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Clinical Microbiology



Lectures - dentistry studies 2012

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Agents of respiratory diseases

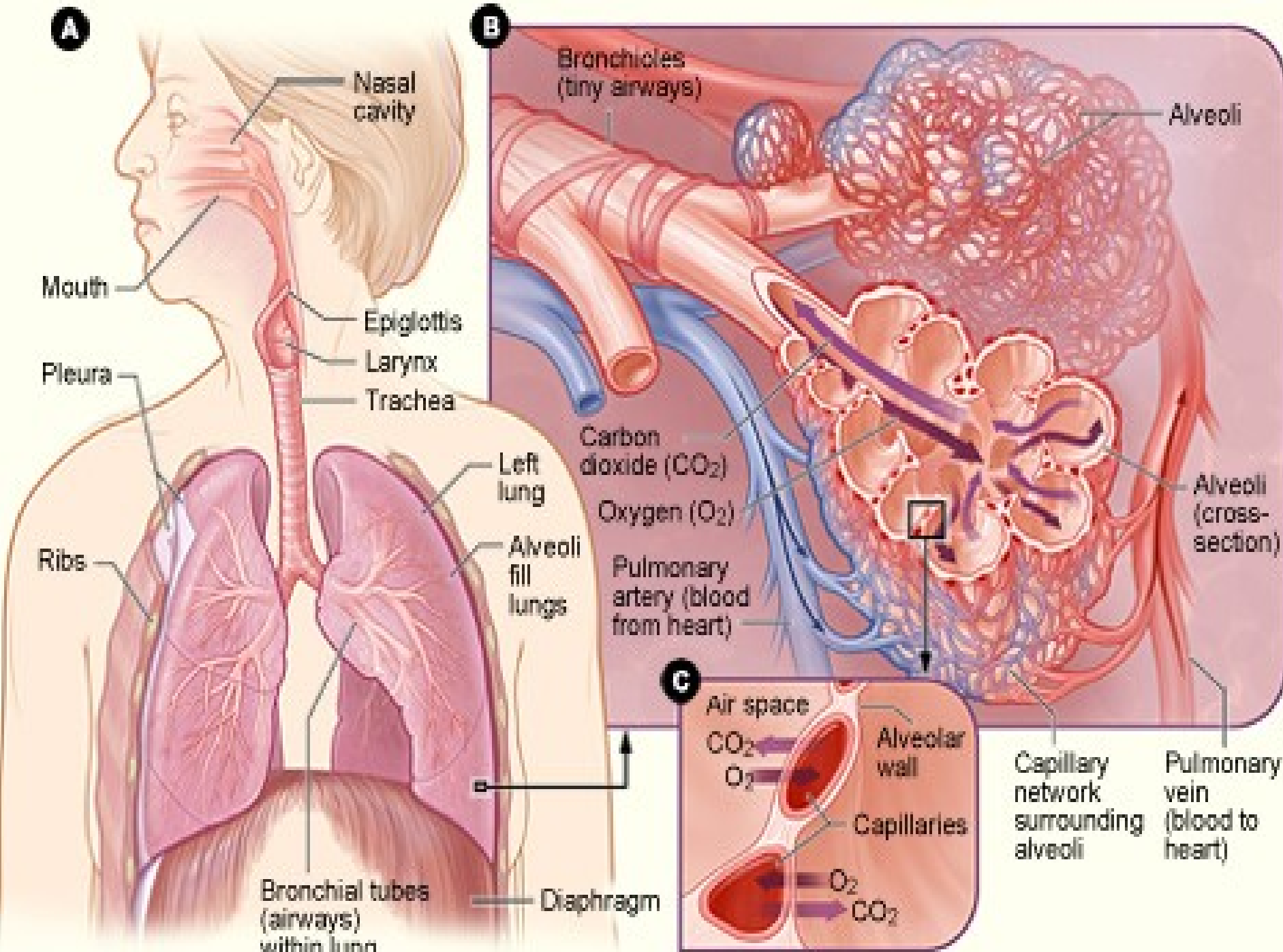
Part One

Importance of respiratory infections

- **The most important/frequent infections** in GP's office (respiratory tract = an ideal incubator)
- **Big economic impact** on the economics in general and on the health care in particular
- **Often produce outbreaks and epidemics**
- **75 %** (and even more in children) are caused by **viruses**

Where is RTI localized?

- **clinical symptomatology + specific agents**
- **It is necessary to distinguish:**
 - **upper respiratory tract (URT) infections**
(+ adjacent organs infections)
 - **lower respiratory tract (LRT) infections**
(infections of lower respiratory ways + pneumonias)



A

B

C

Nasal cavity

Mouth

Pleura

Epiglottis

Larynx

Trachea

Left lung

Ribs

Alveoli fill lungs

Bronchial tubes (airways) within lung

Diaphragm

Bronchioles (tiny airways)

Alveoli

Carbon dioxide (CO_2)

Oxygen (O_2)

Pulmonary artery (blood from heart)

Alveoli (cross-section)

Capillary network surrounding alveoli

Pulmonary vein (blood to heart)

Air space

CO_2

O_2

Alveolar wall

Capillaries

O_2

CO_2

URT infections and infections of adjacent organs

- infections of **nose a nasopharynx**
- infections of **oropharynx incl. tonsillae**
- infections of **paranasal sinuses**
- **otitis media**
- **conjunctivitis**

LRT infections and lung infections

Infections of LRT

- infection of epiglottitis
 - infection of larynx and trachea
 - infection of bronchi
 - infection of bronchioli
- infections of lungs

Common flora in respiratory ways

- **i.e. bacteria typically found in respiratory tract of a healthy person**
- **Nasal cavity:** usually *Staph. epidermidis*, less often sterile, coryneform rods, *Staph. aureus*, pneumococci
- **Pharynx:** always neisseriae and streptococci (viridans group), usually haemophili, rarely pneumococci, meningococci, enterobacteriae, yeasts
- **LRW:** sterile, clinical materials from these sites are often contaminated by URW flora

Rhinitis/nasopharyngitis - ETIOLOGY

- **Viruses** – the most common - „common cold“:
 - more than 50 % rhinoviruses
 - coronaviruses
 - other respiratory viruses (NOT flu!)
- **Bacteria:**
 - **Acute** infections: usually secondary
 - *Staph. aureus*, *Haem. influenzae*, *Strep. pneumoniae*, *Moraxella catarrhalis*
 - **Chronic** infections:
 - *Klebsiella ozaenae*, *Kl. rhinoscleromatis*

Rhinitis/nasopharyngitis - TREATMENT

- **Viral etiology - does NOT need antibiotic treatment and bacteriological examination**
- **If necessary** (pus full of polymorphonuclears, high CRP levels → markers of bacterial infection) treatment based on the **result of bacteriological examination**
- **Topical treatment - carriers of epidemiologically important pathogens - e.g. MRSA – mupirocin (Bactroban)**

