Institute for Microbiology, Medical Faculty of Masaryk University and St. Anna Faculty Hospital in Brno

Agents of digestive system infections – II

Bacterial agents of diarrhea and dysentery – I

Escherichia coli

Most *E. coli* strains are component (approx. 1 %) of normal intestinal flora

- important
- essential
- beneficial
- non-pathogenic in the intestine

Only some *E. coli* strains are pathogenic even in the intestine

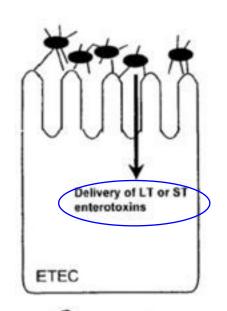
Escherichia coli

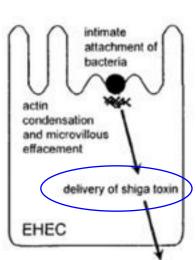


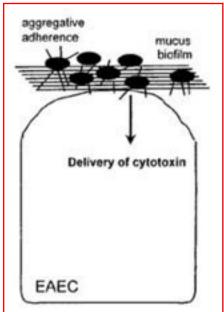
Bacterial agents of diarrhea and dysentery – II

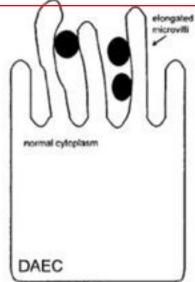
Escherichia coli strains causing diarrheal disease:

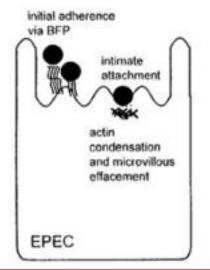
- ETEC (enterotoxic *E. coli*): children in developing countries, traveller s diarrhea; 2 enterotoxins (heat-labile and heat-stable)
- EPEC (enteropathogenic *E. coli*): O55, O111; small infants; disruption of microvillus structure
- EIEC (enteroinvasive E. coli): similar to Shigella; invasion of colonic cells
- EHEC (enterohaemorrhagic E. coli): O157:H7;
 2 cytotoxic Shigatoxins, destruction of microvilli;
 hemorrhagic colitis & hemolytic-uremic syndrome

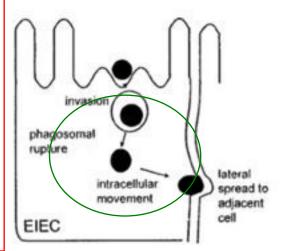












Bacterial agents of diarrhea and dysentery – III

<u>Salmonella</u>

Taxonomical remarks:

There are >4.000 salmonella serotypes

Official names of them are inconvenient:

The most frequent salmonella:

Salmonella enterica subspecies enterica serotype enteritidis

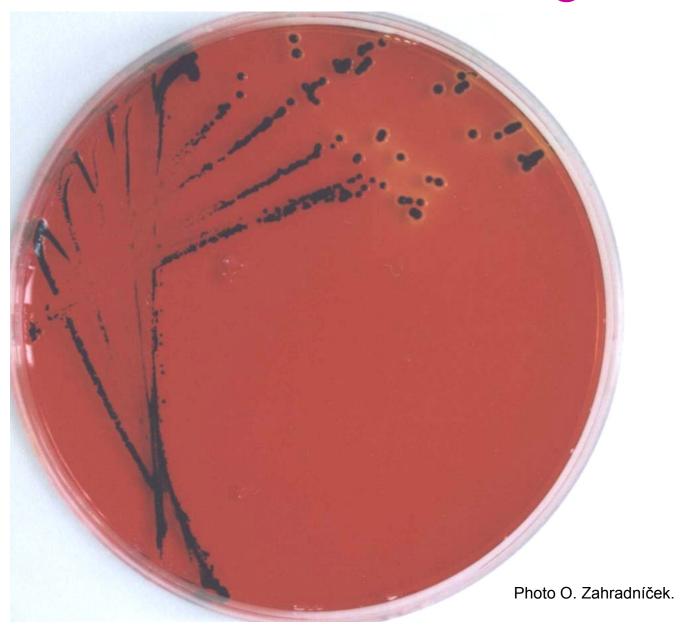
The most important salmonella:

Salmonella enterica subspecies enterica serotype typhi

Instead of them we can use more useful names:

- Salmonella Enteritidis
- Salmonella Typhi

Salmonella - MAL agar



Bacterial agents of diarrhea and dysentery – IV

Two types of salmonella infections:

