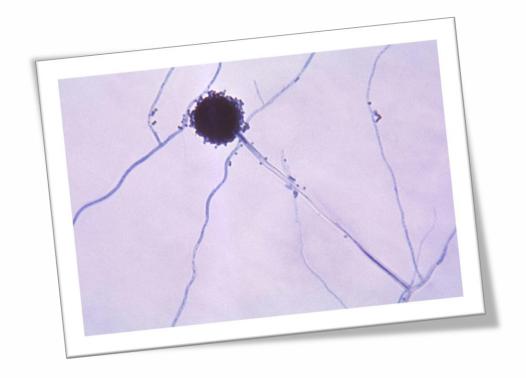


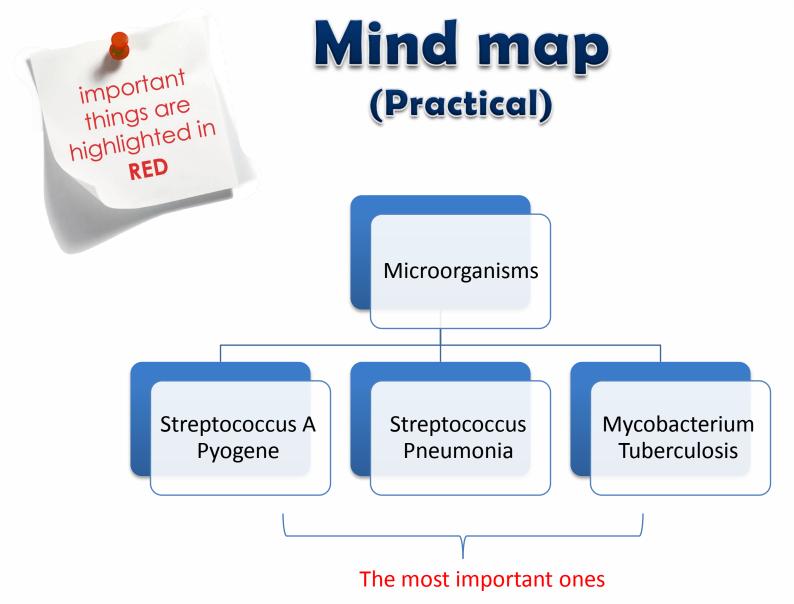
Practical Microbiology



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Designed by: Khalid alshahrani







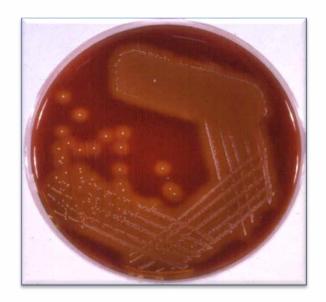
Bacteriology

Case 1

A 5 year boy was brought to hospital, outpatient department complaining of fever and sore throat. He had regular vaccination history. On examination his temperature was 38.5° c, the tonsil area and pharynx were obviously inflamed with some foci of pus.











Blood & Catalase tests:

The full blood count showed a total white cell count of 15000ml.

Throat swab culture showed colonies with clear haemolysis on blood agar.

They were catalase **negative**.

The gram stain of these colonies showed gram positive cocci in chains

Catalase test differentiates between staphylococci and streptococci. Catalase is produced by staph. So it will appear as bubbles gas if it positive



Disease: Pharyngitis (inflammation of the pharynx, also called sore throat)

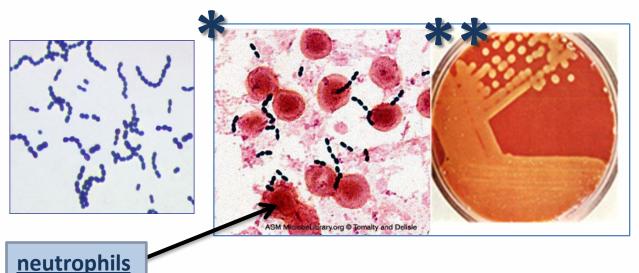
Organism: Streptococcus pyogenes Group A (catalse test conferimed it to be bacteria, but it's commonly cause by viruses)

Diagnosis: 1) Throat swab → gram stain* and Culture in blood agar**.

2) Bacitracin test***

Treatment: Penicillin G (or erythromycin if the patient have allergy of penicillin)

Complications: rheumatoid fever and glumuler nephritis



- * Gram stain of Streptococcus pyogenes in a clinical specimen
- ** Colonies of Streptococcus pyogenes on blood agar exhibiting beta (clear) hemolysis

***: it's a test that confirms the diagnosis because it distinguishes between S.group A & S.group B.



Case 2

A 28 Year Old Female presented to the accident and emergency of KKUH with a sudden onset of fever, right sided chest pain and productive cough of purulent sputum. On examination her temperature was 39 °C. There were Rhonci and dullness on the right side of the chest. X-ray showed massive consolidation on the right side of the chest.