Infectious rhinitis VS. allergic/vasomotor rhinitis

<http://www.drgreene.org/body.cfm?xyzpdqabc=0&id=21&action=detail&ref=1285>

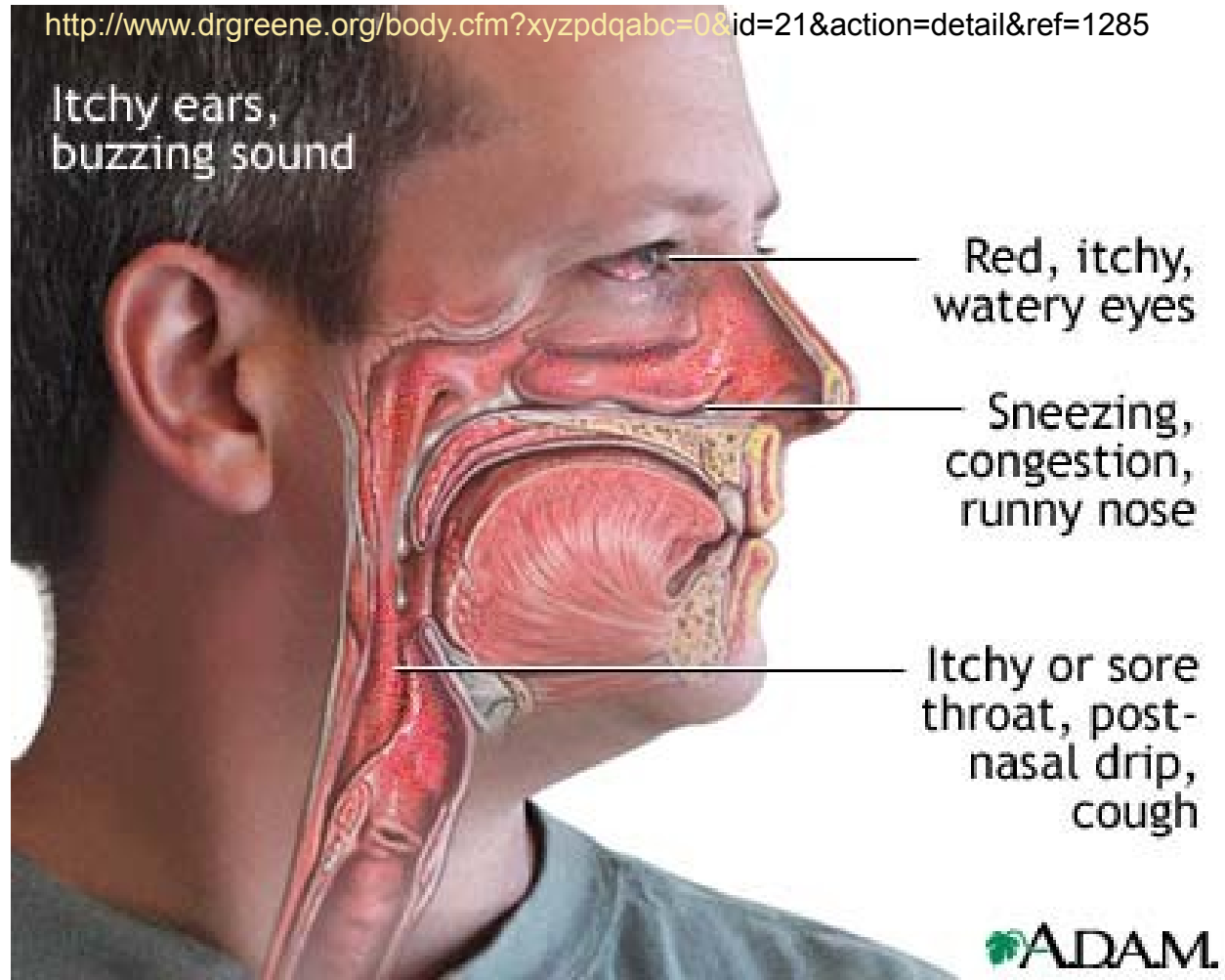
Itchy ears,
buzzing sound

Red, itchy,
watery eyes

Sneezing,
congestion,
runny nose

Itchy or sore
throat, post-
nasal drip,
cough

http://www.bupa.co.uk/health_information/asp/direct_news/general_health/rhinitis_240706.asp



Sinusitis/otitis media – ETIOLOGY I

- **Acute sinusitis and otitis usually started by respiratory viruses, *M. pneumoniae* (myringitis)**
- **Secondary pyogenic inflammations:**
***S. pneumoniae*, *H. influenzae* type b, *Moraxella catarrhalis*, *Staph. aureus*, Str. group A, OR even anaerobes (genus *Bacteroides*, *Prevotella*, *Porphyromonas*...)**

Complications: mastoiditis, purulent meningitis

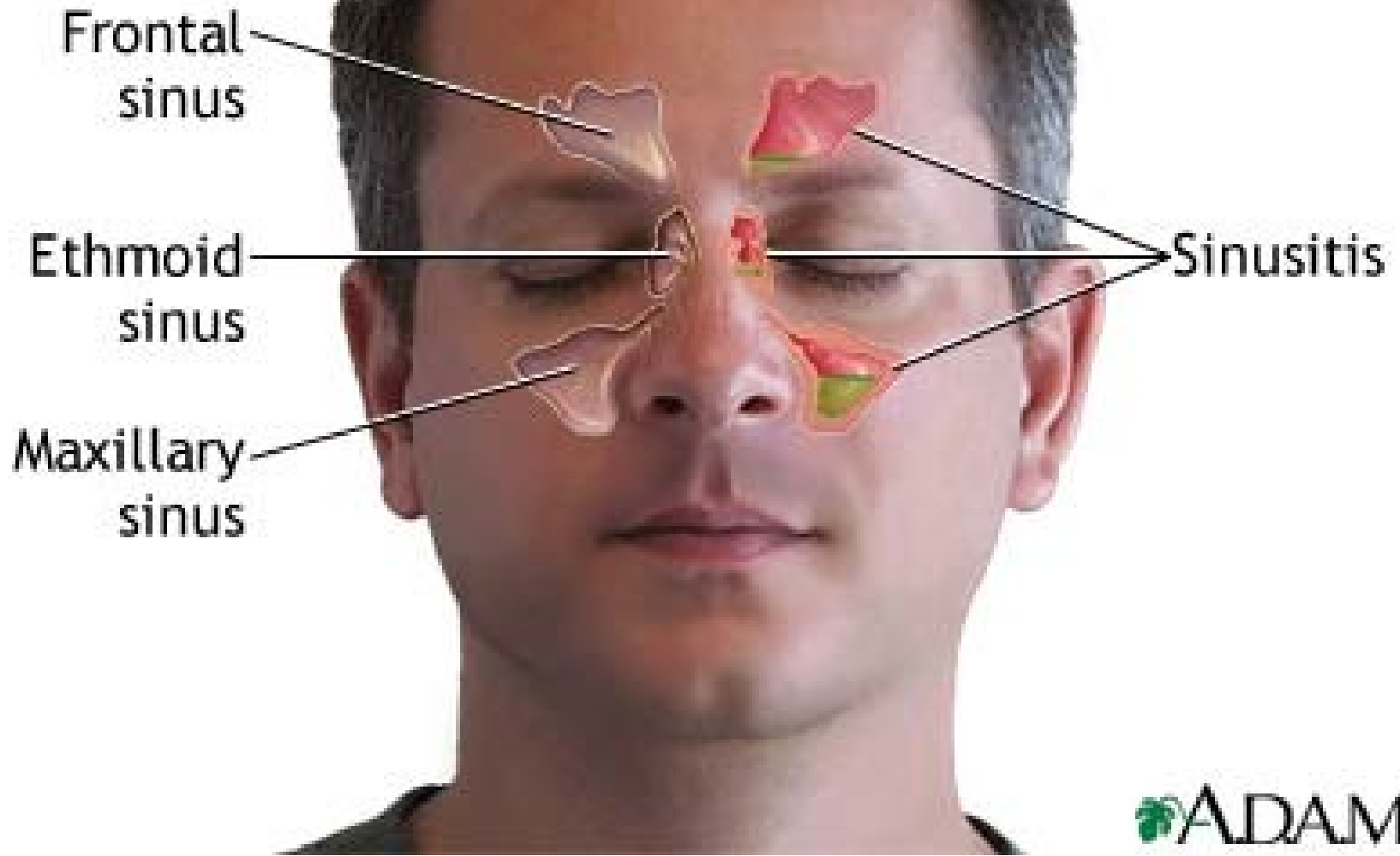
Sinusitis/otitis media – ETIOLOGY II

- **Sinusitis maxillaris chronica, sinusitis frontalis chronica:** *Staph. aureus*, genus *Peptostreptococcus*
- **Otitis media chronica:** *Pseudomonas aeruginosa*, *Proteus mirabilis*

