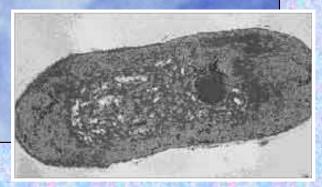
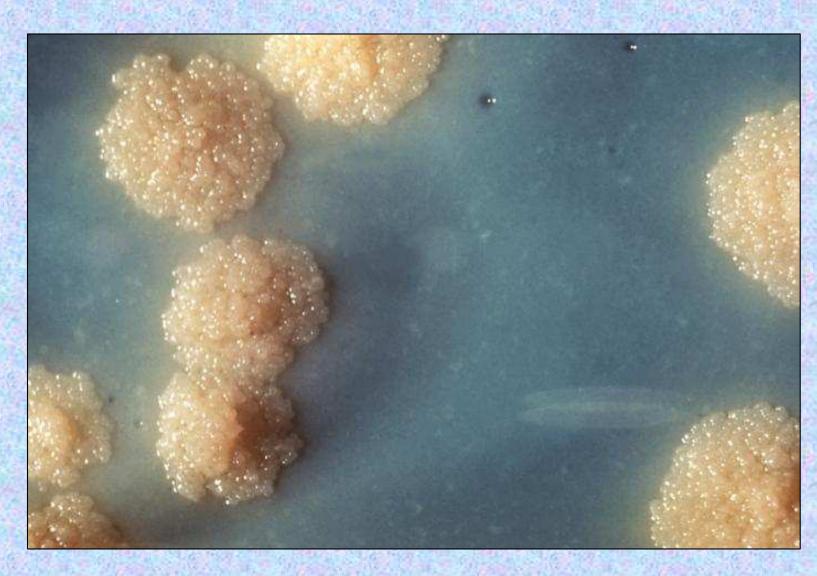
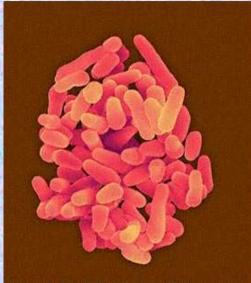


Mycobacterium

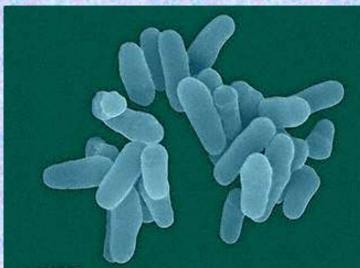




"květákovité kolonie"

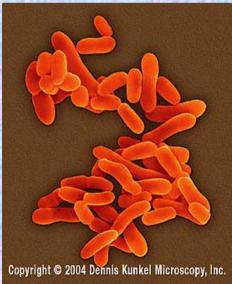


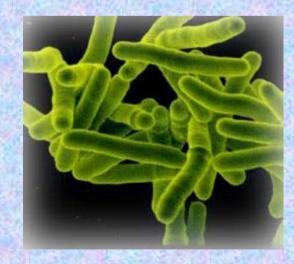
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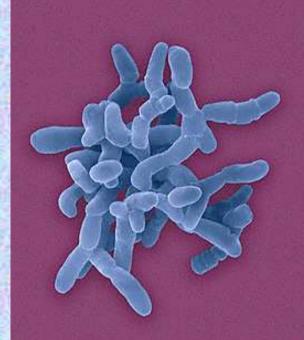


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MDR-TB and XDR-TB strain Mycobacterium tuberculosis



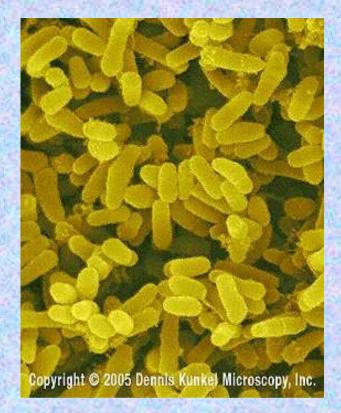




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Mycobacterium paratuberculosis Copyright © 2004 Dennis Kunkel Microscopy, Inc.

Mycobacterium avium – zoonotic microorganism, avian tuberculosis and MAC (Mycobacterium avium complex) in humans. Secondary infection to AIDS, HIV.



