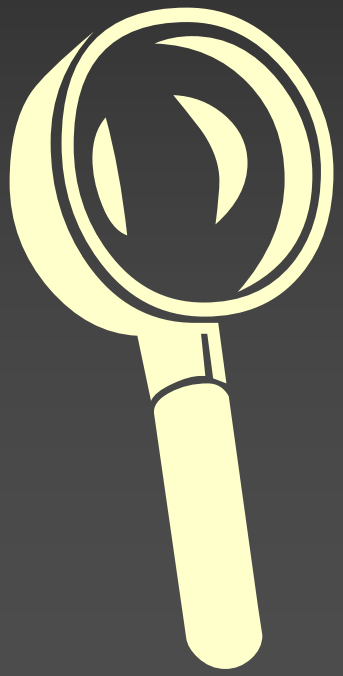
Institute of Microbiology shows:



TRACING THE CRIMINAL

Part two: Streptococcus

Most importatnt streptococci

Story	On BA	Name of the criminal
4.	viri-dation (alpha)	*Streptococcus pneumoniae*
5.		Group of „oral streptococci“
1.	(beta) hemo-lysis*	*Streptococcus pyogenes*
2.		*Streptococcus agalactiae*
3.		Group of „non-A-non-B“ streptococci
-	none	Ahemolytical streptococci

**in S. agalactiae partial haemolysis only*

Survey of topics

Clinical characteristics: Haemolytical streptococci

Clinical characteristics: Viridating streptococci

Therapy of streptococcal diseases

Diagnostics of streptococci

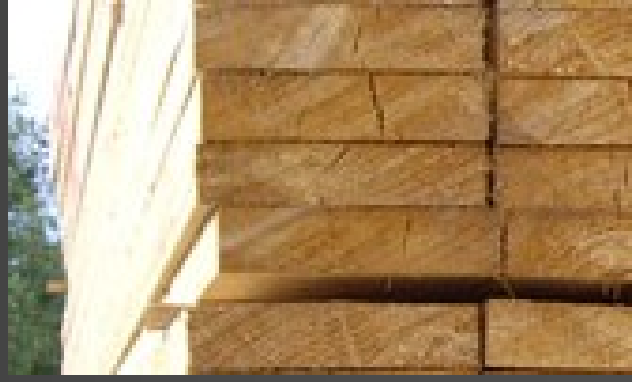
Differential diagnostics of streptococci

Late sequellae of streptococcal diseases

Clinical characteristics: (β-)haemolytical streptococci

(with partial or total haemolysis)

www.rezivo-drevo.cz

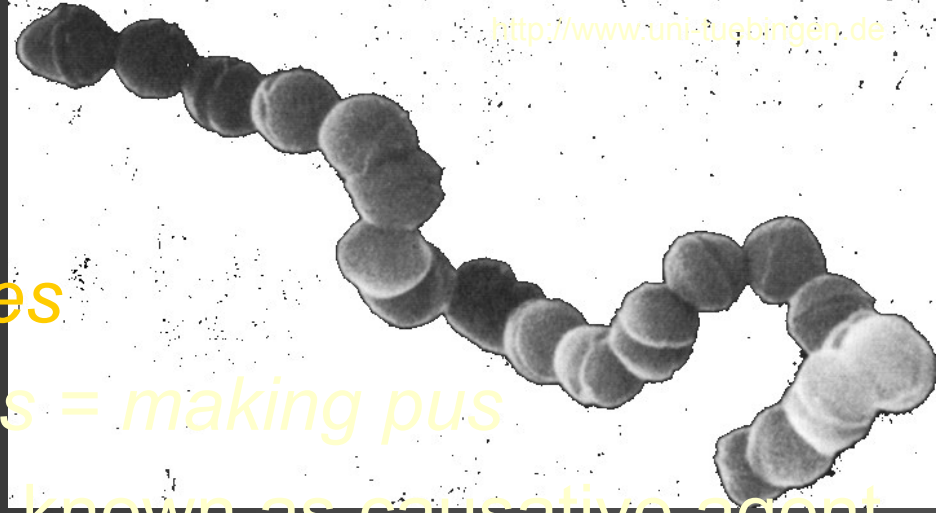


Story One

- Mr Hobby likes to work with wood. He worked at his workshop, when a large wood has fallen on his foot. A large lacerated wound emerged, and even dirty. Mr Hobby was taken to a hospital. The wound was sewed by a surgeon, but hihg fever and signs of sepsis were found. At reoperation, necrotizing inflamation of fascia with necrosis was found. Unfortunatelly, the care did not help: the leg had to be taken away.

These large, dark, boil-like blisters are a diagnostic symptom of necrotizing fasciitis (also known as flesh-eating disease).
(Source: EMBBS, 1996 http://mdchoice.com/)

Who is guilty?



- It is *Streptococcus pyogenes*

strepto = in chains, pyo-genes = making pus

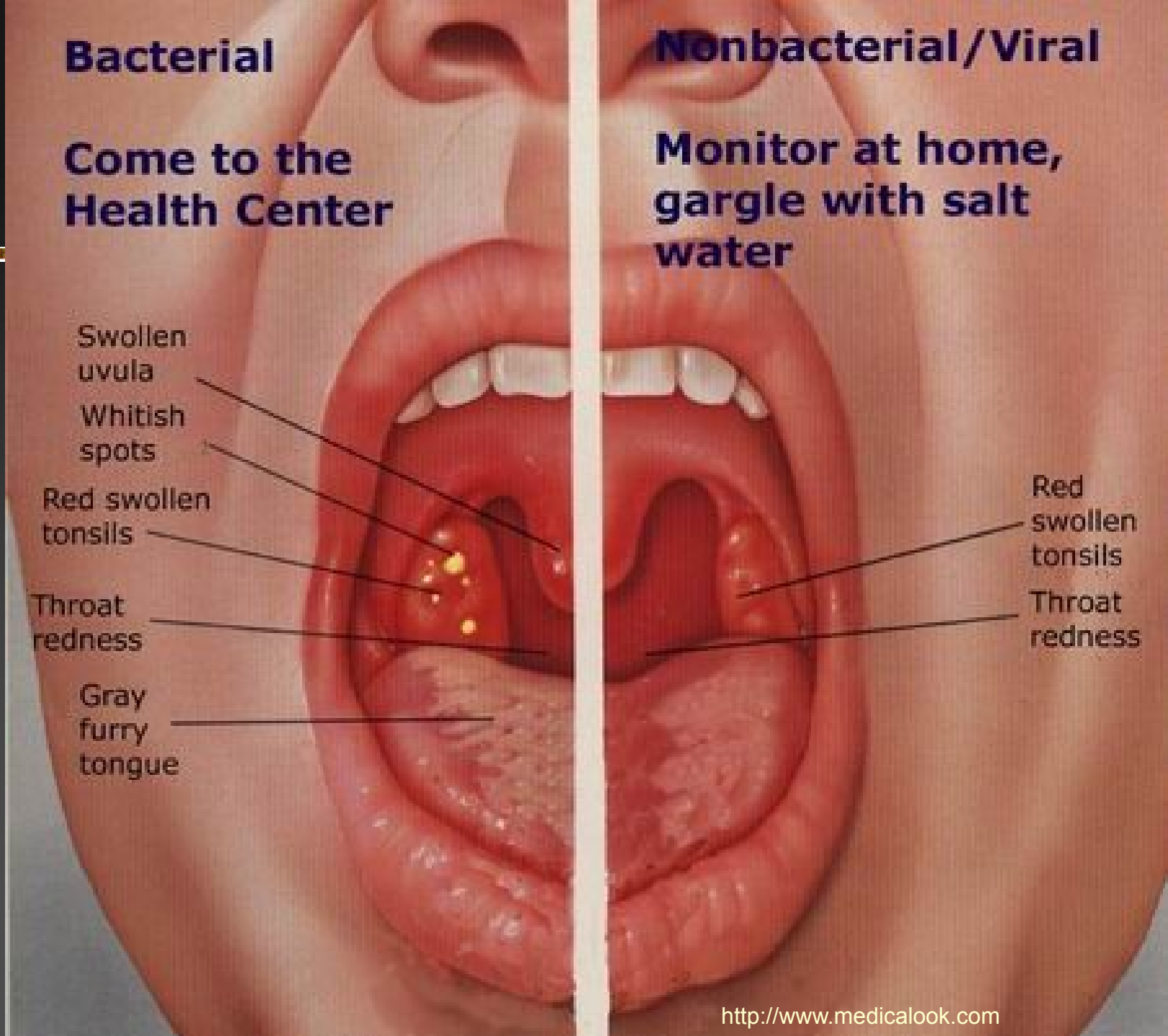
- *Streptococcus pyogenes* is known as causative agent of accute tonsilitis. Nevertheless, it causes pyogene tissue inflamations, too. Unlike staphylococci, causing abscesi, here flegmonae are rather common.
- Besides tonsilitis, it causes also scarlatina, scarlatiniform tonsilitis and erysipelas. There are strains producing erythrogenous toxin (erythros = red)
- When the bacterium itself is infected by a bakteriophage, it is even more virulent and becomes a „meat eating bug“ – our case.

