BACTERIAL INFECTION

BY

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- Acute bacterial infections often lead to a local acute inflammatory reaction at the site of inoculation.
- Entry of bacterial toxins or bacteria into the blood may lead to:
- 1. Bacteremia
- 2. Toxemia
 - 3. Septicemia
- 4. Pyaemia

1- Bacteraemia

· def.

It is the transient invasion of the blood by bacteria without significant toxaemia.

Source of bacteraemia

- 1-Septic focus
- (septic skin lesion or skin trauma or tonsillitis, sinusitis)
- 2-Normal flora in mouth or in colon Blood (strept viridian or E coli)
- 3-An integral part of some infections as typhoid fever

Effects and fate of bacteraemia

 small numbers of bacteria reaches the blood they are rapidly eliminated and destroyed by members of lympho-reticular system. • <u>large numbers of bacteria</u> enter the blood, it settle in certain organs causing inflammation

Ex:

Septic focus as septic skin lesion or skin trauma

Blood (staph aureus)..... acute haematogenous osteomyelitis

• Normal flora in mouth or in colon Blood (strept viridian or E coli)

2-Toxaemia

Def.

It is the circulation of bacterial toxins in the blood with the production of clinical and pathological manifestations.

- Types of toxaemia
- -According to duration
- 1. Acute
- 2. Chronic

A-Acute toxaemia

1- Endotoxic toxaemia

2- Exotoxic toxaemia

The difference between exotoxin and endotoxin

Properties	Exotoxin	Endotoxin
Origin	G + and G -	G
Release	Secreted from living cells or released upon bacterial lysis	Released upon bacterial lysis
composition	Protein	LPS
Heat-resistance	Sensitive	Resistance
Immunity	High, antitoxin, toxoid	Low, no toxoid
Toxicity	High, tissue specificity	Low, no tissue specificity

Endotoxic toxaemia

- Bacterial endotoxin is a lipopolysaccharide that is a structural component in the outer cell wall of gram negative bacteria. liberated only after the death of bacteria.
- Mechanism of action

CNS effect-----Fever, pain all over body, anorexia, headache, malaise

Degenerative changes (fatty change, cloudy swelling)..... Liver, kidney, heart

Damaging capillaries

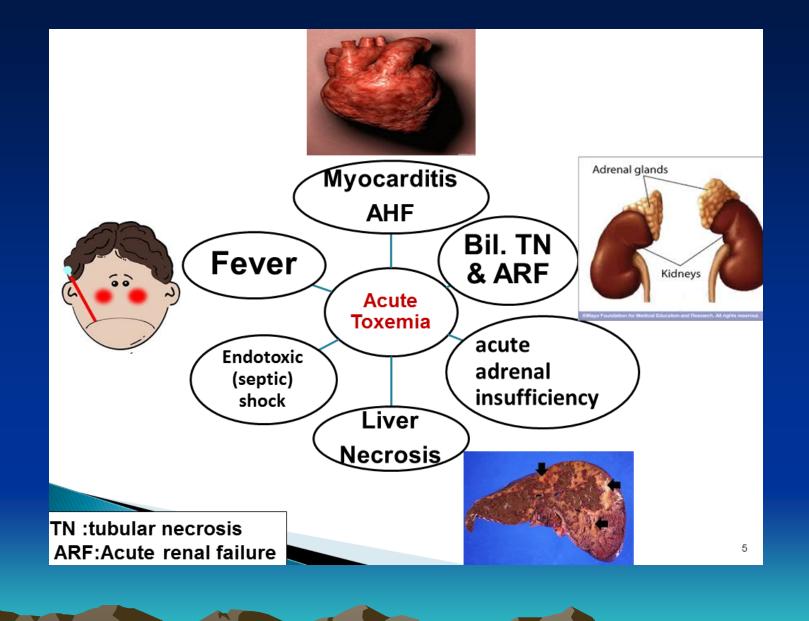
Disturb coagulation system.....DIC

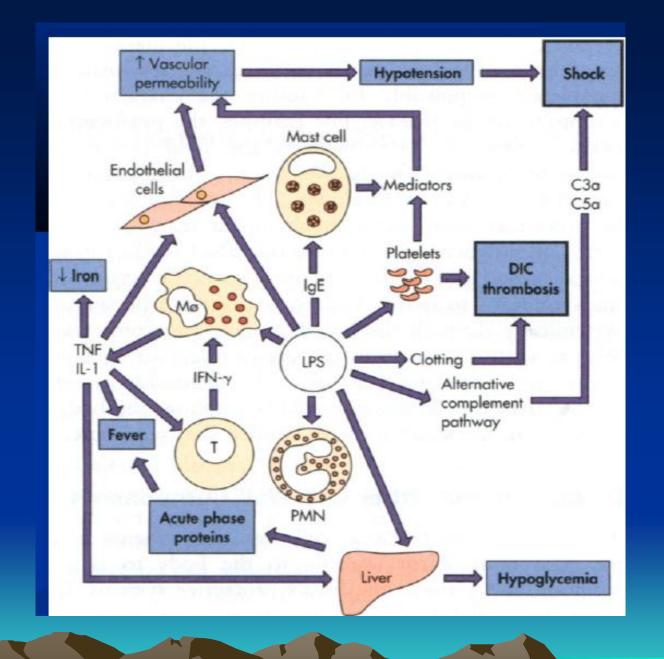
Necrosis of suprarenal cortex.....acute adrenal insufficiency

Bilateral tubular necrosis of kidney....acute renal failure

Toxic myocarditis.....acute heart failure

Endotoxic shock





• Examples

- Pnemococci
- meningeococci

Exotoxic toxaemia

• Bacterial endotoxin produced by gram positive organisms produce <u>local tissue damage</u>.