Disease:

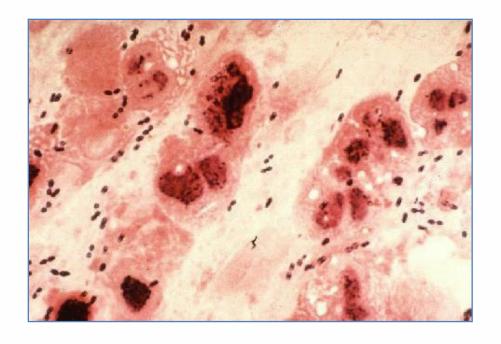
Inflammation of the right lung (lobar pneumonia)

Organism:

Streptococcus pneumonia (Pneumococci)

Investigation:

Sputum for culture (showing: Alpha hemolytic colonies in blood agar)



The difference between Pneumococci & group A is that the 1st are diplococci ()





Diagnosis:

We need to know is it strept or staph?

1-catalase test:

Is negative (-) → it's streptococci not staphylococci

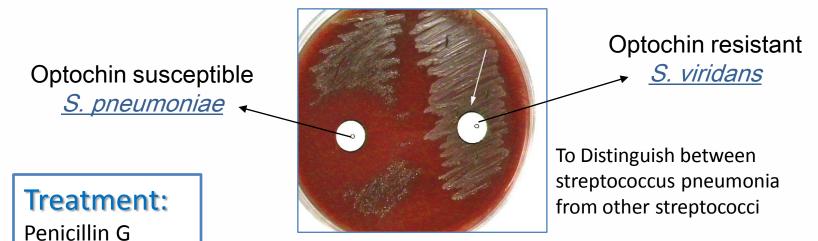
It's strept! But we need to know is it beta or alpha hemolytic?

2-hemolysis test:

green shadows → the streptococci are Alpha-hemolytic

we need to know witch species, is it pneumoniae or not?

3- Optochin Susceptibility Test:



Microbiology team



CASE 3

Abdul Karim is a 45 year old Saudi man who was admitted Hospital because of 2-3 month history of loss of appetite, weight loss, and on and off fever with attacks of cough. Two days before admission, he coughed blood (haemoptysis) Abdul karim is diabetic for the last 5 years. His father died of tuberculosis at the age of 45 years.

- X ray showed multiple opacities and cavities
- The ESR was increased (85 m /hour)



hest x-ray with bilateral upper lobe opacities (white areas) with uding a very large cavity in the right upper lobe (arrows).



Disease:

Pulmonary tuberculosis, granulomatous inflammation of the lung (TB)

Organism:

Mycobacterium tuberculosis

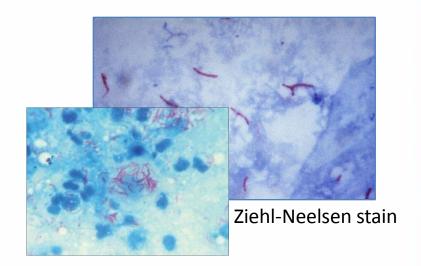
Diagnosis:

1-Sputum Microscopy:

Ziehl-Neelsen stain shows Acid Fast Bacilli (AFB)

2-Culture:

Growth on <u>L.J media</u> (selective media for mycobacteria)



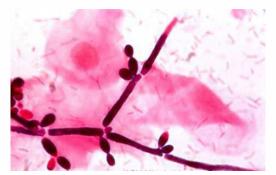




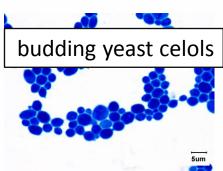
Mycology

Less important

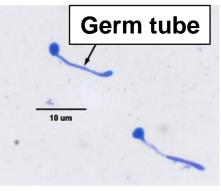
1.Candida albicans



Vaginal Smear



With Gram stain

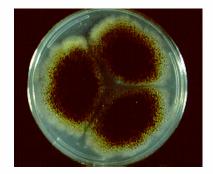


Dimorphal switch (from a yeast form to a filamentous form)

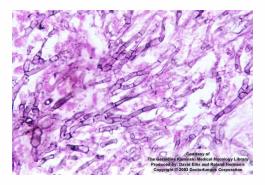


oral thrush

2. Aspergillus niger



Culture of A. niger.



GMS stain section showing dichotomously branching



Conidial head of A. niger