ANAEROBIC BACTERIA

NOTES:

- They are always near to the site of the body which is habitat.
- Infection from animal bites.
- Deep abscesses.
- The infections are also polymicrobial "presence of several species of
- microorganisms".
- Gas formation, foul smell "Bad smell"
- Abscess is the main symptoms for all anaerobic.
- **♣** GIT is the most location for anaerobic infection.
- Penicillin is the drug for most anaerobic infection.
- Penicillin is the most important treatment for most anaerobes.
- HOWEVER, Bacteroides fragilis is always resistant to penicillin. So, Treatment of
- these two is metronidazole.



عملنا هذه المحاضرة على اساس شرح دكتور الصميلي والاشياء اللي طلبها في المحاضرة ولكن هذه المحاضرة ليست مضمونة ١٠٠% لان لم تراجع مع الدكتور (لأنه مشغول اليومين) يوم الاحد راح ابلغكم اذا هي مقبولة او اذا في تعديل او نقص .

LECTURE

NINE

Color index

*Important

*Further explanations

Definition:

A Microbe THAT CAN ONLY GROW UNDER ANAROBIC CONDITION SENSETIVE TO metronidazole MTZ FAIL TO GROW IN AIR 10 % O2



Why can't anaerobic bacteria survive in oxygen?
They lack an enzyme called superoxide dismutase,
Therefore, they cannot because convert H2O2.

NOTE THAT: The broad classification of bacteria as anaerobic, aerobic, or facultative is based on the types of reactions they employ to generate energy for growth and other activities

Microbiology bacteroides fragilis present mainly as BACILLI normal fusobacterium spp flora. f.nucleatum cocci Veillonella sp A -NON SPORE Peptococci **FORMINGN** COCCI Peptostreptococci CLASSIFICATIO BACILL LACTOBACILLUS Actinomyces israelii of ANAEROBIC **BACTERIA CL**.perfringens **CL**.Difficile **B - SPORE CL**.Tetani **FORMING** CL .Botulinum

PRESENCE AS NORMAL FLORA IN

Skin

Nose

Mouth, throat

Stomach

<u>Large intestine >10¹¹ / gram colonic contents</u>

Vagina / Urethra

Endocervix

CHARACTER OF ANAEROBIC INFECTION

Suppuration

Abscess formation

Tissue destruction{gangrene}

Septic thrombophlebitis

Some have unique pathology
Actinomycosis
Psedumembraneous colitis
Gas gangrene

PREDISPOSING FACTORS

TREDICT GOING TAGTORS	
Low O tension {Eh}	Trauma
Trauma, dead tissue , deep wound	Cholecystitis
Impaired blood supply	Obstruction
Presence of other organisms	Ulceration
Foreign bodies	Diabetes mellitus
Antibiotic therapy	Pylephlebitis
Neoplasm	Diverticula formation

IMPORTANCE:

- Dominate the indigenous flora (colonization resistance)
- Commonly found in infection
- Easy to overlook
 - -special precautions
 - -Slow growth
 - -Mixed infection
- Difficult treatment

TETANUS STRICT TOXIGENIC DISEASE

Source

Animals feaces • {horses}, soil

Contaminated wound • {minor}

Compound fracture •

Narcotic addicts •

Unsterile injections •

Burns, bites, avulsions •

Umbilical stump •

PATHOGENESIS

EXTOXIN • {TETANOSPASMIN}

Presynaptic terminals of • LMN Inhibitory impulses to MNs

Persistent tonic spasm •



Clinical picture

Generalized •

Localized •

Cephalic •

Neonatal{ • >90%}mortality

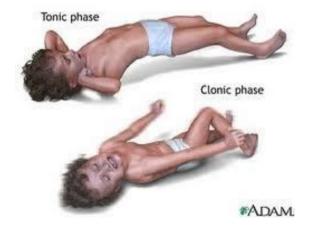
IP 3-21 days •



TETANUS STRICT TOXIGENIC DISEASE

DIAGNOSIS

- Clinical •
- Laboratory (minor role)



TRATMENT

- Supportive
 - Airway o

 Muscle relaxant o

 Wound care o
- Antitoxin •
- Antibiotics :MTZ , PG TIG {500 UNITS

PREVENTION

Complete active
childhood immunization
Appropriate wound
management
Type of wound
Immunization history



GAS GANGRENE

ETIOLOGY

C.perfringens { 80%]

- Toxin mediated breakdown of muscle tissue
- Rapid progression { Uterus }
- Liquefactive necrosis of muscle, gas formation, toxemia
- Fulminant septicemia
- Intravascular hemolysis
- Hemoglobinuria
- Blood cultures positive in 15 % of patients

PATHOGENESIS

- 5--Toxins [A E]
- Phospholipase C { alpha toxin } the main toxin
 - Acts on membranes of muscle cells , leukocytes and platelets .
 - Play major role in the pathogenesis of
 - o C. myonecrosis
 - Has necrotizing activity
- Other toxins:- collagenase, proteinase, DNAs

Clinical picture

- Acute progressive pain, edema, skin discoloration
- Systemic fever, tachycardia, hypotension, renal failure, crepitus, pulmonary edema, death

DIAGNOSIS

- CLINICAL |
- SURGICAL |
- MICRO.
- Gram stain :- G PB , absent leukocytes —
- Culture { aerobic and anaerobic } —
- Exudate, aspirates
- Tissue
- Blood
- Nagler reaction —

Bacteria	pathogenesis	treatment		
Fusobacterium "Gram –ve"	Jugular vein thrombosis - - lead to lung embolism			
Actinomyces	- After tooth extraction the NF invade the soft tissue - It may cause osteomyelitis			
Cl. Perfringens	- Gas gangrene - Wound infection	Surgery - To prevent it, avoid dirt.		
Cl. Tetani (powerful toxin)	Tetanus (muscle spasm) "inhibits inhibitory impulses from the brain" - (Lives in soil and animal feaces, and any wound can infected if contaminated by spores)	Antitoxin - To prevent it, avoid exposure to dirt and vaccination	Penicillin	
CI. Botulinuim (powerful toxin)	Botulism paralysis "inhibits the release of Acetylcholine" "- food . الهنود الحمر can cause by - Canned and sea "	Antitoxin - To prevent it, autoclaving and heating of food		
Peptostreptococcus	Brain abscess			
VEILLONELLA "Gram –ve"	the only gram negative cocci.			

Bacteria	pathogenesis	treatment
Bacteroides "Gram –ve"	Most common anaerobic Bactria	Metronidazole (Resistant to penicillin)
CI. Difficile	Normal Flora + Antibiotics & Cl. Difficile: A, enterotoxin (diarrhea) B, Cytotoxic (kill the cell)	Metronidazole (No penicillin)

MCQS

- 1.Treatment of most anaerobic bacteria is:
- a) Penicillin b) Metronidazole c) Vancomycin
- 2. Anaerobic bacteria lack an enzyme called:
- a) Lactase b) Superoxide dismutase c) Lyase
- 3..... is the most location for anaerobic infection.
- a) Genital tract b) GIT c) Respiratory Tract
- 4. The broad classification of bacteria is based on the types of reactions they employ to generate energy for growth.
- a) Tb)F

H. Jackson Brown, Jr.

Related videos:

http://youtu.be/MKvNW60o-xQ



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