Necrotising fasciitis („flesh eating bacteria“)

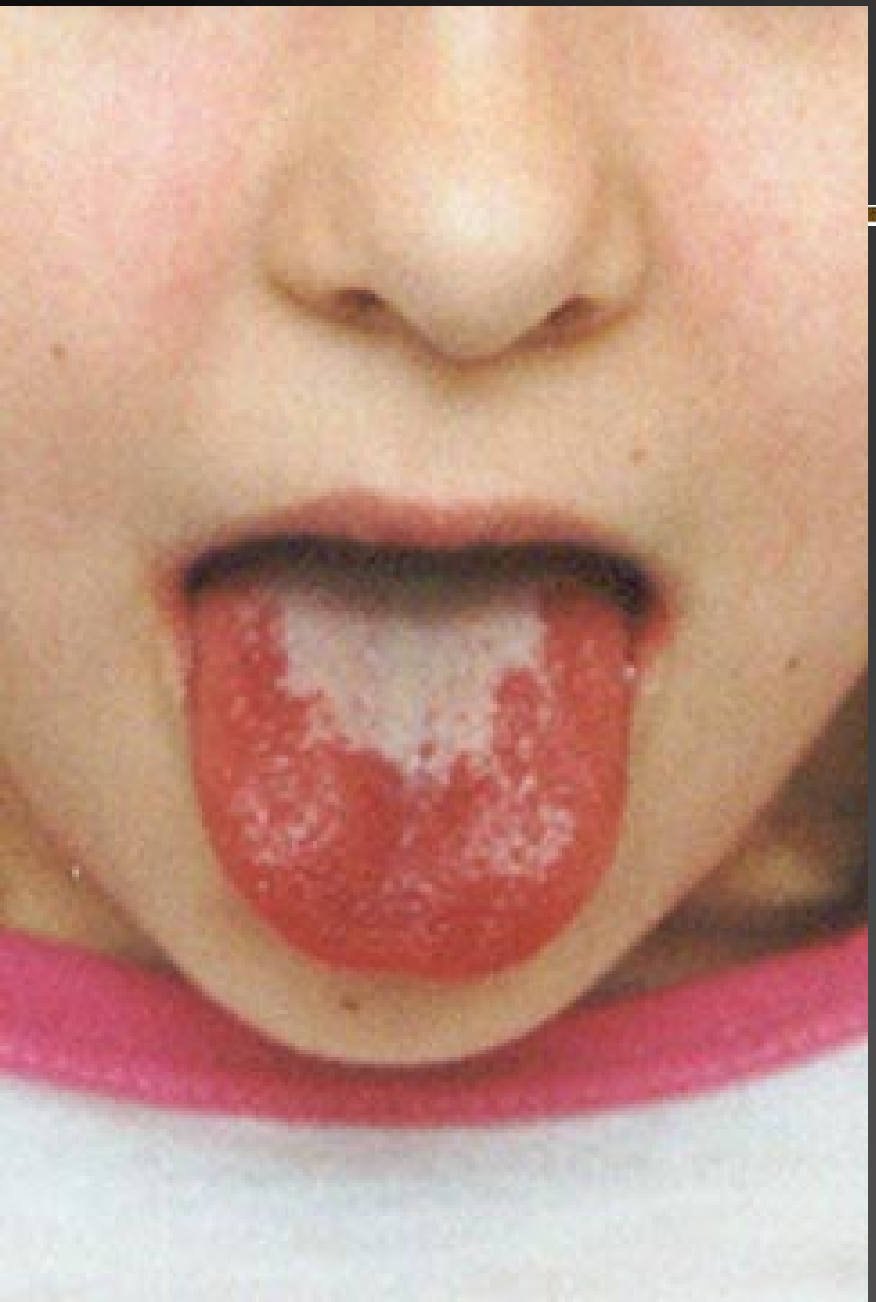
In fact, it is extremely rare,only in streptococcal strains infected by a phagus. Other infections are much more common.

http://people.tribe.net

Tonsilitis


Bacterial
Come to the Health Center
Swollen uvula
Whitish spots
Red swollen tonsils
Throat redness
Gray furry tongue
Nonbacterial/Viral
Monitor at home, gargle with salt water
Red swollen tonsils
Throat redness
http://www.medicalook.com

Scarlet fever



http://www1.lf1.cuni.cz

Erysipelas

www.infektionsnetz.at

Erysipelas with flegmona

http://www.megru.unizh.ch

http://homepage.univie.ac.at

Story Two

- Young lady Erika durign pregnancy was not too often present at preventive controls. Few days before delivery she found herself in a birthhouse. Delivery itself did not bring any complications. Soon the child started to have signs of sepsis and respiratory failure. Quick treatment saved the child‘s life, nevertheless, still nobody knows, whether brain is not involved and if there is any risk of sequelae.

- Later Mrs. Erika was shown to be a carrier of a bacteria, that was guilty.

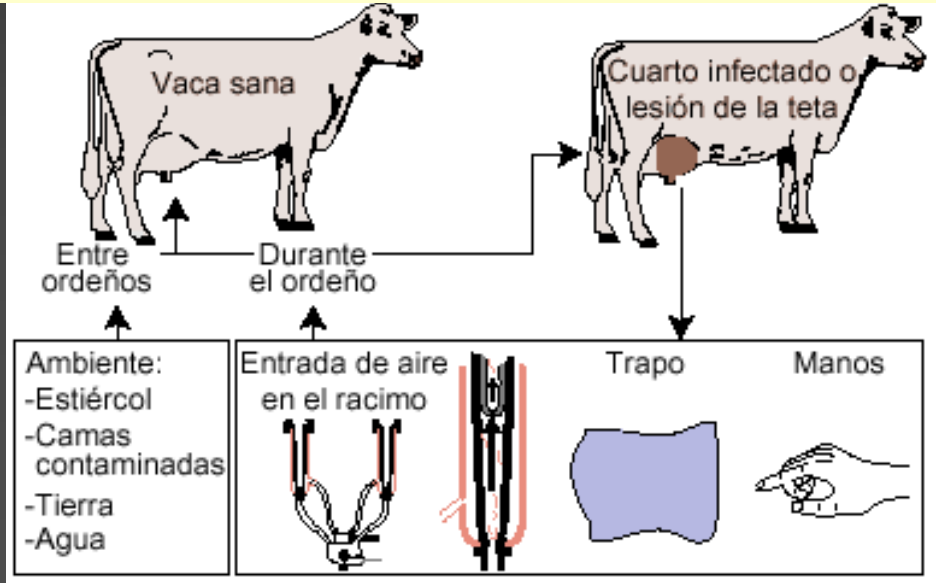
http://home.cc.umanitoba.ca/~soninr/Dylan%20in%20hospital.JPG

Who is guilty now?

- Bacterium *Streptococcus agalactiae* is a Streptococcus, too. In humans, it rather infects lower parts of body (urogenital infections) with risk of newborn infection

Clever students should mention species name a-galactiae, i. e. „milk-less“. This bacterium really causes milk gland inflamation with dammaged milk production; these features, nevertheless, are seen in cattle, not humans

Scheme of transmission of *S. agalactiae* in cattle (from a veterinary website) http://www.infocarne.com



http://www.medicalook.com

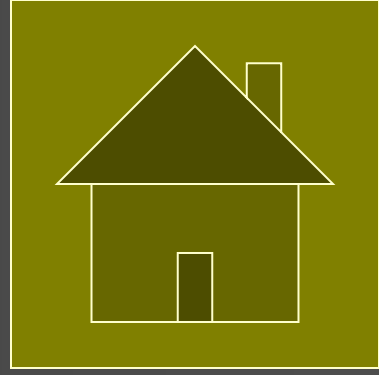
Story Three

- Harry the boy has a sore throat. It looks like tonsilitis, but he already subdued both adenectomia and tonsilectomia.
- Parents went with Harry to see a doctor, to prescribe him some antibiotics. But the doctor said – first throat swab, and then maybe antibiotics. She invited Harry in three days. After thath, she prescribed penicillin, and it started to have effect very soon.

http://www.childrenshospital.org

http://www.stronghealth.com

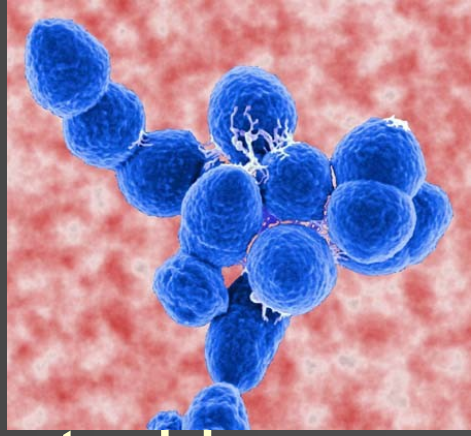
Who caused Harry‘s problems?



- So named „non-A-non-B“ streptococci are called so as they do not belong neither to A group (in which *Streptococcus pyogenes* is the only one) nor to B group (where *S. agalactiae* is the most important one).
- They do not cause so often tonsilitis, but rather pharyngitis – inflamations of pharynx. Nevertheless, they are often present in healthy persons‘ throats.
- The same as in tonsilitis, in susceptible strains the first antibiotic to be used is penicilin; macrolids in allergic persons only.

Clinical characteristics: viridating (α-haemolytical) streptococci

http://contanatura.net/arquivo/Streptococcus%20pneumoniae.jpg



Story Four

- Missis Evelyn, retreated, has extracted her spleen long ago after a car accident.
- Several days ago, she caught a „common cold“, she did not pay attention to this, but later her status worsened, so her daughter drove her to a hospital, where she was hospitalized on infectious diseases department with suspicious meningitis
- Grace to soon antibiotic treatment her status became better and she got back her health.

