

The Micro. in 1 page

Myocarditis

-Etiology: commonly by coxsakie A,B and Echovirus

Presentation:

1-sudden pluretic chest pain (stabbing pain) prominent

2-Dyspnea

3-Fever

Diagnosis:

ECG specific

-ST increased

-PR decreased

-T wave inverted

Or By pericardial biopsy (N.B. the pericardial fluid may be negative to the organism)

Management :supportive.

In cases of viral and idiopathic:NSAIDS,bed rest and colchicine

pericarditis

In the Cardio vascular block the microbiology lectures Discussed inflammations of the three Layers and the sac of the heart:

1-pericardium

2-myocardium

3-Endocardium

Color Code:

Important

subtopic

Etiology: commonly Coxsakie B virus (RNA virus)

The bacterial cause is Corynebacterium diphtheriae

Clinical presentation:

Similar to any viral infection(headache, sorethrot,diarrhea,etc.)

Chest pain, arrhythmia

Diagnosis: Serology and CBC , Biopsy in severe cases

Treatment :

-Isolate

-usually self-limiting

-Bed rest

-Antinflammatory

-Heart transplant (last option)

Sub Acute :

-less dangerous

-less progressive

-Etiology:caused by strept. Viridans in many cases

-Affect abnormal and injured valves (e.g. rheumatic valves)

It is less severe but still dangerous

Treatment:

Gentamicin and penicillin

Infective Endocarditis (IE)

Acute :

-more dangerous

-more progressive

-Etiology :caused by staph. Aureus in many cases (especially IV drug abusers)

N.B. :If the case mentioned **prosthetic valve** then the most common organism is : **sthylococci staph. epidermidis**

Clinical cases:

A patient came to the ER suffering from Prolonged fever, at clinical examination the physician noticed painful and erythematous nodules and auscultation show changing murmurs, it was mentioned at the history that the patient had heart problems secondary to pharyngitis.

Q1-what is the probable diagnosis of the present illness?

A-Endocarditis B-Acute IE C-Sub Acute IE D-Myocarditis

Q2- what is the most common organism that you should suspect in his case?

A-Staph. Aureus B-Strept. Viridans C-Staph. Epidermidis D-Group A strept

Q3-what is the suggested treatment?

A-Gentamicin and penicillin B-

Done by: Ibraheem Aldeeri