Sinusitis/otitis media - EXAMINATION + TREATMENT

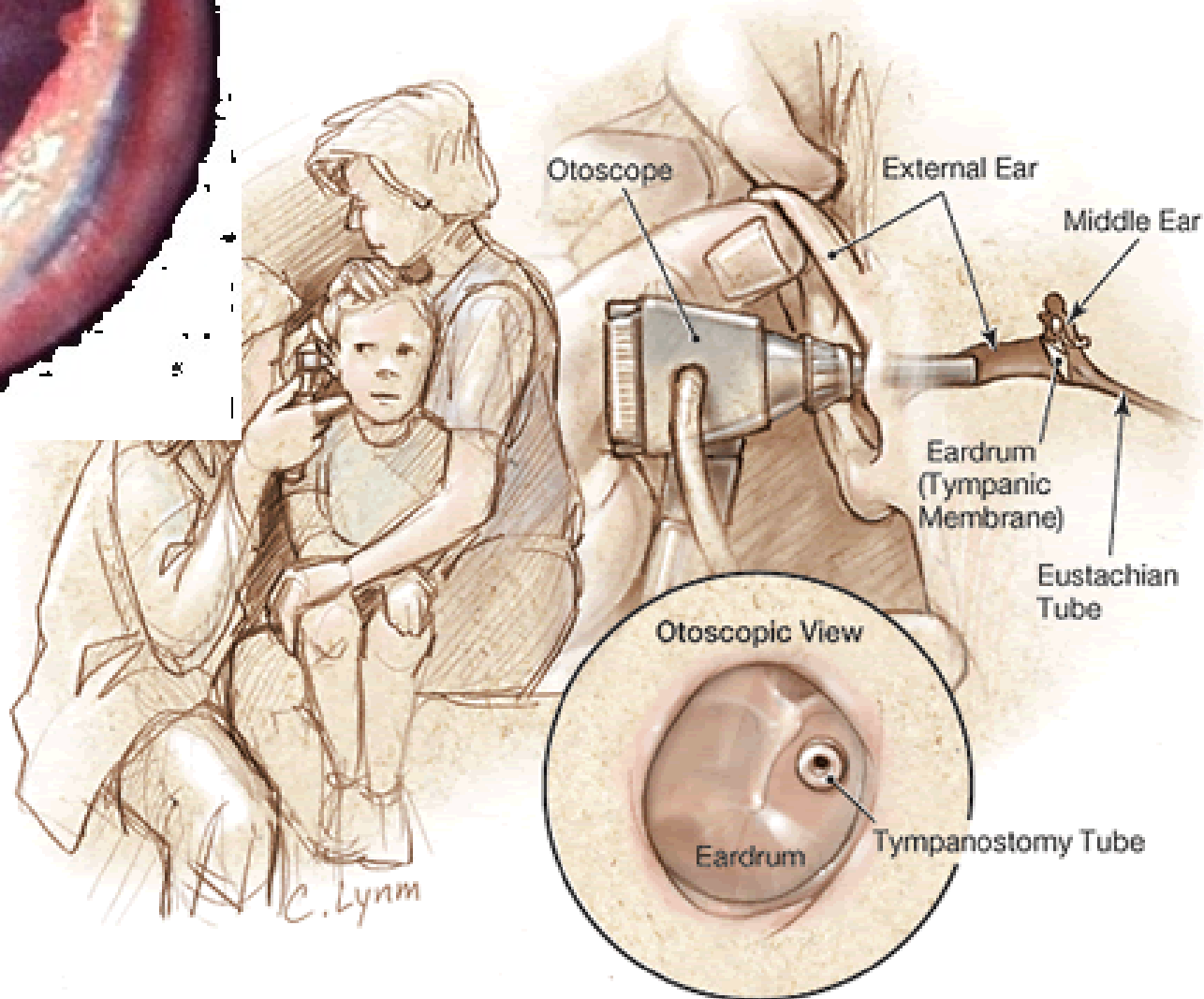
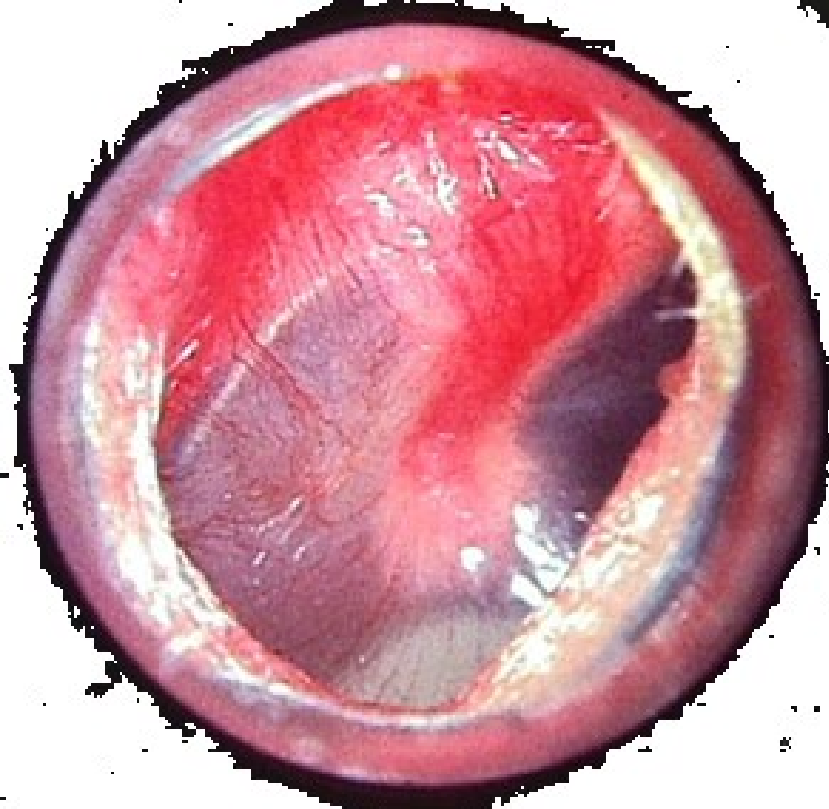
- **Relevant specimen** – only a **punctate** from the middle ear or paranasal sinus; NOT nasal, ear swabs (contaminants)
- **Sinusitis** ATB treatment **ONLY** in **painful sinusitis**, with teathache, headache, fever, lasting at least a weak, eventually neuralgia of N. Trigemini
- **Otitis media** ATB when inflammation (pain, red colour, fever) and anti-inflammatory treatment not sufficient
- **e.g. Aminopenicillin or 1st gen. cephalosporin**

Sinusitis acuta



Otitis media

- Causative agents
- as in sinusitis



<http://www.otol.uic.edu/research/microto/Microtscopy/acute1.htm>

http://www.medem.com/MedLB/article_detailb.cfm?article_ID=ZZZPMV6D1AC&sub_cat=544

Conjunctivitis - ETIOLOGY

- Usually **viral**, accompanies acute URT infections/
adenovirus, enterovirus - hemorrhagic conjunctivitis, **HSV** -
herpetic keratoconjunctivitis
- **Bacterial**
 - a. Acute:
suppurative conjunctivitis: ***S. pneumoniae, S. aureus***
inclusion conjunct.: ***C. trachomatis* D – K**
 - b. Chronic: ***S. aureus, C. trachomatis* A – C** (trachoma)
- **Allergic, mechanic** (alien body)
- Usually **topical** treatment

Oropharyngeal infections - ETIOLOGY

- **Acute tonsillitis and pharyngitis:**

usually **viral** (rhinoviruses, coronaviruses, adenoviruses, EBV – inf. mononucleosis, coxsackieviruses – herpangina)