This time criminal is:

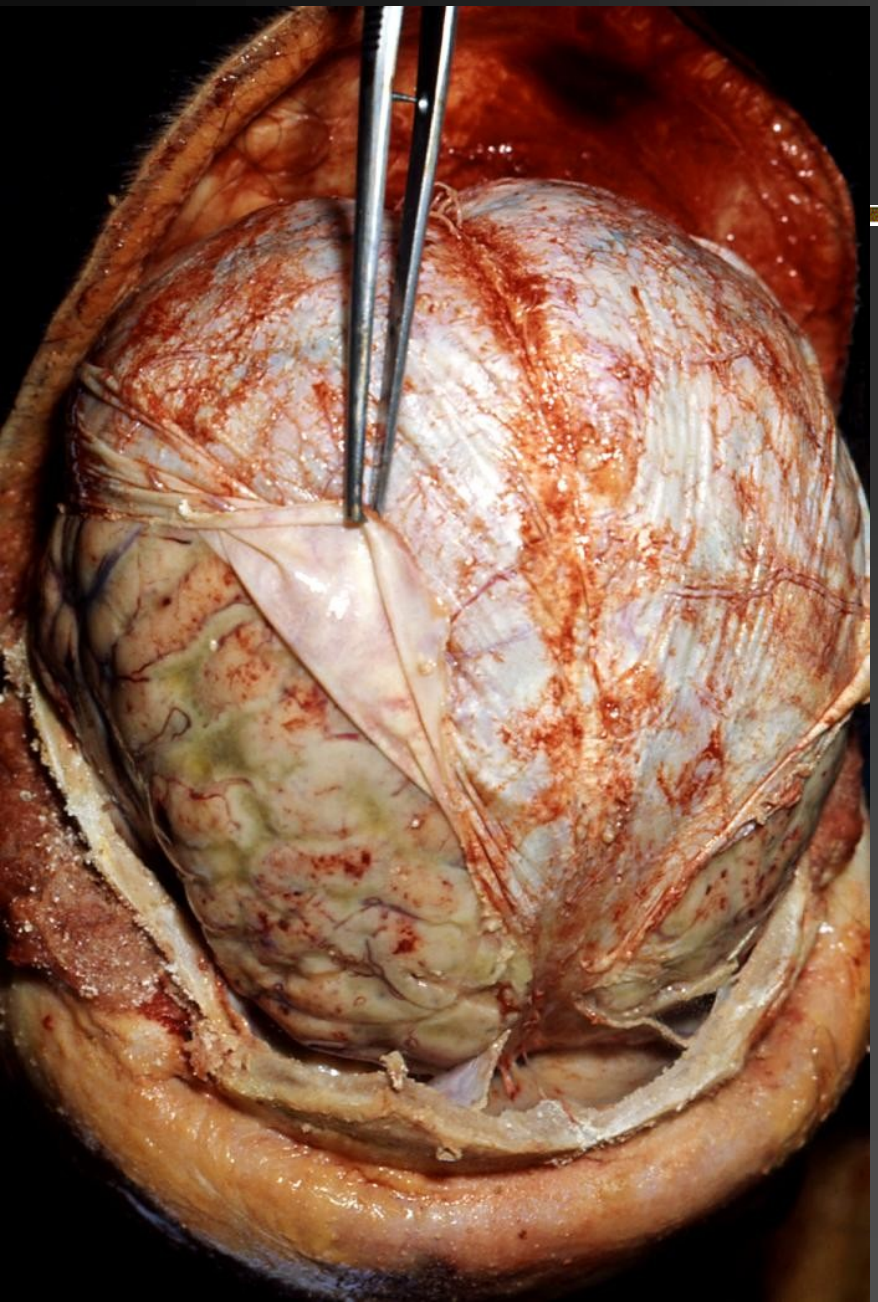
- *Streptococcus pneumoniae*, or „pneumococcus“. It was also called *Diplococcus pneumoniae*, as it does not form chains, but couples. Its shape is not perfectly spherical, but rather lancet shaped.

(Remember this, prof. Votava might ask you this the examination. ☺)

- In small amount, it is present in healthy persons‘ phrarynx. On the other hand, it causes pneumoniae, sinusitis, otitis media and even sepsis and meningitis.

Healthy tympanon (left), otitis media (right)

Pneumococcal meningitis

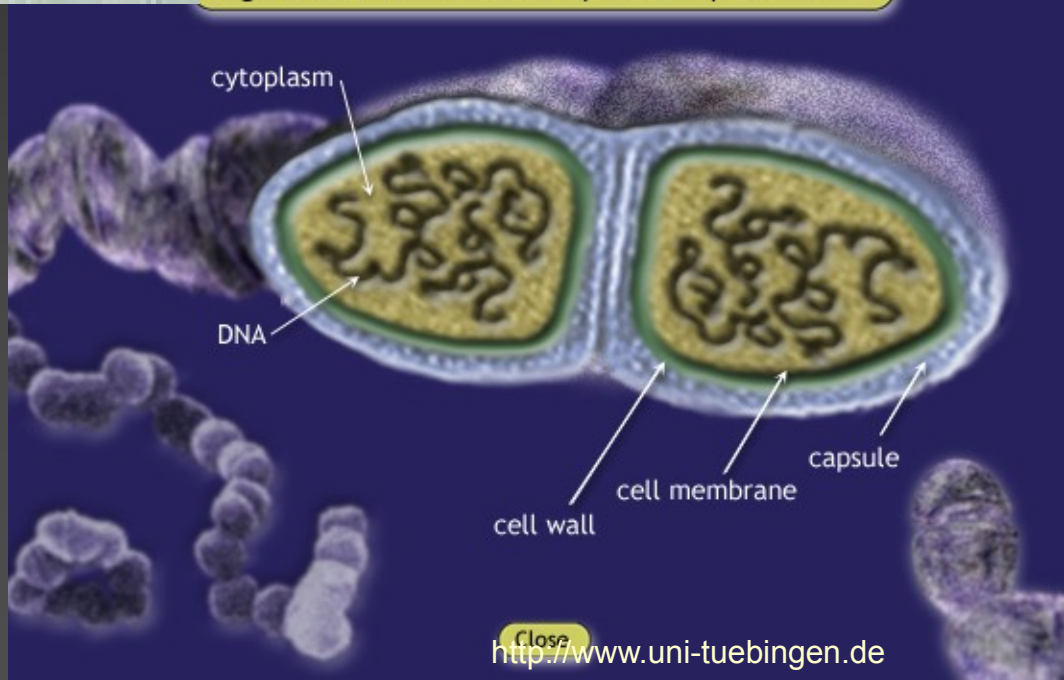


http://www.meningitis.com.au

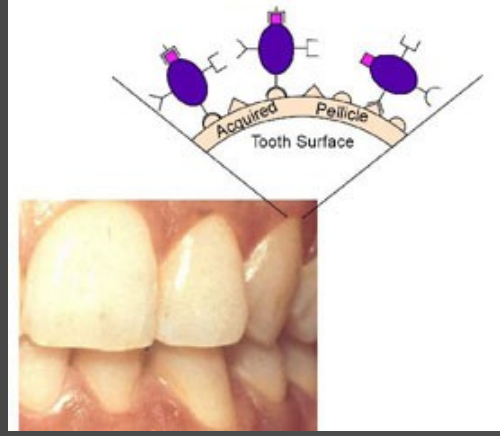
http://commons.wikimedia.org

This is how the criminal looks like:

Figure 4. Cross-section of *Streptococcus pneumoniae*



http://www.vcu.edu



Story Five

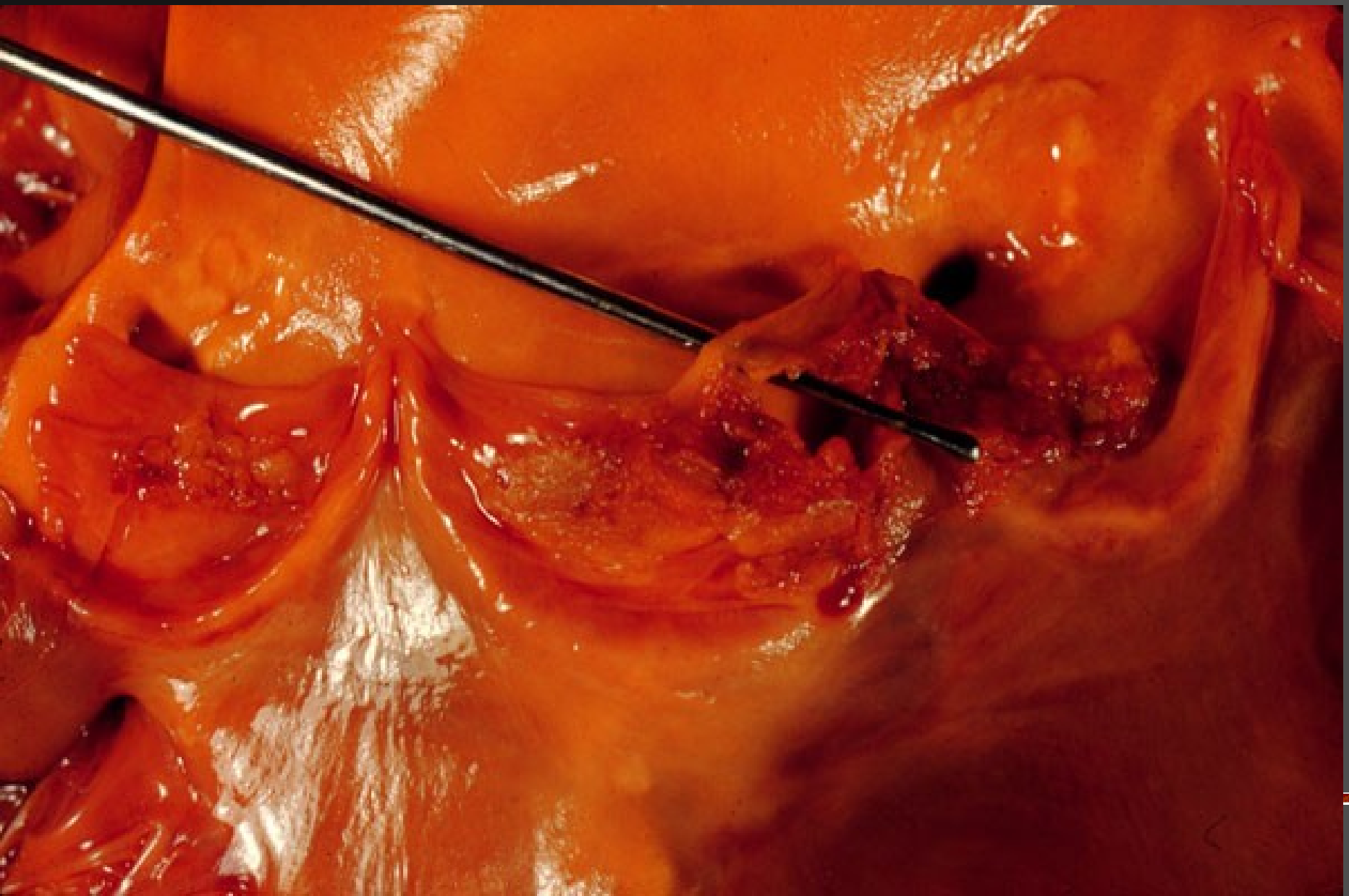
- Mr. Hearty has long durating heart problems. Even the artificial heart valvula had to be installed into his body.
- One month ago, he ad an awful dental carries, and it durated long time before he came to see a stomatologist.
- Now his heart problems worsened so that he had to be hospitalised. Diagnosis endocarditis lenta was constated.