Mycobacterium leprae

Diagnostika

- Kožní testy protilátky proti antigenu tuberkulinu
- rentgen



 pro potvrzení aktivní nemoci a progrese choroby



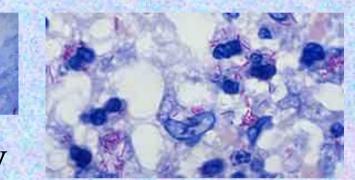




X-ray machines Od 60-80.let v UK a USA

Diagnostika

- Vyšetření sputa
- mikroskopie
- kultivace diagnost.půdy



Mykobakterie v granulomu plic

Robert Koch

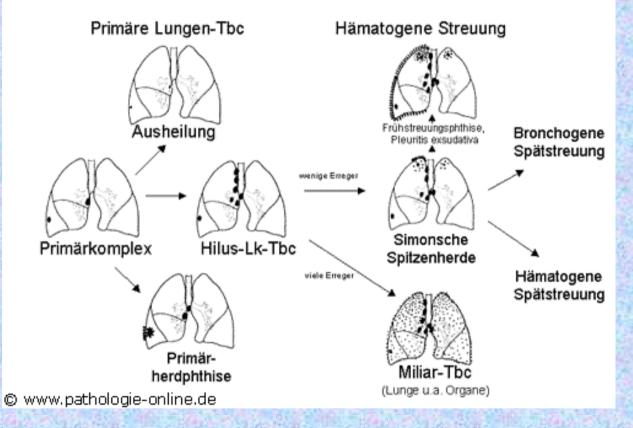
*11.12.1843 (Clausthal-Zellerfeld) +27.05.1910 (Baden-Baden)

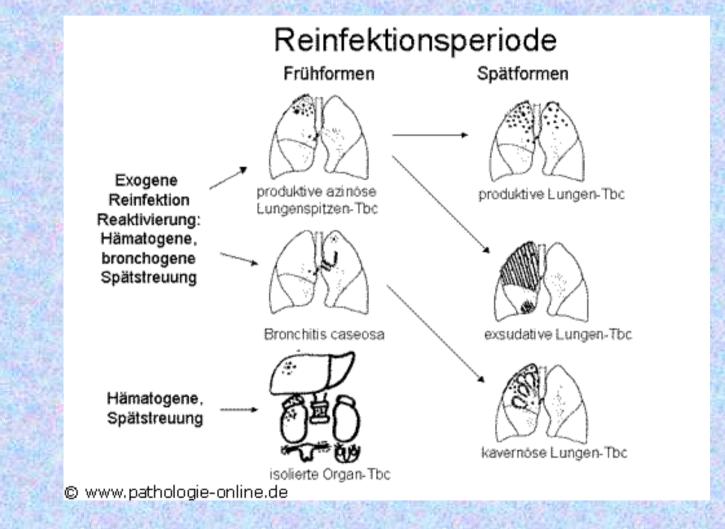
Eintrittskarte zum Robert Koch Museum in Wollstein (PL)

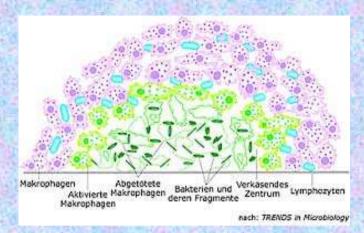


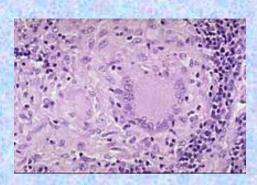
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Primärinfektionsperiode









Struktury granulomu

histologický řez granulomem

TB control before the antibiotics era







Vakcinace

• BCG - is short for "Bacille Calmette-Guérin". *Mycobacterium* is a rod shaped bacterium, and this shape is described as a **bacillus**. Albert Calmette and Camille Guérin worked at the Pasteur Institute at Lille and Paris from 1908 to 1919.

By subculturing various virulent strains of *Mycobacterium tuberculosis* and *Mycobacterium bovis* on different culture media, they developed a strain that was less virulent. This **attenuated strain** - which could not cause an infection, but which stimulated the body's immune system to produce antibodies - was used as the basis for vaccine production.

Vakcinace

Tuberculosis can usually be controlled using drugs called antibiotics to kill the infecting bacteria. It is not susceptible to antibiotics like penicillin. From 1945 the antibiotic streptomycin was used against TB; initially it was very successful and quickly replaced the sanatoria which provided treatment based on fresh air and isolation! However streptomycin has several unwelcome side-effects.

• Nowadays, isoniazid is the main antibiotic of choice because (when activated by bacterial catalase) it prevents the formation of the waxy component of cell walls in Mycobacterium tuberculosis which are its main defence. Another antibiotic often used is rifampicin which prevents bacteria from producing proteins.

• For treatment of latent TB, isoniazid is used on its own. However this treatment must be continued for 6-9 months.

Active TB is usually treated with a mixture of antibiotics, switching part way through the treatment to a completely different antibiotic

www.amuseum.de/mikroskopie/mikrosko pvortrag3.htm

http://www.wadsworth.org/databank/mycot ubr.htm