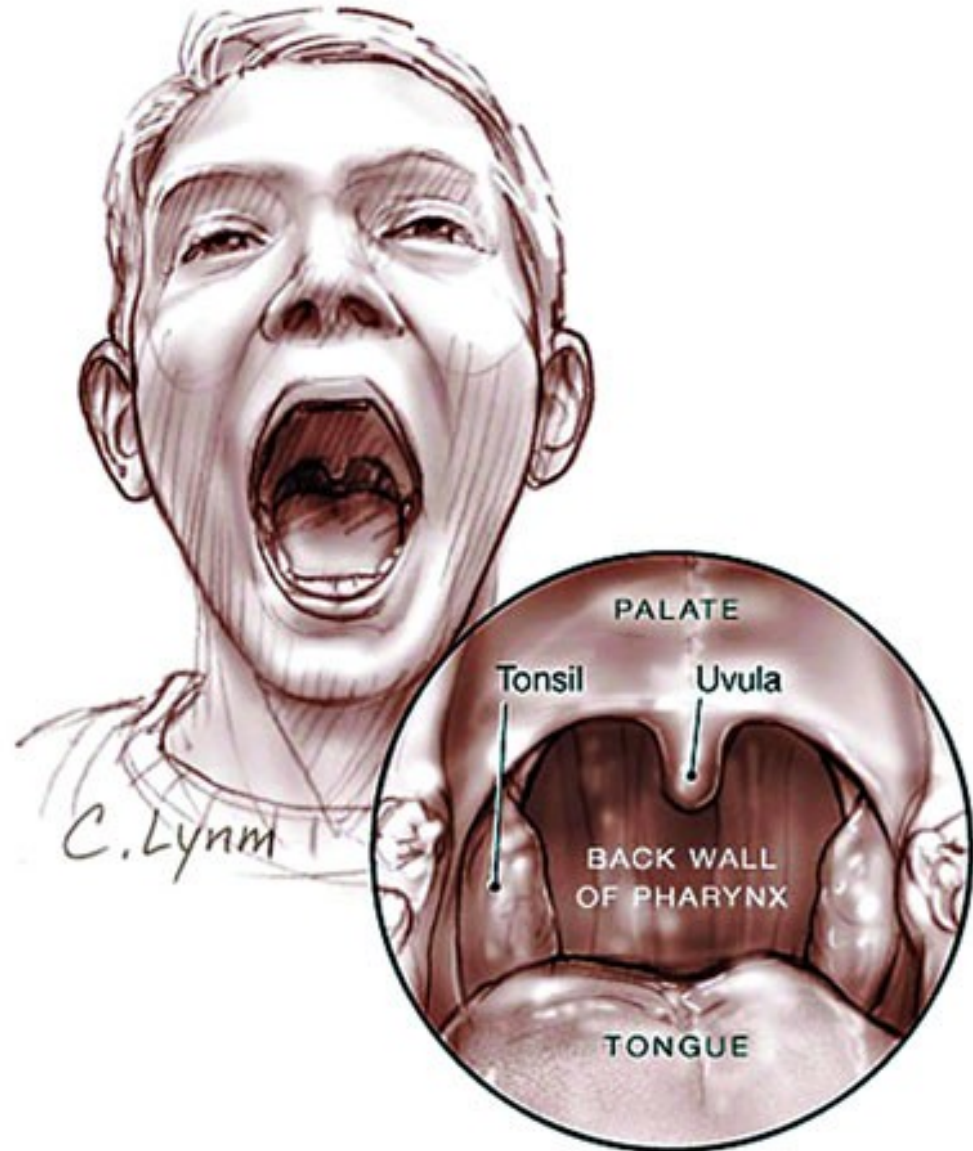
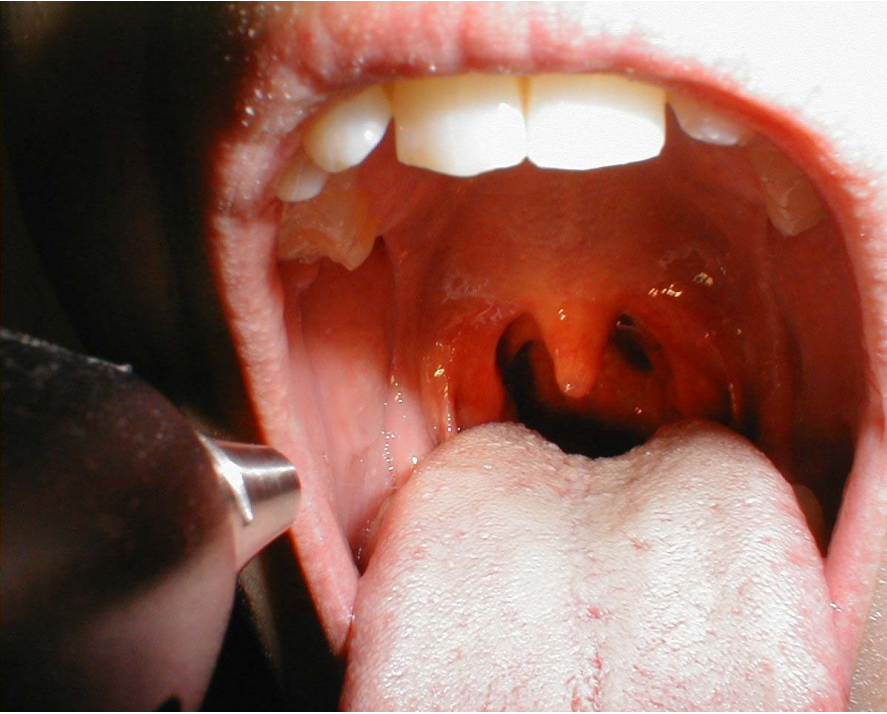
Most important bacterial: *S. pyogenes* (= β -haemol. streptococcus group A)

- **Other bacterial:** streptococci group C, F, G, pneumococci, *H. influenzae?*, *N. meningitidis?*,
- **Rare, but important:** *Corynebacterium diphtheriae*, *Neisseria gonorrhoeae*

Oropharyngeal infections -TREATMENT

- **Throat swab recommended in all cases, incl. a „typical tonsillitis“**
- ***Streptococcus pyogenes* - penicillin still the best!**
- **Macrolides, e.g. clarithromycin in allergic patients only (resistance, worse effect)**
- **determination of CRP level (marker of a bacterial infection)**