Who is the criminal in this crime?

- Oral streptococci, viridans streptococci, alpha streptococci, all these names describe streptococci viridating on blood agar; usually we mean „viridans streptococci, but not pneumococcus“
- They are part of normal oral and pharyngeal flora. Even at physiological conditions, all the time some streptococci penetrate in small amounts into the bloodstream The problem starts, when they come there too many together, and when they meet a suitable terrain.

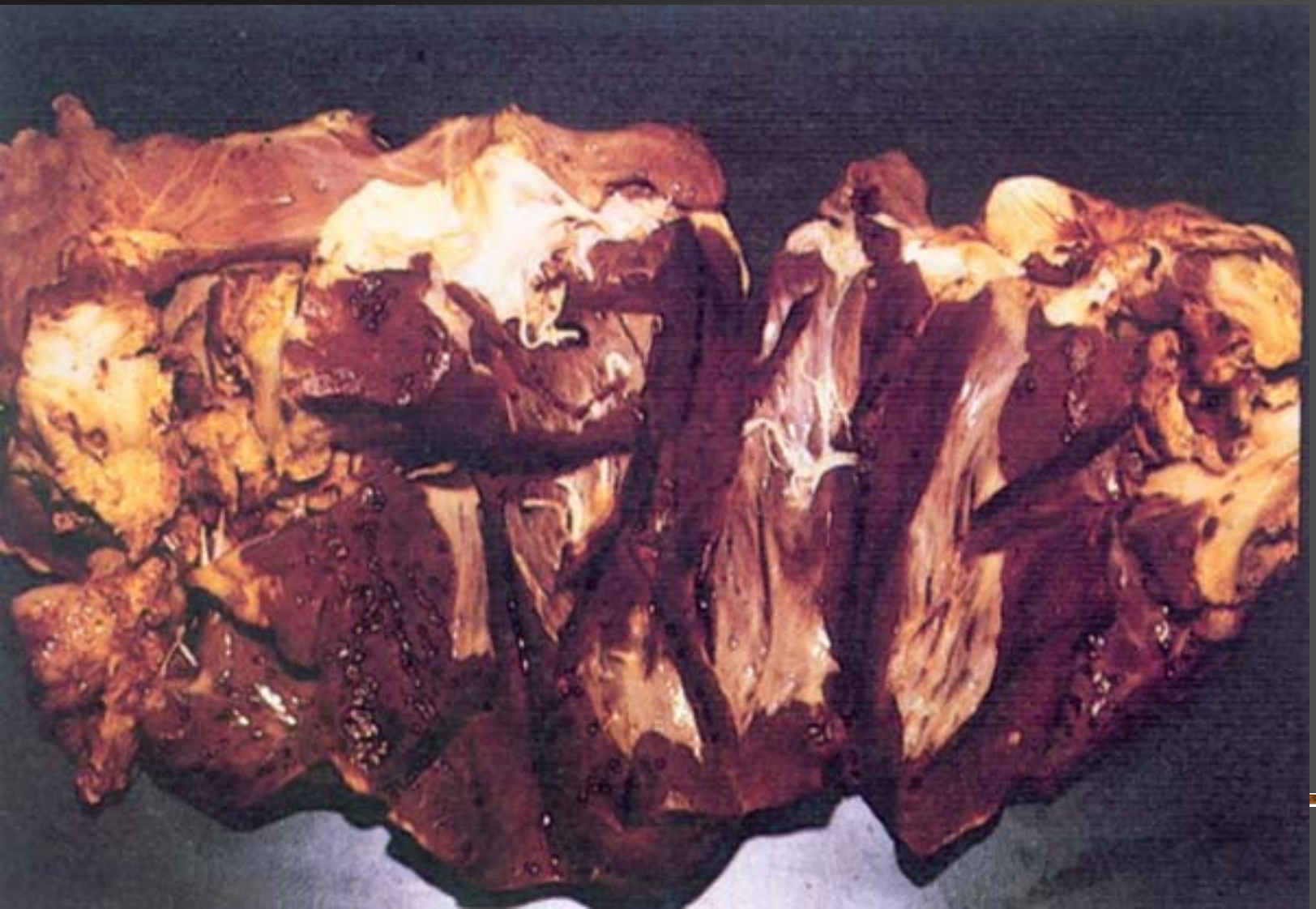
Vegetation on a valve

http://www.pathguy.com

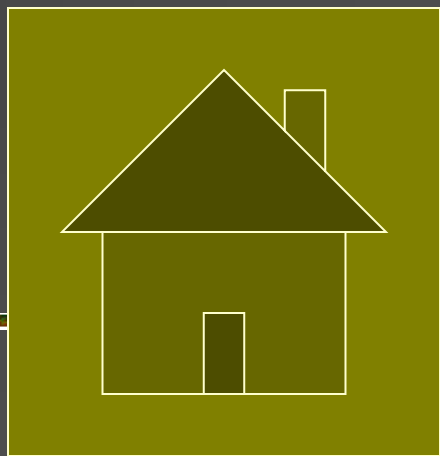


Diseased heart

http://www.fao.org/docrep/003/t0756e/T0756E83.jpg



Some possible criminals

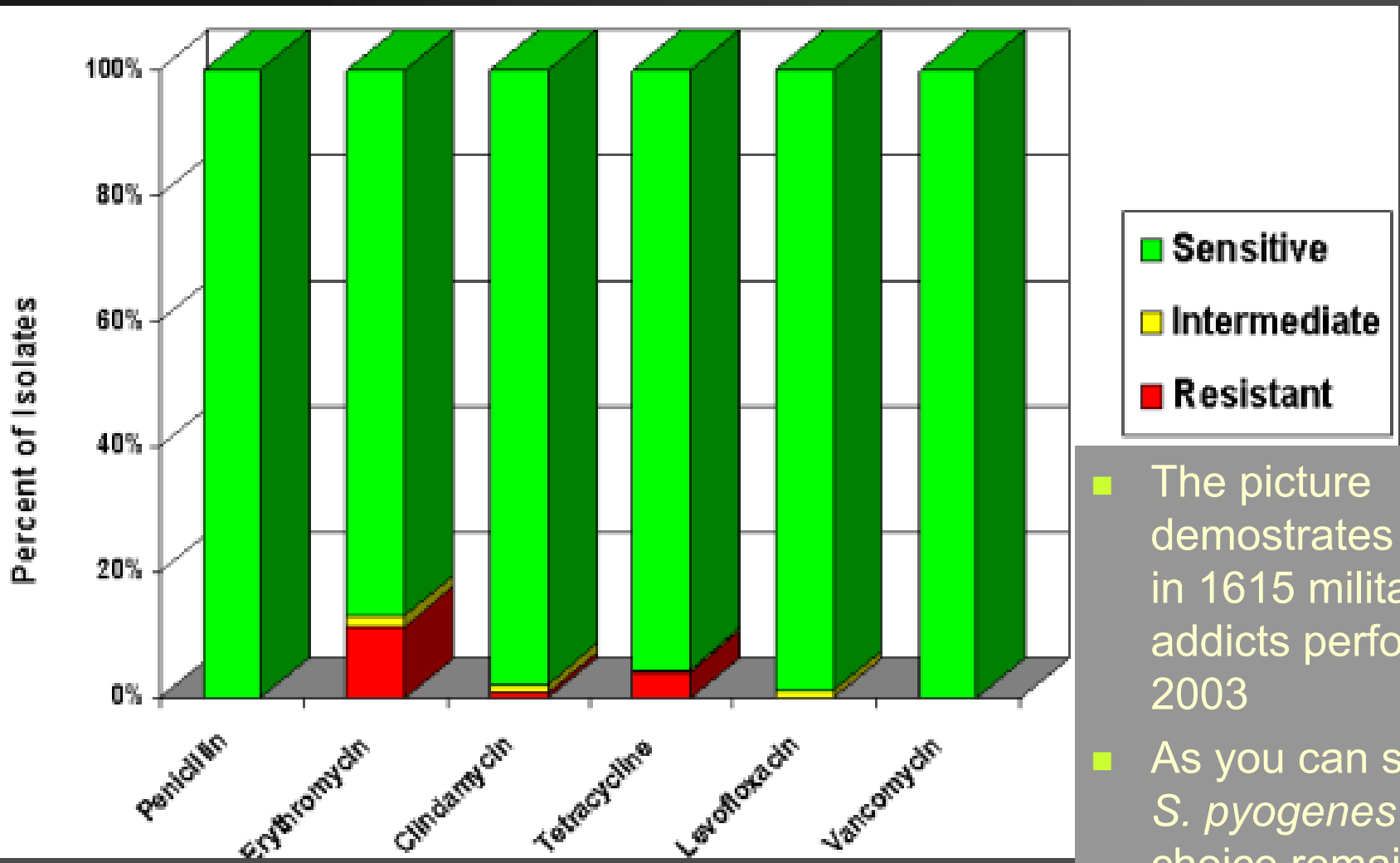


Therapy of streptococcal diseases

Treatment: the criminal should be punished

- Guilty Streptococci will be punished by a suitable antibiotic. In Streptococci the No. 1 drug is the classical Fleming‘s penicillin. Macrolides shoudl be used in PNC-allergic persons only. Doxycyklin, co-trimoxazol, ampicilin and others might be used. Vankomycin is a reserve, 100% effective antibiotic (no zone = a mistake, it is not a streptococcus)

Susceptibility of streptococci to atb



http://www.nhrc.navy.mil

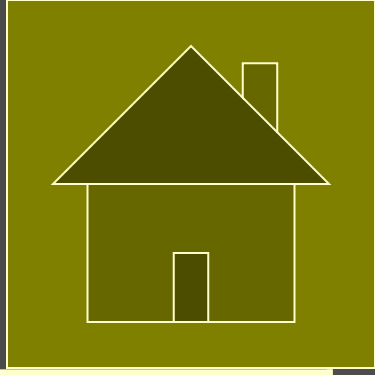
- The picture demostrates a study in 1615 military addicts performed in 2003
- As you can see, in *S. pyogenes* drug of choice remains penicillin

Susceptibility testing

- Usually we read the diffusion disk test by measuring the zones and comparing with the reference zones
- Again: the worse pathogen (pyogene streptococcus) is more susceptible than milder pathogens
- The tests are performed on MH agar with blood or on blood agar. On the MH agar without blood steptococci grow poorly, or do nt grow at all.

Nevertheless, we cannot utilise this fact in diagnostic – some steptococci are able to grow there!

Streptococcal susceptibility test



Antibiotic	Abbr.	Reference zone
Penicilin (basic penic.)	P	28 mm
Cefalotin (cefalosp. 1. g.)	KF	18 mm
Erytromycin (makrolid)	E	23 mm
Clindamycin (linkosamid)	DA	19 mm
Chloramphenicol	C	21 mm
Doxycyklin (tetracyclin)	DO	19 mm
Vancomycin (glycopeptid)	VA	17 mm

Clindamycin: Usually tested, but not in our practical session

Diagnostics of streptococci

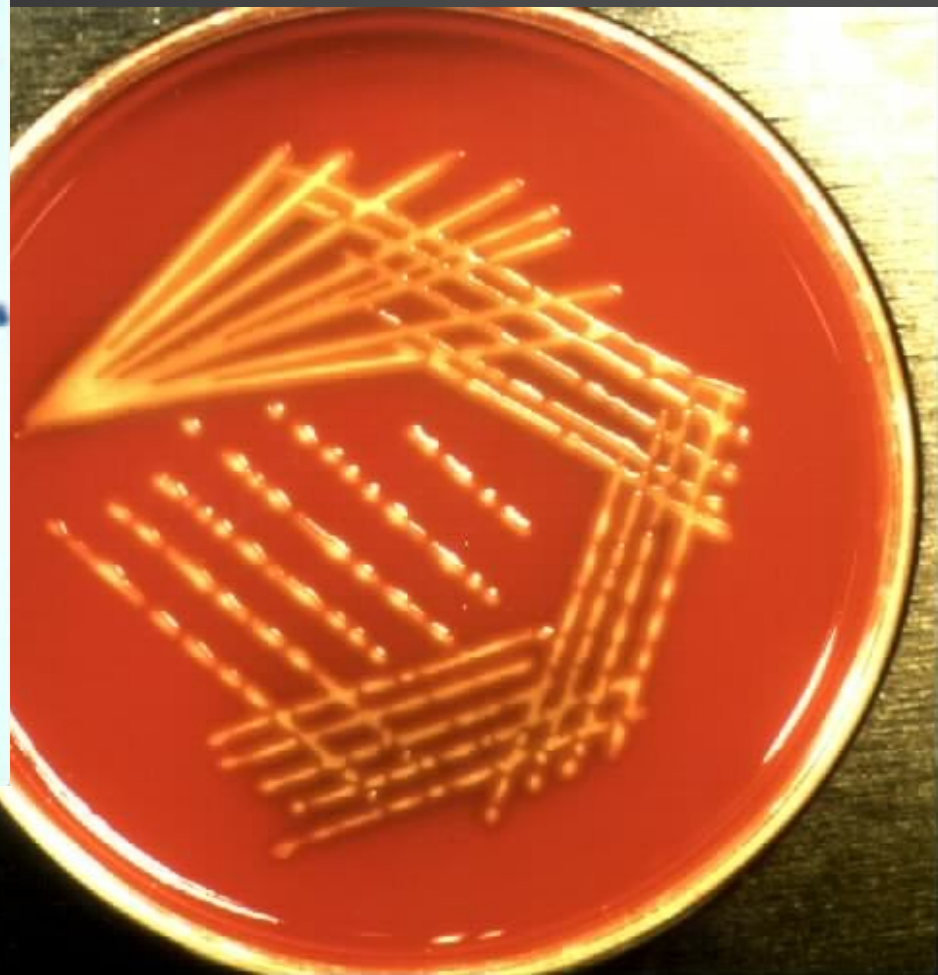
Description of criminals (diagnostics) 1

- Microscopy: grampositive cocci
