membrane.
- Motile (2 periplasmic flagella), non-capsulated.
- L. interrogans (pathogenic), L. biflexa (free-living).
- Disease: Leptospirosis
- 90% \rightarrow mild/asymptomatic.
- <10% \rightarrow Weil's Syndrome: hepatitis, nephritis, hemorrhage.
- Biphasic:
- 1. Leptospiremic (1–2 wks): entry via skin/mucosa \rightarrow spread in blood \rightarrow no Abs \rightarrow fever, myalgia, red eyes.
- 2. Immune: settles in liver/kidneys → hemorrhage, necrosis → Weil's (severe).
- **♦** Transmission:
- Water/soil (rat urine) → via abrasions, mucosa, ingestion, inhalation.
- Risk: sanitation workers, animal contact.
- Diagnosis:
 - 1. Too thin for light microscopy.
 - 2. Culture (slow).
 - 3.MAT serology.
 - 4.PCR (early).
- **♦** Treatment:
- Mild: doxycycline, ampicillin, or amoxicillin (oral).
- Severe: IV penicillin (targets PBPs).



اَللَّهُ لِآلِهَ إِلَّهُ وَأَلْحَتُ أَلْقَيُّومُ ۚ لَا تَأْخُذُهُ سِنَةً وَلَانَوْمُ لَهُ مَا فِي السَّمَوَاتِ وَمَا فِي الْأَرْضِ لَ مَن فَا لَّذِي يَشْفَعُ عِنْدَهُ إِلَّا إِذْ نِهِ يَعْلَمُ مَا بَيْنَ أَيْدِيهِمْ وَمَا خَلْفَهُمْ وَلاَ يُحِيطُونَ بِشَى ءٍ مِنْ عِلْمِ وَ إِلَّا بِمَا شَاءً وَسِعَ كُرْسِيُّهُ ٱلسَّهَوَاتِ وَالأَرْضَ وَلاَيَؤُدُهُ حِفْظُهُمَا وَهُوَا لَعَلِيُّ الْعَظِيمُ ١