Tonsilopharyngitis



<http://medicine.ucsd.edu/Clinicalimg/Head-Pharyngitis.htm>

<http://www.newagebd.com/2005/sep/12/img2.html>

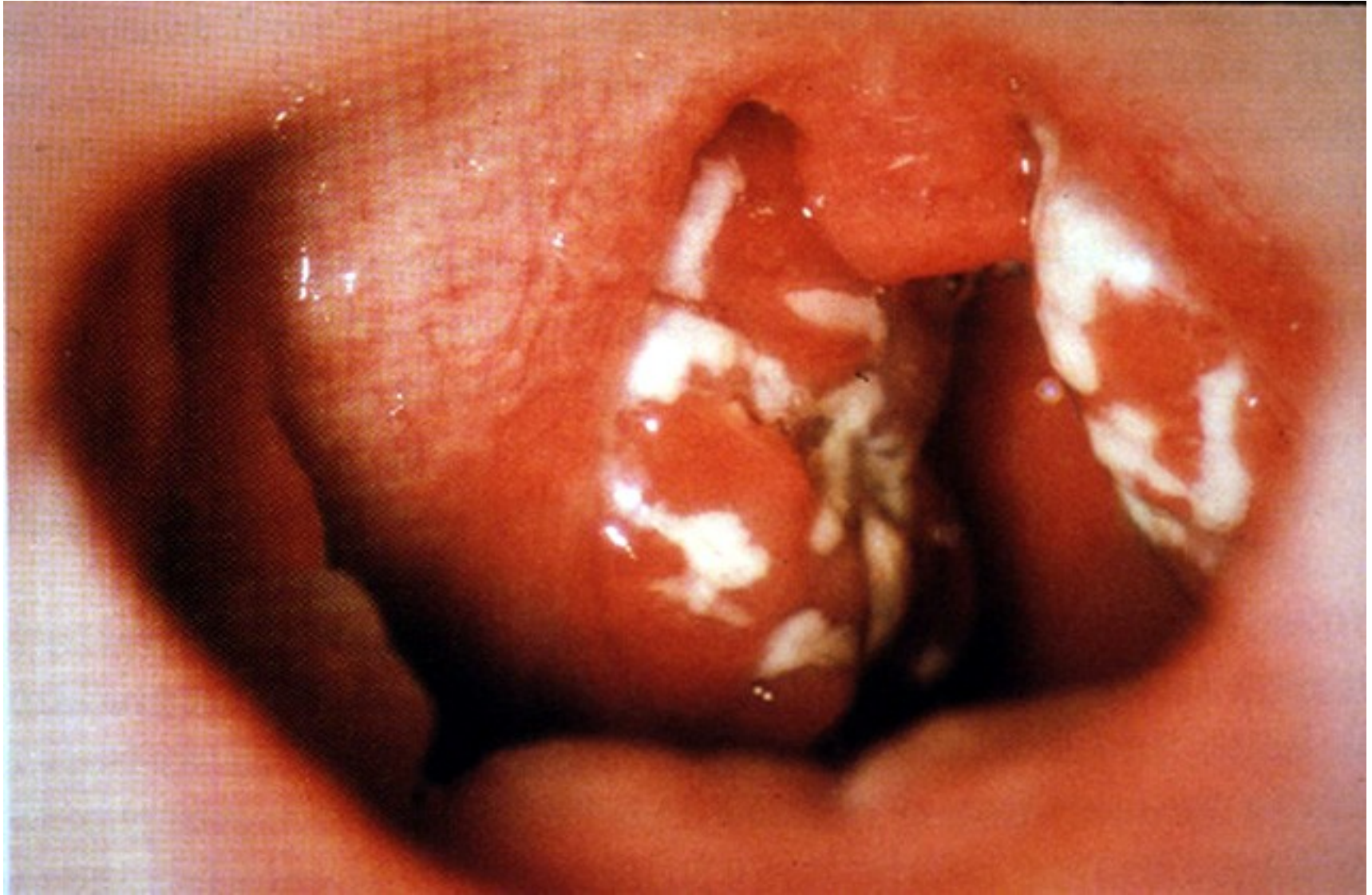
Viral tonsilopharyngitis



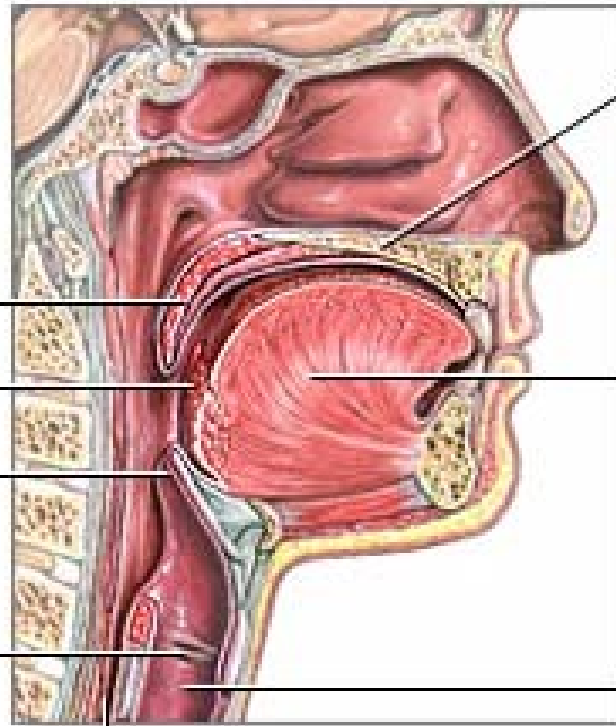
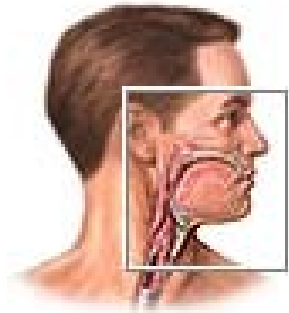
<http://upload.wikimedia.org/wikipedia/commons/thumb/b/b1/Pharyngitis.jpg/250px-Pharyngitis.jpg>

Purulent bacterial tonsillitis

<http://www.meddean.luc.edu/lumen/MedEd/medicine/PULMONAR/diseases/pul43b.htm>



Epiglottitis



Hard
palate

Tongue

Trachea

Soft palate

Palatine tonsil

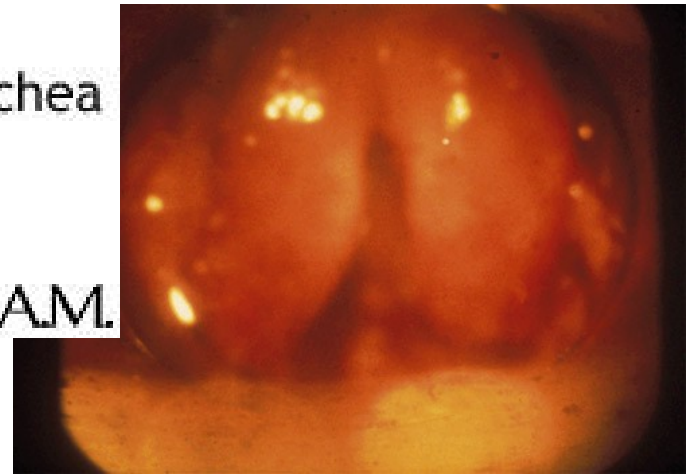
Epiglottis

Vocal fold

Esophagus

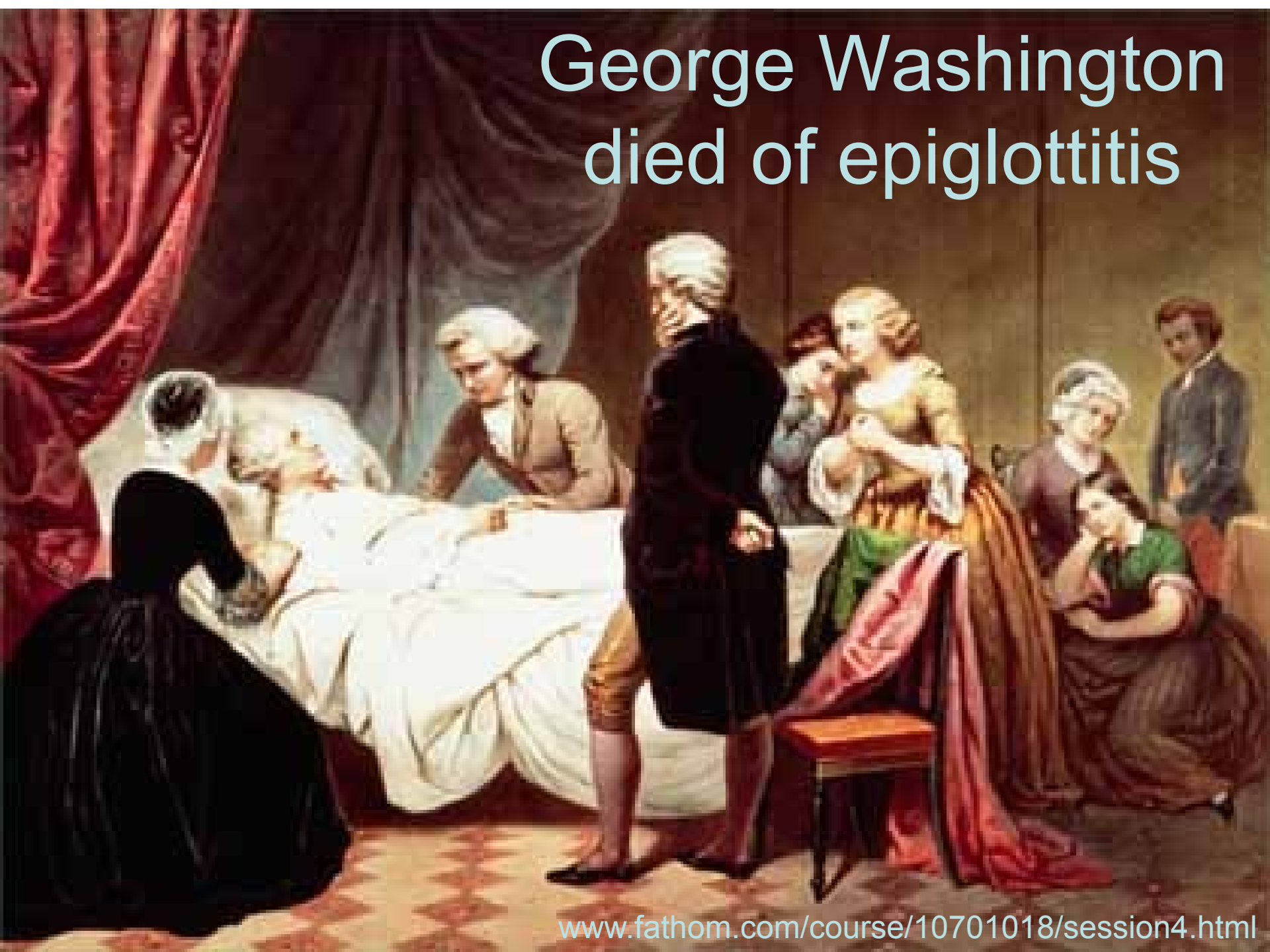
[de.wikipedia.org/wiki/
Epiglottitis](http://de.wikipedia.org/wiki/Epiglottitis)

ADAM.