- Cultivation: on BA grey to colorless colonies, usually small, larger colonies has only *Streptococcus agalactiae*
- Hemolytical properties: some viridate, some partially or totally hemolyze
- They do not grow neither on BA with 10 % NaCl, nor on Slanetz-Bartley or Bile aesculin medium.
- Together with entorococci, they are resistant to aminoglykosides, so medium with amikacin is used as a selective medium.

Description of criminals (diagnostics) 2

- Biochemical tests: both catalase and oxidase negative, biochemical differentiation of individual species possible especially in viridating streptococci
- Antigen analysis helps rather in haemolytical streptococci. Lancefield system is used – theoretically all streptococci are involved, but many viridans streptococci have no antigen in this system. Groups are labelled by letters A, B, C, E, F, G etc.

Photos of criminal database



www.medmicro.info

Differential diagnostics of streptococci

Differenciation from other suspects (diferencial diagnostics 1)

http://memiserf.medmikro.ruhr-uni-bochum.de

- Gram stain show all bacteria, that do not belong among grampositive cocci.
- Negative catalase test differeciates streptococci from staphylococci
- Growth on SB and BE media differenciates enterococci. All of them are also positive in so named PYR-test, while among streptococci only one of them is positive, and that one is rarely confused because of its very strong haemolysis and other properties

Differenciation from other suspects (diferencial diagnostics 2)

- Hemolysis should be observed now – it clasiffies streptococci into haemolytical, viridating and others
- Pneumococcus vs. other viridans streptococci: Pneumococcus has positive optochin test, test of solubility in powder bile etc.
- *S. pyogenes* vs. other haemolytic streptococci:

Both Bacitracin and PYR test are ⊕ in *S. pyogenes*

- *S. agalactiae*vs. other haemolytic streptococci:

CAMP test is ⊕ in *S. agalactiae*

About all these tests – more info later

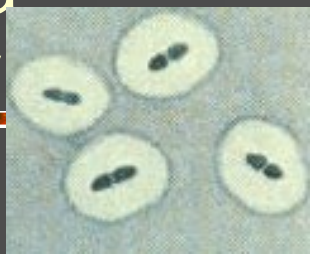
mikroby.blox.pl

Schematically:

- Unknown bacterium
  - Others
  - G+ coccus
    - Staphylococcus
    - Enterococcus
    - Streptococcus
      - Virid. Streptococcus
        - Pneumococcus
        - Oral streptococcus
      - Haemol. Streptococcus
        - *S. pyogenes*
        - *S. agalactiae* (SAG)
        - Streptococcus non-A-non-B
      - Streptoc. no virid., no haem.