- 1) Systemic infections (enteric fever): <u>S. Typhi,</u> <u>S. Paratyphi A C</u>
- 2) Gastroenteritis (salmonellosis): remaining >4.000 serotypes
- Pathogenesis of both starts with the invasion of intestinal epithelia
- In 1) invasion continues and infection becomes generalized → little or no diarrhea, but pronounced fever & other general symptoms
- In 2) infection is localized to ileocaecal region → diarrhea, nausea & vomiting, abdominal pain, temperature may be elevated

Bacterial agents of diarrhea and dysentery – V

Diagnosis & treatment of salmonella infections:

- 1) Enteric fever (reservoir: human beings only):
 Detection of salmonellae in blood, urine and stool (on special media), later detection of antibodies (Widal reaction), in suspected carriers examination of duodenal fluid Treatment: antibiotics (chloramphenicol, fluorochinolones, ampicillin, cotrimoxazol)
- 2) Gastroenteritis (reservoir: poultry & animals): Examination of stool only Treatment: symptomatic only, no antibiotics

Bacterial agents of diarrhea and dysentery – VI

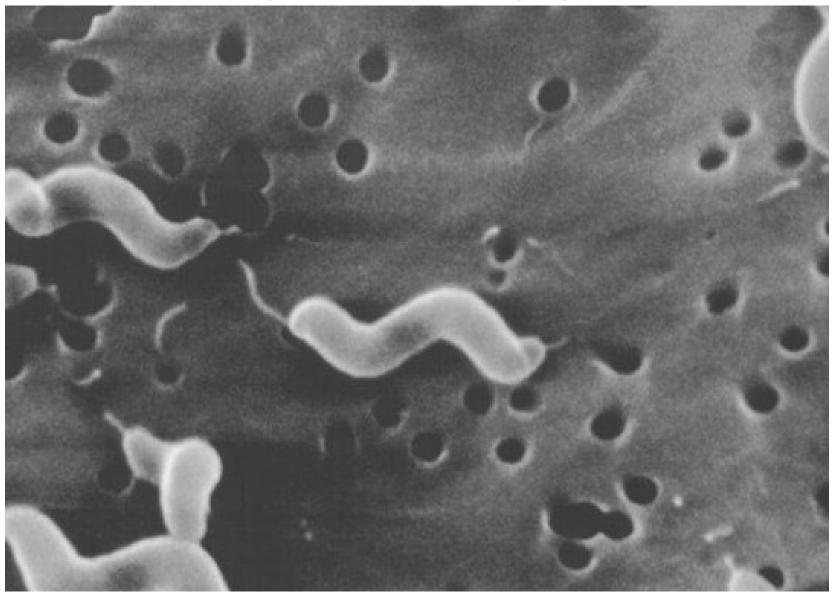
Campylobacter jejuni

As common as salmonella (or even more); invades jejunal epithelium; reservoir: poultry

Cultured on a special medium, in an atmosphere of reduced oxygen, at 42 C

Shigella sonnei, S.flexneri, S.boydii, S.dysenteriae
Very low infectious dose → epidemic outbreaks
Transmitted only among human beings
Invasion of cells of colon and rectum
The disease is called bacterial dysentery

Campylobacter jejuni



www.cdc.gov/ncidod/eid/vol5no1/altekruseG.htm.

Bacterial agents of diarrhea and dysentery – VII

Yersinia enterocolitica

gastroenteritis, in children also mesenterial lymphadenitis (mimicking acute appendicitis)