<http://health.allrefer.com/health/epiglottitis-throat-anatomy.html>

George Washington died of epiglottitis

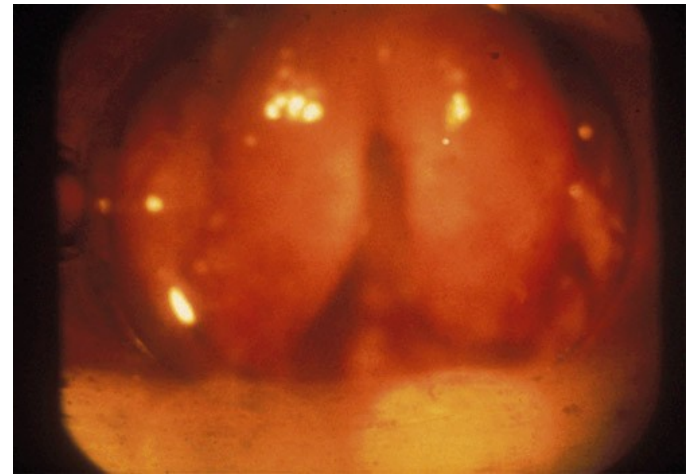


Epiglottitis

- **Serious disease – medical emergency**

The child may suffocate!

- ***Haemophilus influenzae* type b („Hib“)**
- vaccination



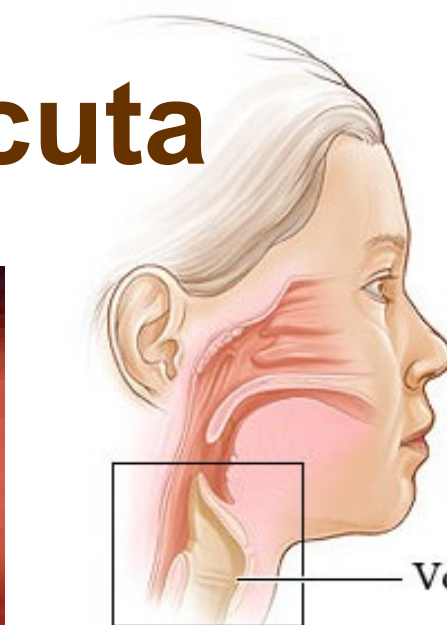
Laryngitis and tracheitis

- **Respiratory viruses** (other than in nasopharyngitis):
parainfluenza/influenza A viruses & RSV

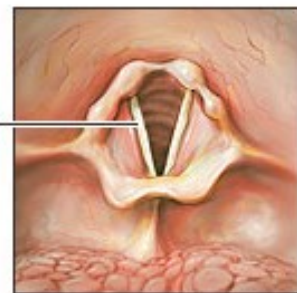
Treatment symptomatic - antibiotics NOT recommended

- **Bacterial:** *Chlamydophila pneumoniae*, *Mycoplasma pneumoniae*, secondary: *S. aureus* and *Haemophilus influenzae*, laryngotracheitis pseudomembranosa (croup): *Corynebacterium diphtheriae*
- Throat swab is useless, except for chronic situations.

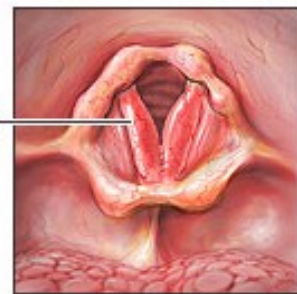
Laryngitis acuta



Normal vocal cords



Inflamed vocal cords



Vocal cords



© Healthwise, Incorporated



IAN BAKER...

Bronchitis - ETIOLOGY

- **Acute bronchitis:**

influenza, parainfluenza, adenoviruses, RSV

Bacterial - secondary: pneumococci, haemofili, stafylococci, moraxellae

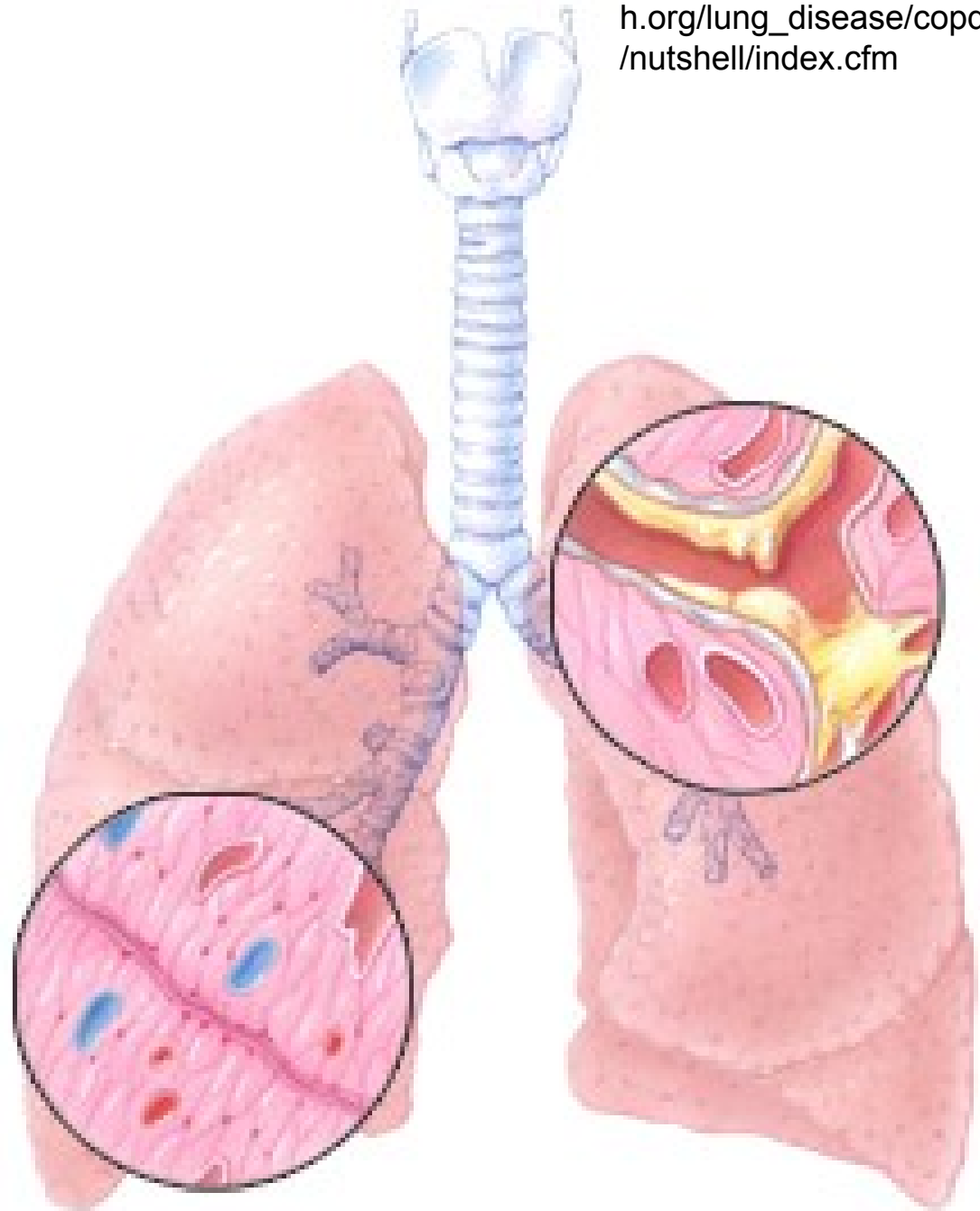
Bacterial - primary: *Mycoplasma pneumoniae*, *Chlamydophila pneumoniae*, *Bordetella pertussis*

- **Chronic bronchitis (cystic fibrosis):**

Pseudomonas aeruginosa, *Burholderia cepacia*

Bronchitis acut

http://www.yourlunghealth.org/lung_disease/copd/nutshell/index.cfm



<http://www.lhsc.on.ca/resptherapy/students/p/atho/brnchit5.htm>

Bronchiolitis

- Isolated bronchiolitis in newborns and infants only:

Pneumovirus (= RSV)

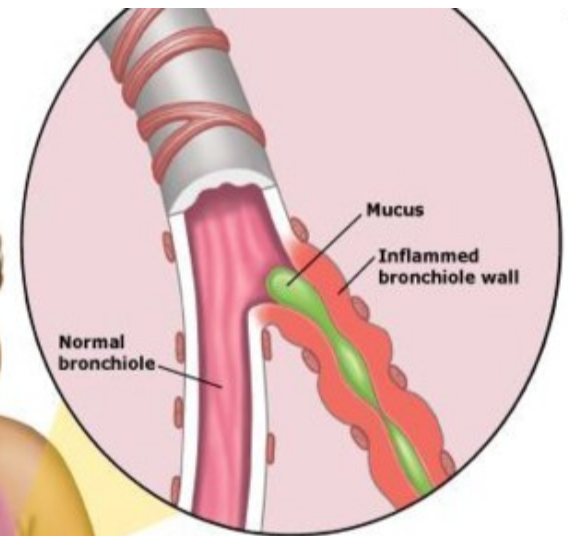
Metapneumovirus



Bronchial swelling



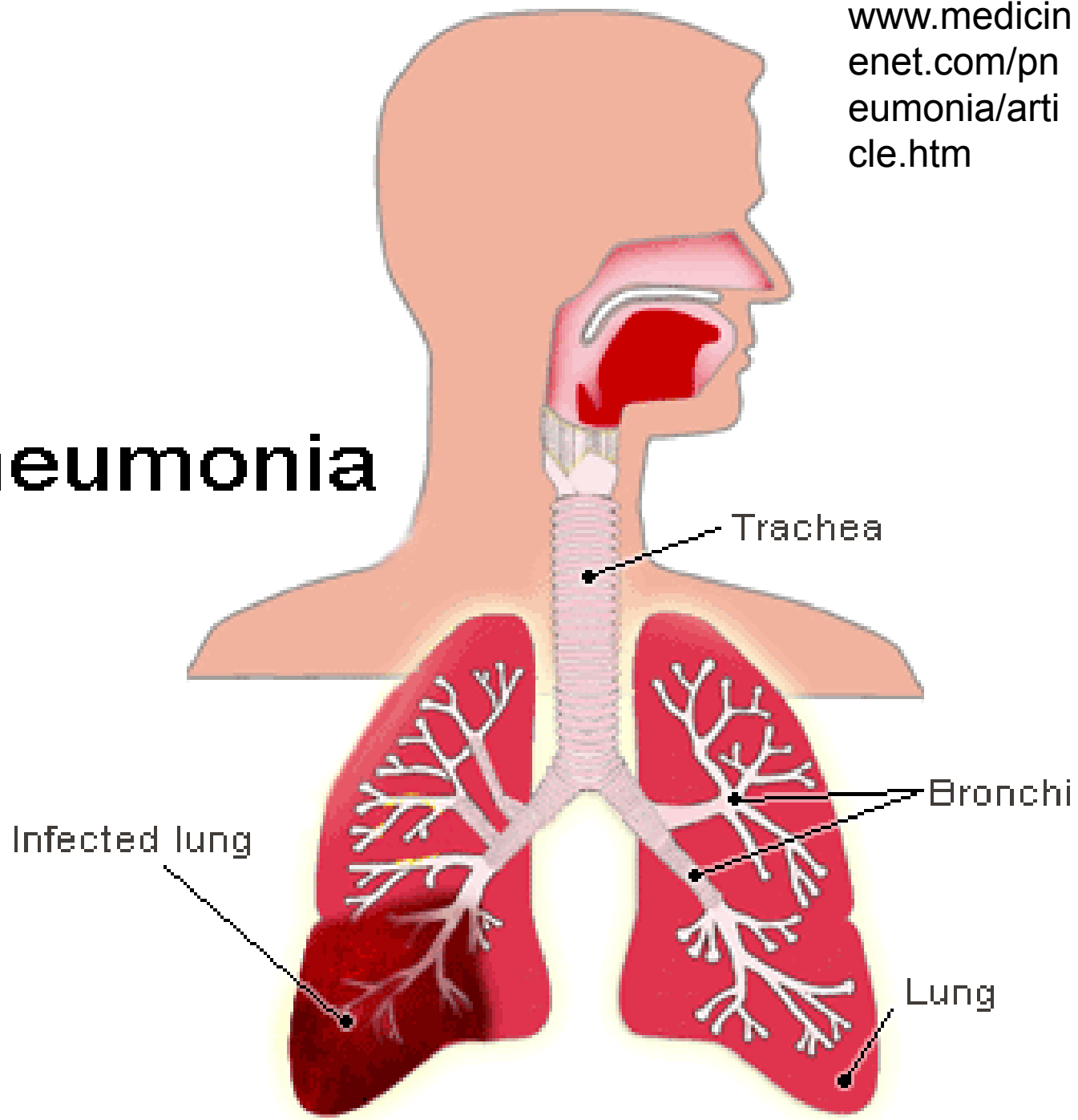
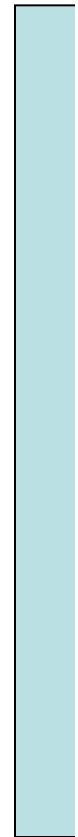
In bronchiolitis, the airway becomes obstructed from swelling of the bronchiole walls



<https://www.nlm.nih.gov>

Pneu

Pneumonia



Types of pneumoniae

- **Acute – community-acquired pneumoniae CAP**
 - in originally healthy
 - adults
 - children
 - in debilitated persons
 - after a contact with animals (e.g. *Pasteurella multocida*, *Coxiella burnetii* - Q-fever, *Chlamydophila psittaci* - psittacosis)
- **Acute – nosocomial pneumoniae**
 - ventilator-associated
 - a) early
 - b) late
 - others
- **Subacute and chronic pneumoniae**

Pneumoniae – ETIOLOGY I

Acute, community-acquired, in healthy adults

- **bronchopneumonia and lobar pneumonia:**
 - *Streptococcus pneumoniae*
 - *Staph. aureus*
 - *Haemophilus influenzae* type b
- **atypical pneumonia:**
 - *Mycoplasma pneumoniae*
 - *Chlamydophila pneumoniae*
 - **Influenza A virus**

Pneumoniae – ETIOLOGY II

- **Acute, community-acquired, in debilitated individuals:**
 - pneumococci, staphylococci, haemofili
 - *Klebsiella pneumoniae* (alcoholics)
 - *Legionella pneumophila*
- **In more serious immunodeficiency:**
 - *Pneumocystis jirovecii*
 - CMV
 - atypical mycobacteria
 - *Nocardia asteroides*
 - aspergilli, candidae