Pneumococcus: How to become suspicious

- Pneumococcus can be differenciated by the optochin test – see following slide.
- Suspicion maybe taken, when:
  - microscopically lancet-shaped diplococci can be seen
  - cultivation: colonies flat, coin-shaped to dish-shaped, sometimes with a central elevation
  - on the other hand, sometimes the colonies are large and mucoid: those are strains with a strong capsulla production (usually highly virulent)

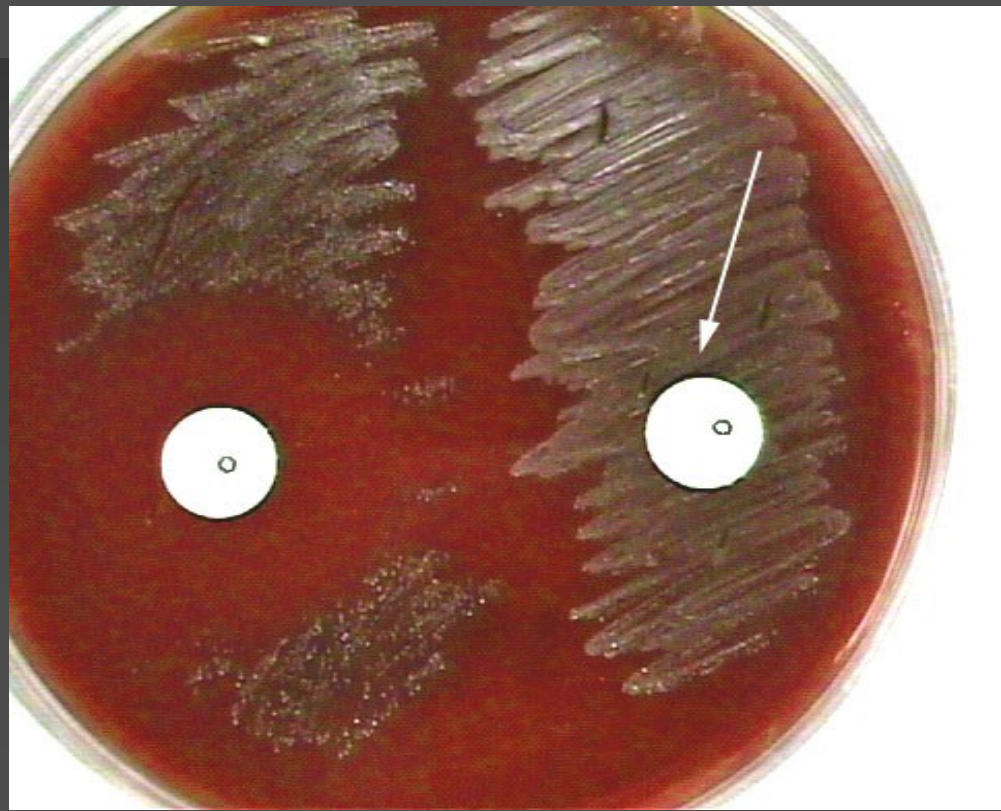


http://www.cbc.ca

Optochin test

- Classical test to differenciate pneumococcus from oral streptococci. Pneumococcus is susceptible to optochin (antibiotic), oral streptococci are resistant. (Optochin is not used therapeutically today, it remained in diagnostics only)

- Sometimes, the test of solubility in powder bile is used. Test of mouse pathogenicity is today considered to be historical



http://www.mc.maricopa.edu

Species determination of oral *Streptococcus*

- Only someone mad (or a researcher – sometimes it is the same) would differenciate an oral streptococcus to species level, when the strain is from oral cavity of pharynx. Why to do it, when we consider it to be a part of normal flora?
- On the other hand, in strains from blood cultures, differenciation is logical. In viridating streptococci, it has no sense to attempt the antigen analysis, but, as we know already, biochemical tests are very useful.
- In Czech conditions, it is mainly STREPTOtest 16

STREPTOtest 16 – how to read it

- First reaction is again VPT (D‘Artagnan!)
- 2nd to 9th reaction is again the first strip in the double-strip
- Similarly, 10th to 17th reaction is the second strip in the couble strip

An example of result of Streptotest 16: Code 511 420 *Streptococcus salivarius* % probab. 97.19 Typicity index 1.00

	1 Tube	2 H	3 G	4 F	5 E	6 D	7 C	8 B	9 A	10 H	11 G	12 F	13 E	14 D	15 C	16 B	17 A
		Panel – first row								Panel – second row							
+																	
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	+	-	+	+	-	-	+	-	-	-	-	+	-	+	-	-	-
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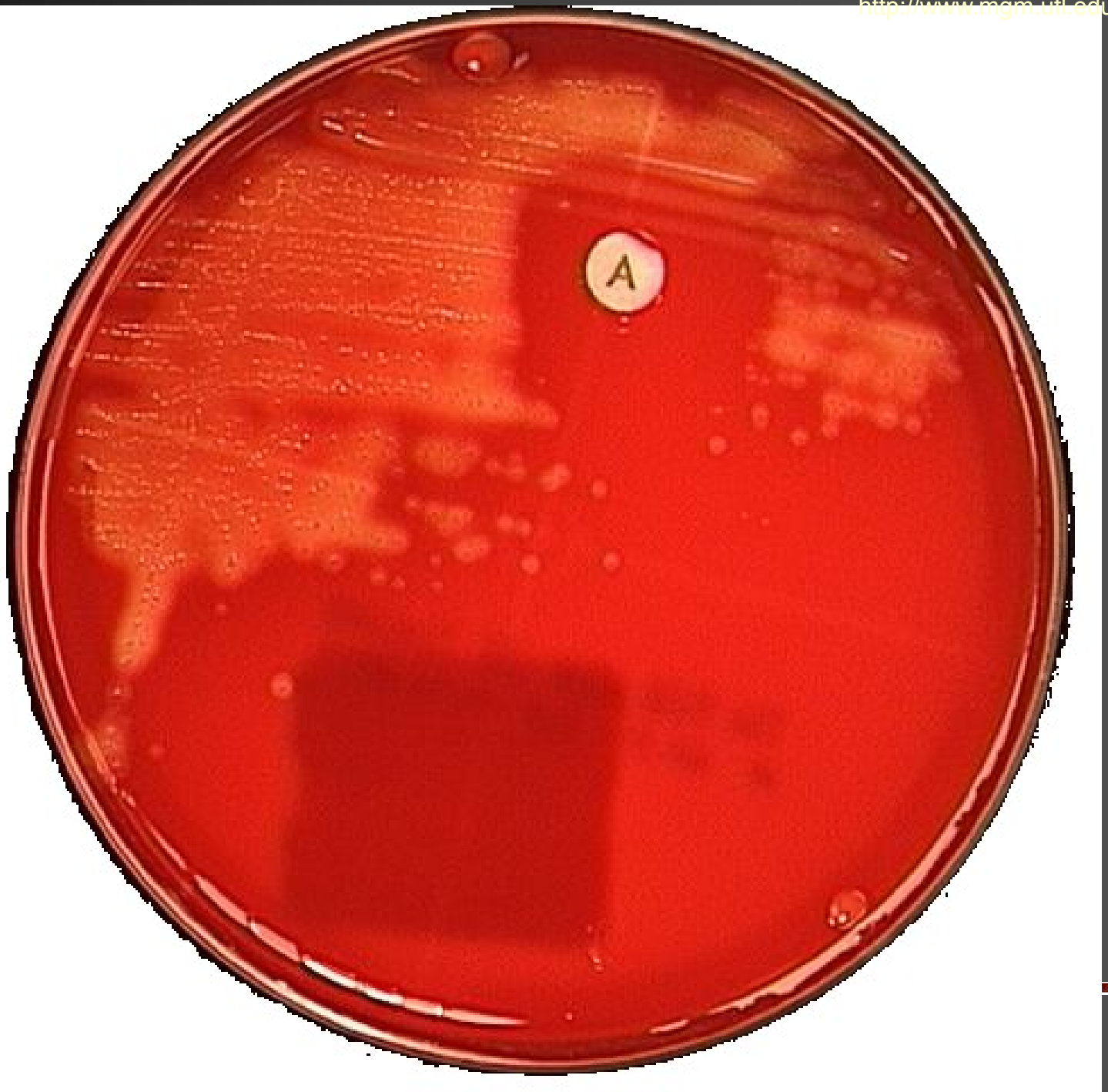
	5			1			1			4			2			0	

Escpecially dagerous criminal: the pyogene *Streptococcus*. What to do?

PYR test

- PYR test is performed similarly as oxidase test. We touch by the strip (its reaction square) the colonies. Then we wait ten minutes. A reagent is added, one more minute of waiting follows. Red = positive
- *Bacitracin test was used sooner. It had the same principle as the Optochin test, only an other antibiotic wass used.*

Bacitrac

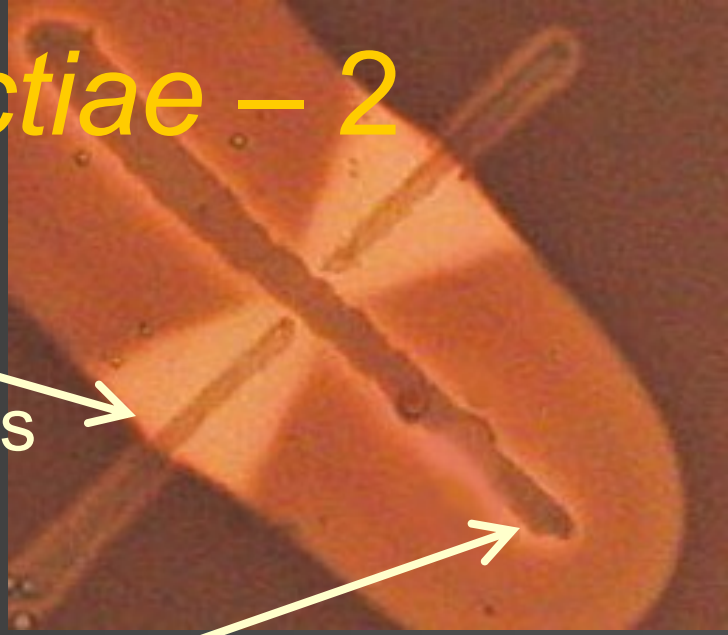


http://www.mgm.ufl.edu

And now the second: *Streptococcus agalactiae* – 1

- Many bacteria produce haemolysins
- When two bacteria produce haemolysins, their co-operation may be synergic or antagonistic.
- An example of a synergism is CAMP factor of *Str. agalactiae* and beta lysin of *Staph. aureus*
- It is not possible to use it for *Staphylococcus* diagnostics – not all strains of Stapyhlococci produce the beta lysin! So, the test is used in *Streptococcus* diagnostics only.

