

Lec. 10 Gram-negative cocci Neissereae

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Neisseriae:

The most important species are:

- > Neisseria (gonococci)
- > Neisseria (meningococci)
- both of them are strict human pathogen
- found inside polymprphnuclear cells.
- Others are normal flora of human respiratory tract.

gonorrhoea

meningitidis



Neisseriae



*Morphology:

- Gram negative cocci arranged in pairs.
- Kidney or coffee bean shape (the flat or concave sides are adjacent).
- Non-sporing, non-motile
- Oxidase-positive that differentiate them from streptococci.
- Most are catalase-positive.

Gram Negative cocci Neisseriae



*Culture:

- fastidious bacteria grow on enriched media; Mullar-Hinton, Modified Thayer-Martin or Heated blood agar (Chocolate agar).
- They produce convex glistening, non-pigmented, non-hemolytic colonies.
- They required 5% CO2 (Candle jar).
- Ferment sugars producing acid but not gas.

Gram Negative cocci Neisseriae



Neisseria gonorrhoea: The causative agent of gonorrhoea and ophthalmia neonatorum.

- Virulence factors:
- 1.Pili:
- Pilin protein.
- Attachment to host cell and resist phagocytosis.

2-IgA protease: split the IgA, major mucosal immunoglobulin.

Virulence factors





- 3.Cell wall components:
- **Por:** preventing phagolysosome fusion
- Opa (Opacity): enhance adherence of gonococci within colonies
- Rmp (Reduction Modifiable protein)
- Lipooligosaccharide: possess endotoxic activity.



*Pathogenesis:

> Gonorrhea:

- Transmitted by sexual contact.
- Gonoccocci attach themselves to the mucosal cells by pili and protein II (Opa)
- Invasion of cell.
- pass through the cells into the subepithelial space, thereby establishing the infection.
- Lipopolysaccharide: endotoxin
- IgA Protease: destroys immunoglobulin IgA



Clinical findings:

- In male:
- symptoms: urethra, purulent discharge, dysuria
- incubation period: 2-7 days after infection
- Complication: epididymitis, prostatitis, periurethral abscesses
- In female:
- symptoms: frequently asymptomatic. When symptomatic: cervix, vaginal discharge, dysuria, abdominal pain,
- Complication: ascending genital infection, salpingitis, tubo-ovarian abscess, pelvic inflammatory disease (PID)

Post-gonococcal urithritis (PGU): is common chronic sequelae of untreated or badly managed gonorrhoea, usually caused by different pathogens.

Gonococcal ophthalmia neonatorum: An infection of the eye of newborn acquired during passage through infected birth canal.



Immunity:

- Antibody against Opa proteins and LOS.
- No protection against reinfection. due to the antigenic changes of the pili and outer membrane proteins.

Treatment:

- PPNG have increased in prevalence
- Cefitriaxone, and Doxycycline for concomitant chlamydial infection substituted by erythromycin in pregnant women.

Neisseria meningitidis:

- The causative agent of meningitis, meningococcemia (life-threatening form is Waterhouse-friderichsen syndrome)
- Serogroups A, B, C, Y and W-135.
- 5-30% of the normal population carrier
- *Virulence factors:
- Polysaccharide capsule: antiphagocytic
- IgA protease
- LPS



Fig. 110 Haemorrhagic rash (adult with meningitis).



Fig. 113 Death from Waterhouse–Friderichsen syndrome.

*Pathogenesis and clinical findings:

- portal of entry: nasopharynx and gain acsess to CNS:

- Invasion of blood stream: causing bacteremia.
- Direct contiguous spread
- Meningitis is the most common complication of meningococcemia.
- Headache, vomiting and stiff neck.
- Waterhouse-Friderichsen syndrome: high fever, hemorrhagic rash, disseminated intravascular coagulation, and circulatory collapse



*Immunity:

- the immunizing antigen is capsular polysaccharide

- There are 2 types of vaccine:
- Non conjuated tetravalent vaccine
- Conjugated
- Treatment:
- Penicillin G