vector: contaminated food multiplies in refrigerator even at 4 C

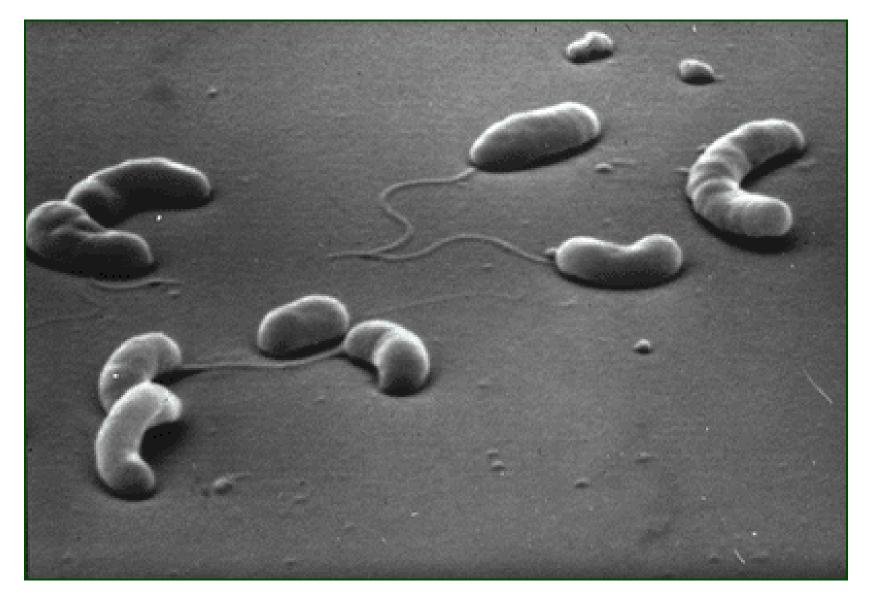
Vibrio cholerae

Cholera toxin activates adenylate cyclase → hypersecretion of water & electrolytes → death by dehydration and electrolyte abnormalities

V. cholerae flourishes in water & causes epidemics

Vibrio parahaemolyticus: from raw fish & shell-fish

Vibrio cholerae



http://www.cs.dartmouth.edu/brd/Research/Bio/water-borne-bioterrorism.htm

Diarrhea during antibiotic therapy

Common after tetracyclines; from excessively multiplied Staphylococcus aureus, Pseudomonas aeruginosa or Candida albicans (the only example of diarrhea of mycotic origin)

After lincomycin or clindamycin (but even after other ATB) → dangerous pseudomembranous colitis caused by *Clostridium difficile*Patients contaminate the hospital environment with resistant spores

Colitis can be treated by metronidazol

Direct proof of the toxin A as an antigen is essential because *C. difficile* can be found in healthy people



Viral agents of diarrhea

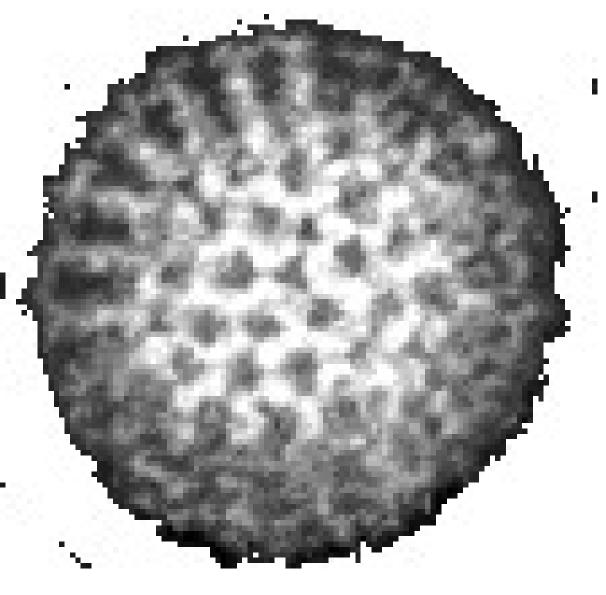
Generally: small, acid- and bile-resistant nonenveloped viruses

Rotaviruses (Reoviridae family)
serious diarrhea of young children, epidemics
in winter

Noroviruses and sapoviruses (formerly agents Norwalk and Sapporo, *Caliciviridae* family) epidemics in children and adults, too

Astroviruses (star-shaped virions)
Adenoviruses type 40 and 41
Small, round gastroenteritis viruses

Rotavirus





http://web.uct.ac.za/depts/mmi/s tannard/emimages.html

Parasitic agents of diarrhea

In previously healthy individuals:

Entamoeba histolytica: amoebic dysentery

Giardia lamblia: giardiasis

Cryptosporidium parvum: cryptosporidiosis

Cyclospora cayetanensis

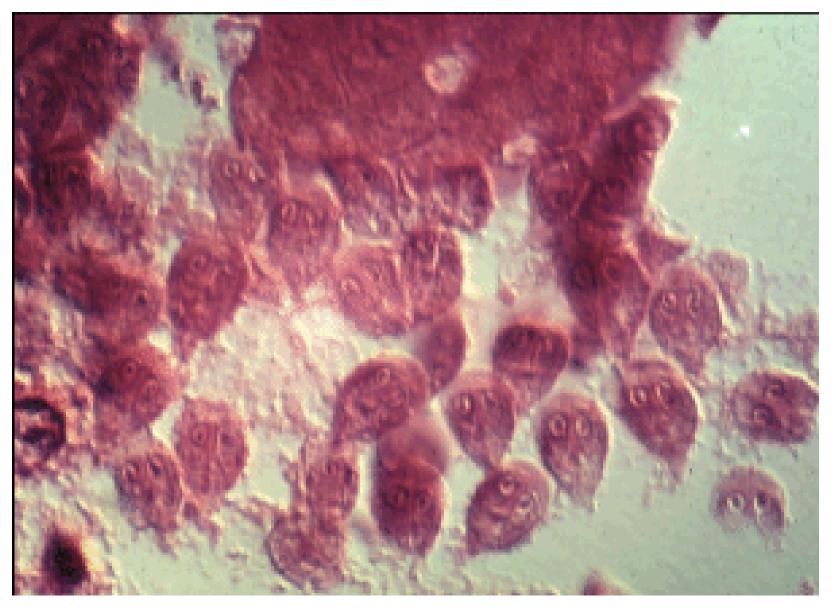
In AIDS also:

Isospora belli (coccidium)

Enterocytozoon bieneusi (microsporidium)

Strongyloides stercoralis hyperinfection (helminth)

Lamblia



CD-ROM "Parasite-Tutor" – Department of Laboratory Medicine, University of Washington, Seatle, WA

Other intestinal parasites (helminths)

Small intestine:

Ascaris lumbricoides (human roundworm)

Ancylostoma duodenale (Old World hookworm)

Necator americanus (New World hookworm)

Strongyloides stercoralis (threadworm)

Fasciolopsis buski (giant intestinal fluke)

Taenia saginata (beef tapeworm)

Taenia solium (pork tapeworm)

Hymenolepis nana (dwarf tapeworm)

Diphyllobothrium latum (fish tapeworm)

Large intestine:

Enterobius vermicularis (pinworm)

Trichuris trichiura (whipworm)

Ascaris lumbricoides egg



Food poisoning

- 1. Intoxication due to a toxin preformed in the food Staphylococcus aureus: heat-stable enterotoxin Clostridium perfringens: heat-labile enterotoxin Bacillus cereus: heat-stable enterotoxin and vomiting toxin (mostly in rice)
 Clostridium botulinum: heat-labile neurotoxin
- 2. Intoxication due to invasive microorganisms
 Salmonella gastroenteritis
 ETEC and EHEC
 Listeria monocytogenes

Thank you



Q1: Alpha-hemolysis

Murray:

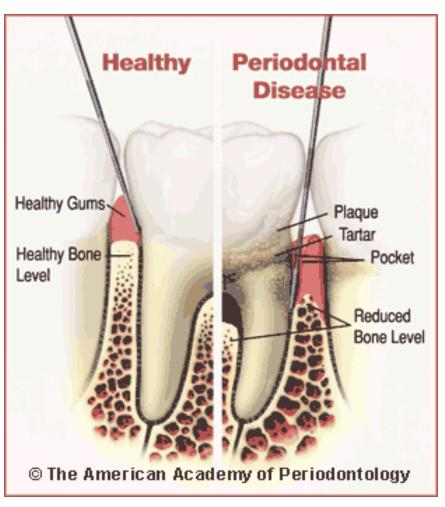
Alpha-hemolysis = viridation = incomplete hemolysis

Hemoglobin converted to verdoglobin

Votava:

Incomplete hemolysis = a type of beta hemolysis

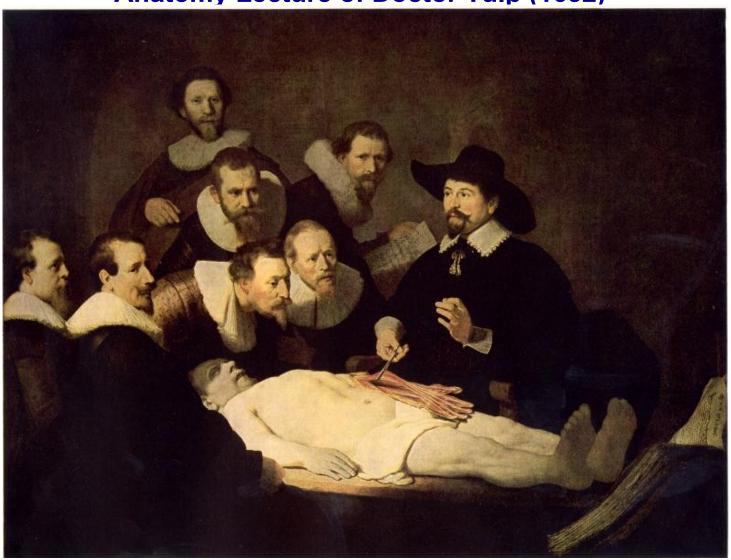
Q2: Anaerobes



Colonizing bacteria – a key factor in development of parodontal diseases, anaerobic environment

Homework 1 – solution

Harmenszoon Rembrandt van Rijn (1606-1669) Anatomy Lecture of Doctor Tulp (1632)



Homework 2

Who is the author of this drawing and what is its name?