Streptococcus agalactiae – 2
CAMP test



- TESTED strain of a Streptococcus and TESTING strain of beta-lysin procucing Staphylococcus are inoculated on the blood agar
- In case of positivity, we see stronger haemolysis in shape of two triangles, or, more poetically, butterfly wings

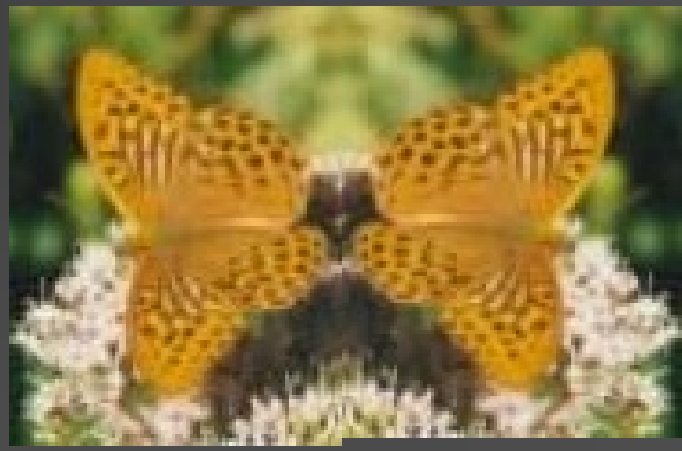


Photo O. Z.

Haemolytical criminals – conclusion

Bacitracin and PYR test	CAMP test	*Streptococcus*
positive	negative	*S. pyogenes*
negative	positive	*S. agalactiae*
negative	negative	non-A-non-B *Streptococcus**
positive	positive	a nonsens, a bad test, mix of two strains etc.

**eventually more detailed diagnostic using antigen analysis*

Latex agglutination

Latex agglutination is used for detailed diagnostics of non-A-non-B streptococci, if necessary, according to Lancefield scheme. However, conclusion „it is a non-A-non-B strep“ is usually sufficient. The principle of latex agglutination is showed on the pictures. Aglutination of streptococci with the antibody is helped by latex particles

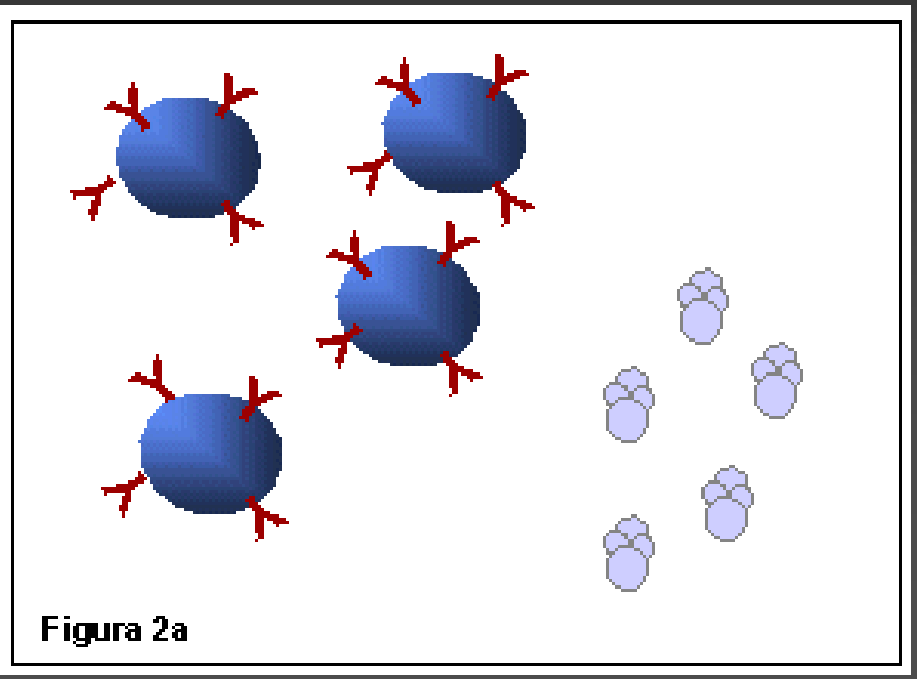


Figura 2a

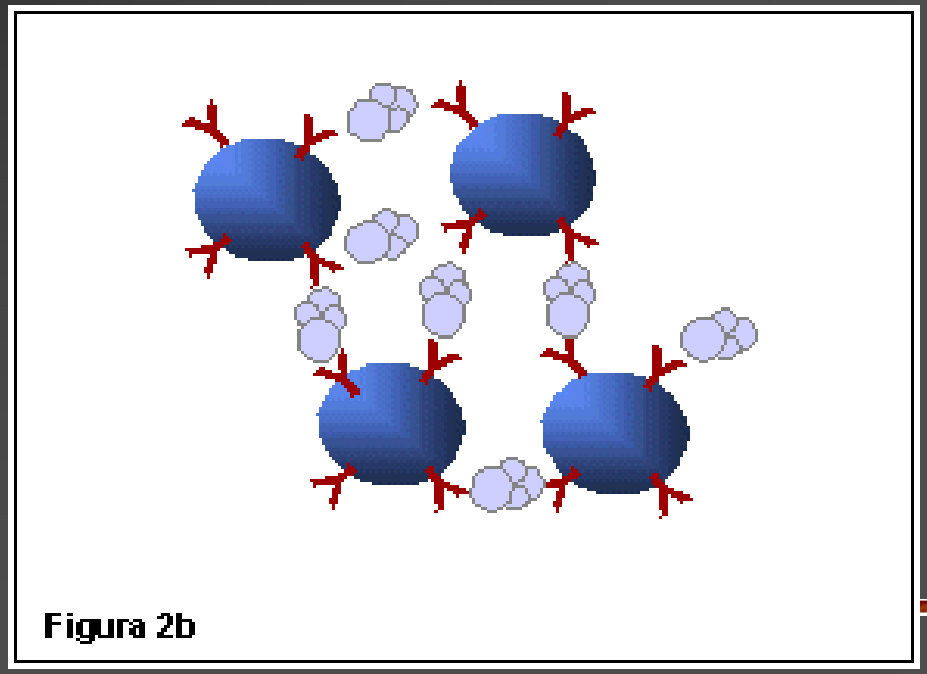


Figura 2b

Remember:

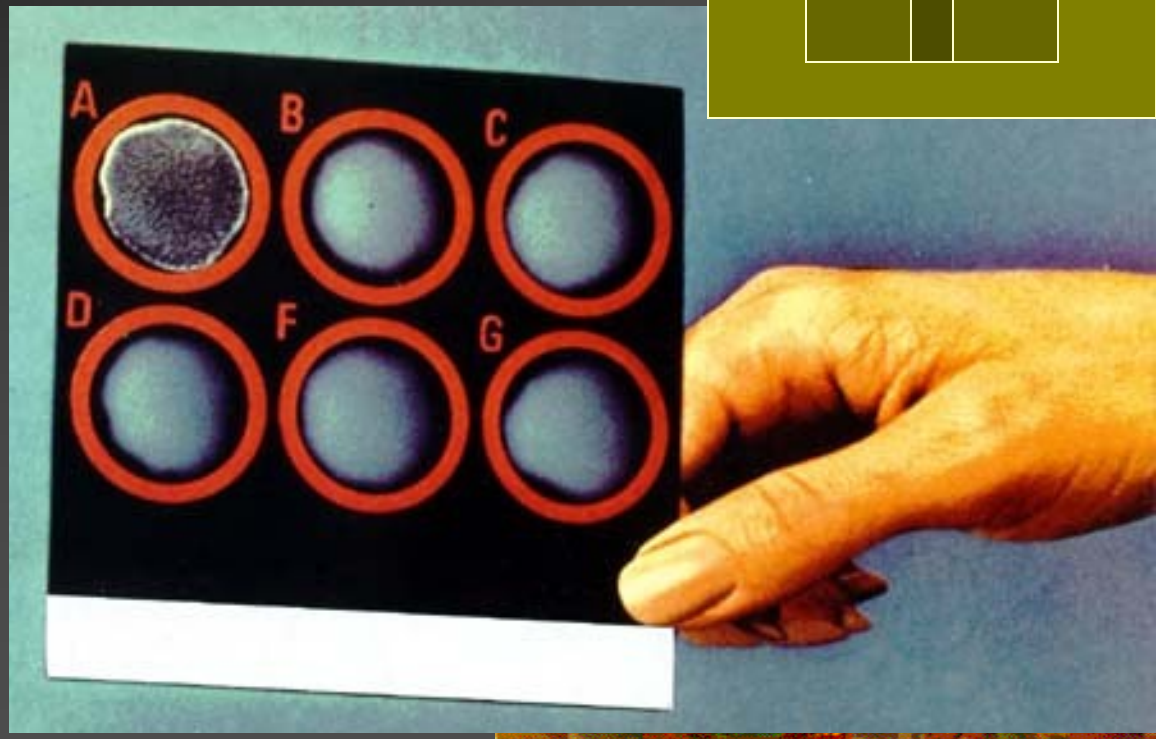
- **Streptococci with haemolysis** (total or partial), but aslo streptococci with no haemolysis at all can be usually determinated using **latex agglutination** (if necessary). Their biochemical activity uses to be poor.