Mechanism of action

Their effects are selective

(specific enzyme activity and organ specific)

• Cholera toxins: intestinal epithelial cells

Excessive section of fluiddiarrhoea

• Diphteria toxins: neural and myocardial dysfunction

• Clostridium botulinum toxins: block release of cholinergic NT causing progressive paralysis

 Clostridium tetani toxins: interfere with inhibitory NT producing violent muscular contractions (tetanic spasm)



lockjaw

Rigid paralysis



B- Chronic toxemia

As with chronic infections as T.B

Effects:

Loss of weight
Prolonged low grade fever
Amylodosis
anemia

3-Septicemia

def

It is a serious and may be fatal condition in which large numbers of virulent bacteria circulate and multiply in the blood with the production their toxins.

Aetiology

Septicemia can complicate infections with pyogenic organisms particularly *if the immunity is lowered* so it is more common in extremes of age (neonates, infants and elderly).

Examples

Severe infections as:

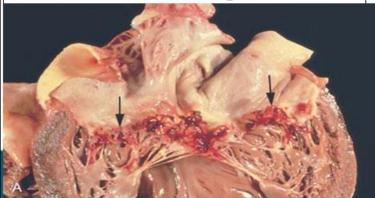
meningiococcal meningitis, neonatal umbilical sepsis, lobar and bronchopneumonia, post operative infections, Puerperal sepsis and neglected infected wounds.

Manifestation of septicemia

- Peticheal haemorrhage all over the body.
- Disseminated intravascular coagulation (DIC).
- Toxic myocarditis and acute infective endocarditis.
- Acute respiratory distress syndrome
- Inflammation of the serous membranes.
- Bone marrow depression.
- Acute adrenal cortical insufficiency.
- Septic shock.
- Acute splenic swelling (septicemic spleen).



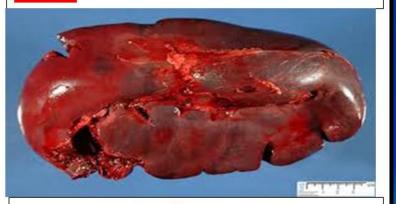
Petechial hemorrhages.



Acute bacterial endocarditis



Massive adrenal hges & DIC



Acute splenic swelling.

Septicemia spleen

Grossly:

• The spleen is moderately enlarged and extremely soft.

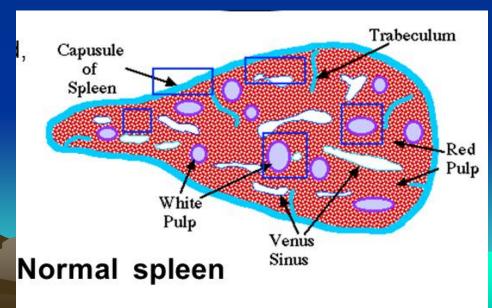
The red pulp is congested and easily washed out by

running tap water (diffluent).



Microscopically,

- Congestion of red pulp,
- White and red pulp it is heavily infiltrated by neutrophils.
- Atrophy of lymphoid follicles





4-Pyaemia

Def

It is the condition in which

multiple small abscesses (pyaemic abscesses) form within one or more organs

as a result of

impaction of septic emboli (derived from septic thrombi)

Pathogenesis:

- 1. Injury of venous endothelium or valvular endocardium by bacterial toxins followed by thrombosis.
- 2. Infection of thrombus by bacteria.
- 3. Fragmentation of infected thrombus by proteolytic enzymes from neutrophils leading to the formation of septic thrombotic emboli which circulate in the blood stream.
- 4. Impaction of septic emboli in small blood vessels in various organs leading to pyemic abscesses

Characters of pyaemic abscesses

They are usually numerous,

- -small,
- superficial,
- -nearly of the same size,
- -usually peripheral containing some pus and surrounded by a zone of congestion.



Source

1-Pulmonary pyaemia:

Ost.M-PS-OM

2-Systemic pyaemia:

ABE

3-Portal pyaemia:

A ch- A app- infec. piles

Sites of pyaemic abscesses

- Pulmonary pyaemia ----- lungs.
- Systemic pyaemia ----- lungs, liver, brain, kidneys, spleen
- Portal pyaemia ----- liver.

Pyemia

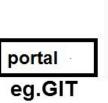
systemic

pulmonary

Into venous side



Into arterial side eg.left side of heart lung

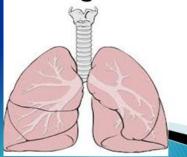


To liver



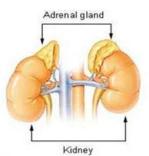


To lung



To brain, liver, kidney, spleen





Thank you