Pneumoniae – ETIOLOGY III

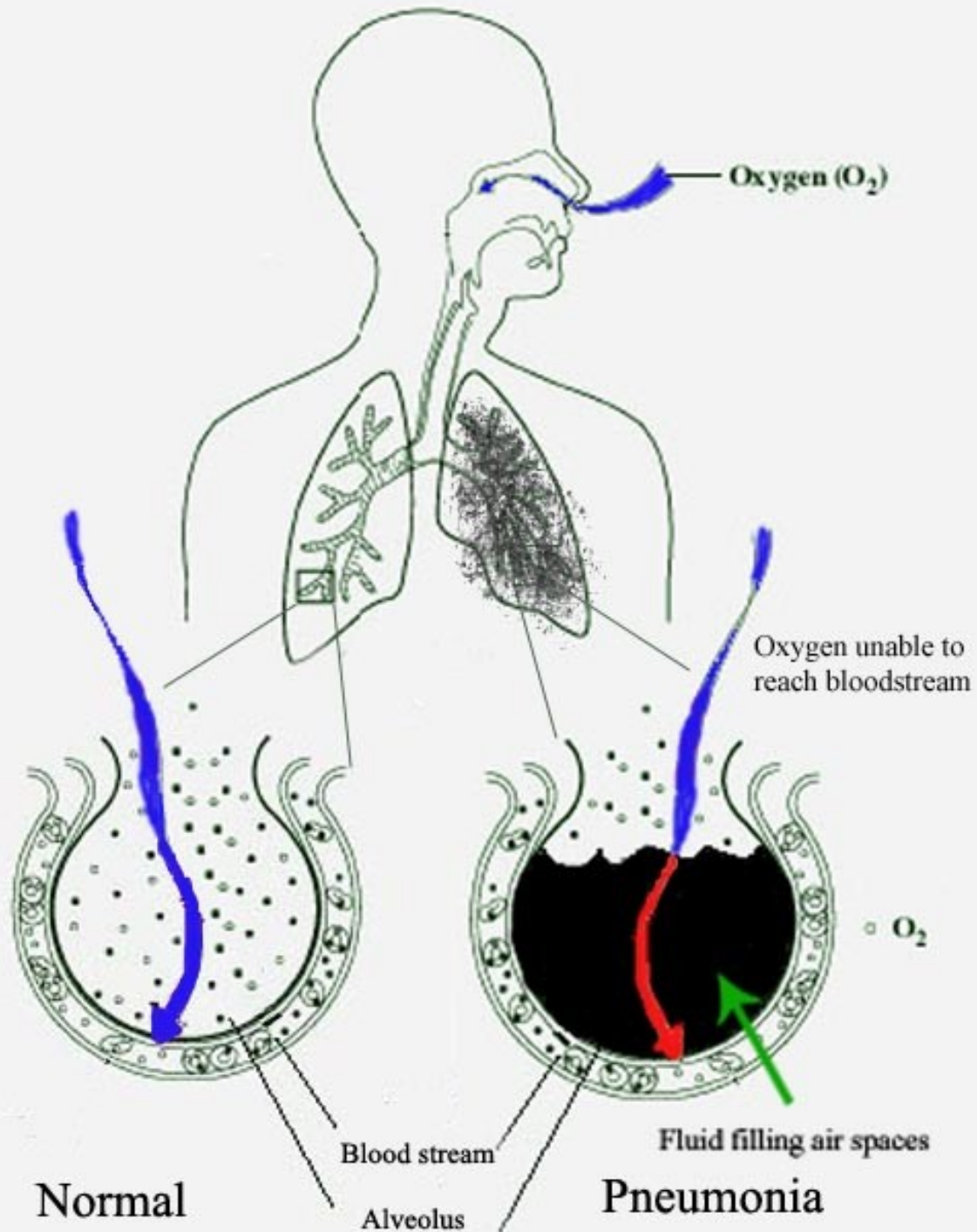
Acute, nosocomial:

- Ventilator-associated pneumonia - VAP:
 - early (up to the 4th day of hospitalization):
sensitive community strains
 - late (from the 5th day):
resistant hospital strains
- Others
 - viruses (RSV, CMV)
 - Legionella

Pneumoniae – ETIOLOGY IV

- **Subacute and chronic:**
 - **aspiration pneumonia and lung abscesses**
 - *Prevotella melaninogenica*
 - *Bacteroides fragilis*
 - **peptococci and peptostreptococci**
 - **lung tuberculosis and mycobacterioses**
 - *Mycobacterium tuberculosis*
 - *Mycobacterium bovis*
 - **atypical mycobacteria**

Pneumonia



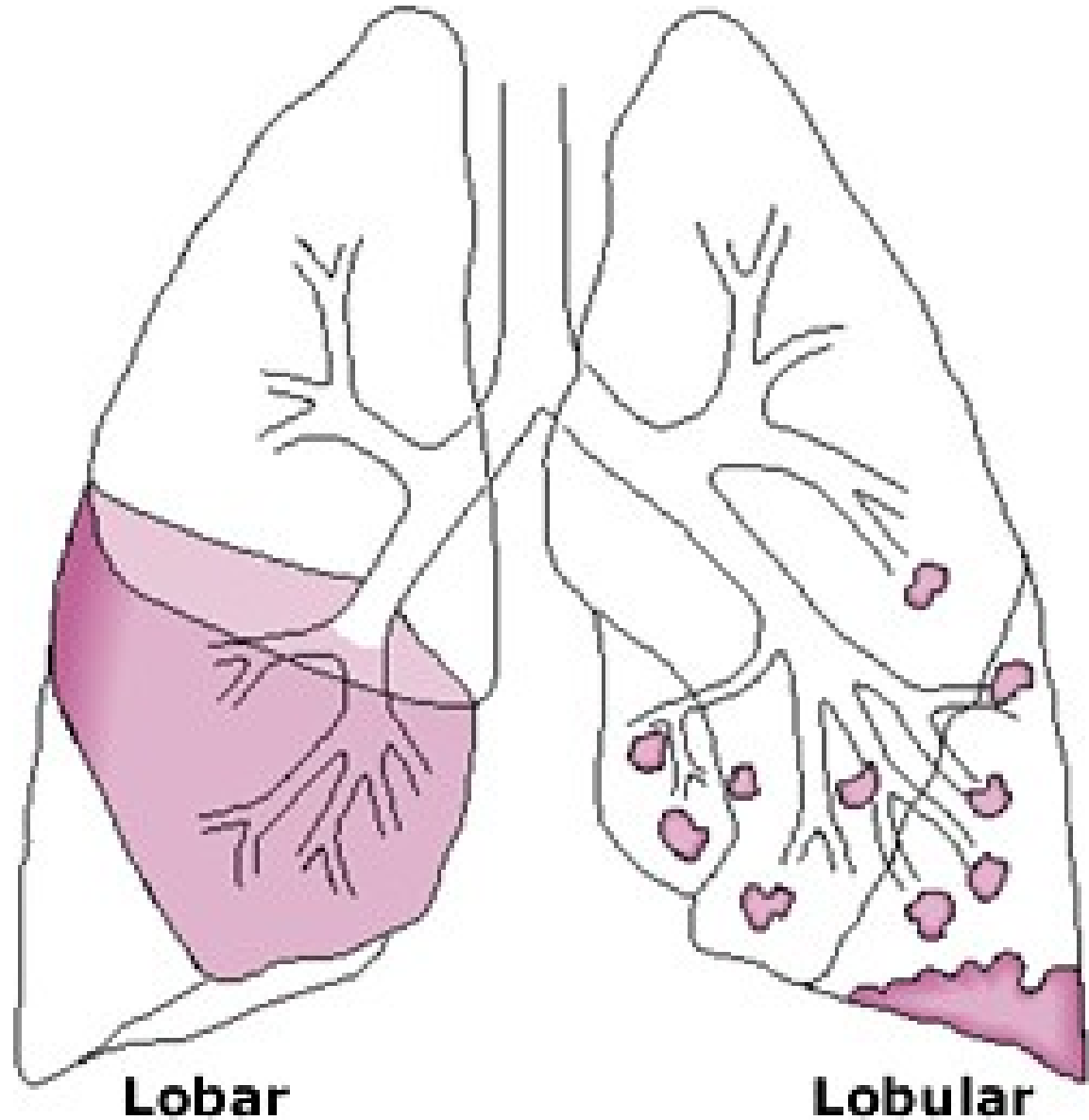
<http://www.uspharmacist.com/index.asp?page=ce/105057/default.htm>



Bronchopneumonia

See the inhomogenous shadow in the lower and middle lobes of the right lung

Lobar and lobular pneumonia



Lobar

Lobular

Lung infections - EXAMINATION

- **Clinical examination and chest X-ray, differentiation classical atypical pneumonia**
- **Classical pneumoniae - sputum is useful, blood for blood culture, S. pneumoniae Ag in urine**
- **Atypical pneumoniae - serology - mycoplasma and chlamydomphila (+ „viral screen“).**
- **Hospital pneumoniae also Legionella examination – Ag in urine**

Bronchitis and pneumonia - TREATMENT

- **CAP amoxicilin**, (eventually according to a causative agent and antibiotic susceptibility)
- In atypical pneumoniae **tetracyclins** or (esp. in children < 8) **macrolides**.
- **Combination therapy**
- In **hospital infections - susceptibility test - resistances!**
- In TB usually combination of three drugs

Gerrit Dou (1613 - 1675)

The Physician