- **Streptocooci with viridation** (alpha-streptococci) can be usually determinated using **biochemical testing** (if necessary). Their antigen determinants use to be poor.

Latex agglutination – practically

- Practical test: the vessels with mixtures of antibodies and latex particles, result (positive in the first cicrle)

http://www.pro-lab.com



http://www.medicine.uiowa.edu

Late sequellae of streptococcal diseases

Scandal clarification!

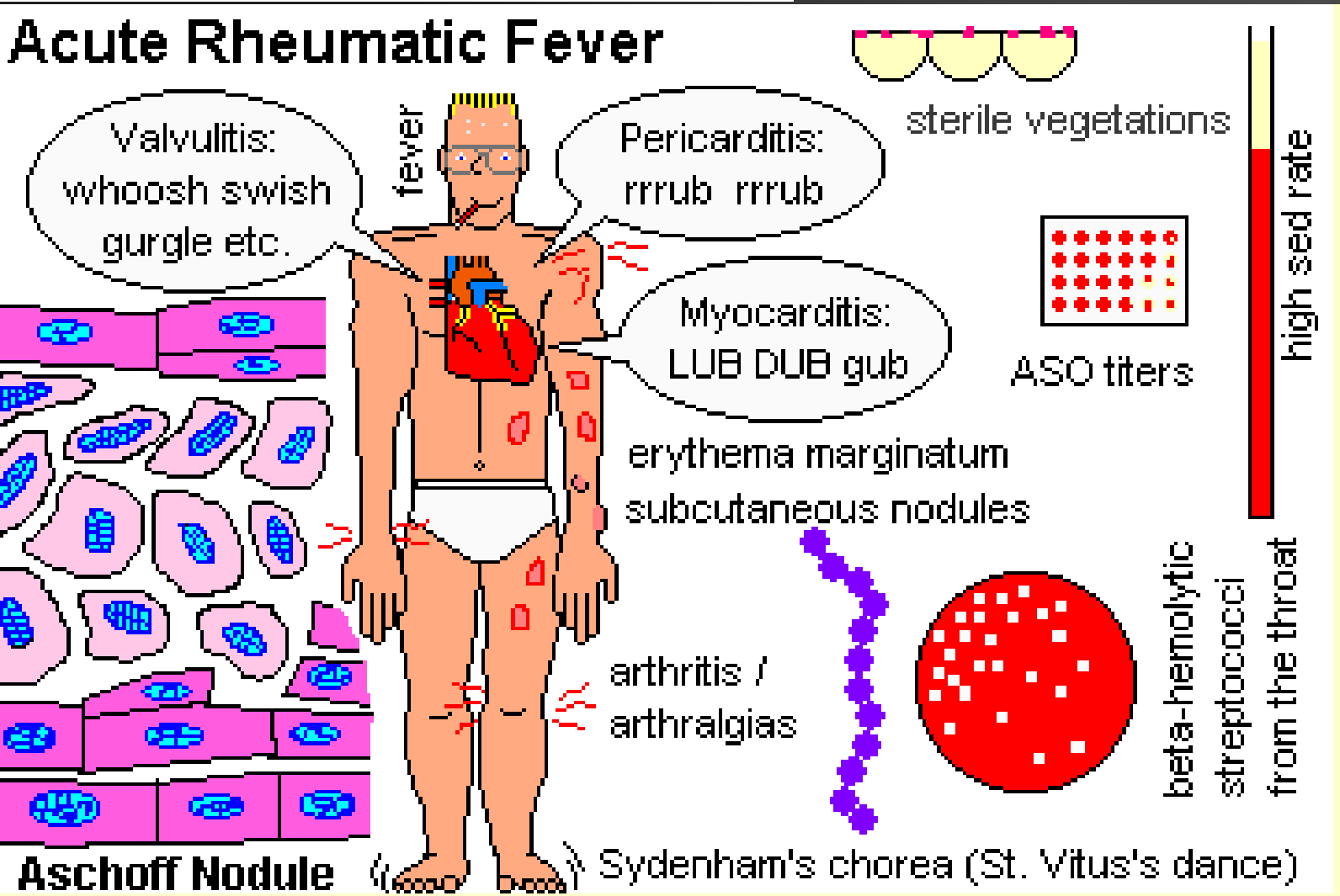
Streptococcus pyogenes is even worse than we already knew

- You know that *S. pyogenes* causes tonsilitis, scarlatina, erysipelas. But the worst still waits: Even after being flown out from the organism, a terrible sequellae remain! Antibodies circulate in the blood… and mistakenly, instead of being bound to streptococci, they bind to some structures of the organism. So, accute glomerulonephritis or rheumatoid fever occurs.

You may mention, that we have had this already once in the spring semester…

Rheumatic Fever

http://mednote.co.kr



ASO: how to see, if the risk exists

- Using ASO test you will see, if a normal antibody response is formed, or an autoimmunity over-response with risk of development of glomerulonefritis/rheum. fever
- ASO test is usually performed after a streptococcal infection. By the antibody detection, we do not try to detect the infection (we know about it), but to clarify, whetrer autoimmunity response is developped. So it is NOT an indirect diagnostic, although antibodies are measured.

ASO: principle (repeating)

- The antibody blocates the haemolytical effect of the toxin (streptolyzin O) on a RBC.
- In ASO, we do not use the geometrical row. The values of dilution are in a table.
- Titre over cca 250 means a risk of antibody response
- In Czech, abbreviation ASLO is used instead of ASO in English.

How to read an ASO panel

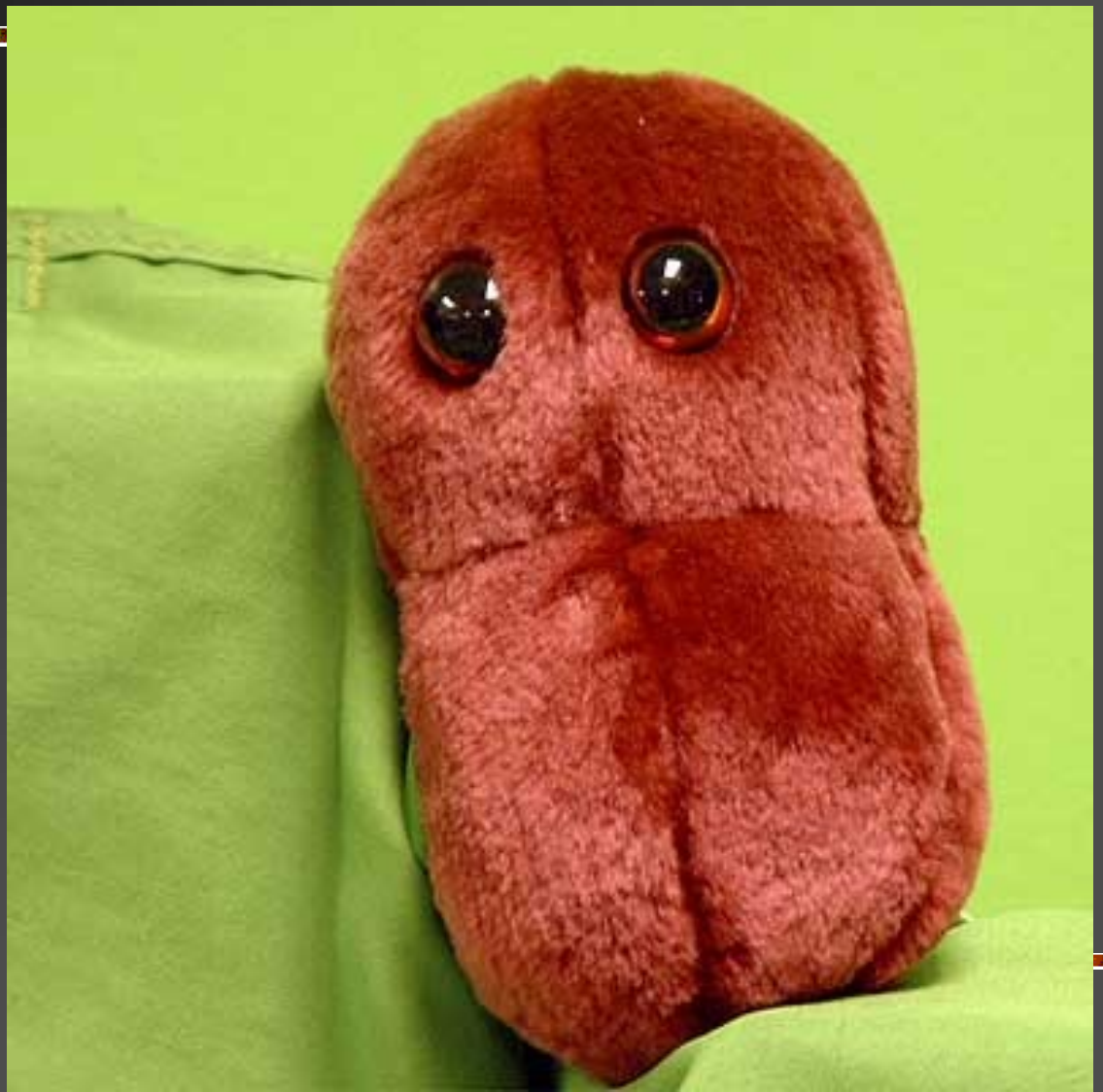
- Each patient has one row. The dilutions are here and in tables on your working tables.

Hodnocení výsledků ASLO

jam ka č.	1	2	3	4	5	6	7	8	9	10	11	12
hod nota mi.l.	100	120	150	180	225	270	337	405	506	607	759	911

- Panel has a positive control and five patients

Goodbye at the next part!



Soft toy-
Streptococcus

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