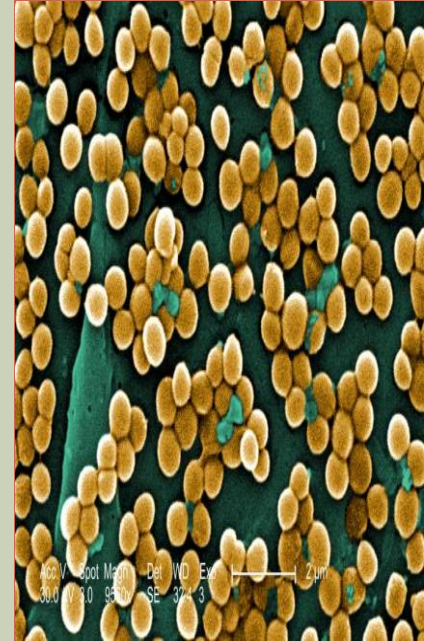


# MEDICAL MICROBIOLOGY

## LEC. 6 GRAM-POSITIVE COCCI **STAPHYLOCOCCUS**

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# Movie 1

# ***Classification***

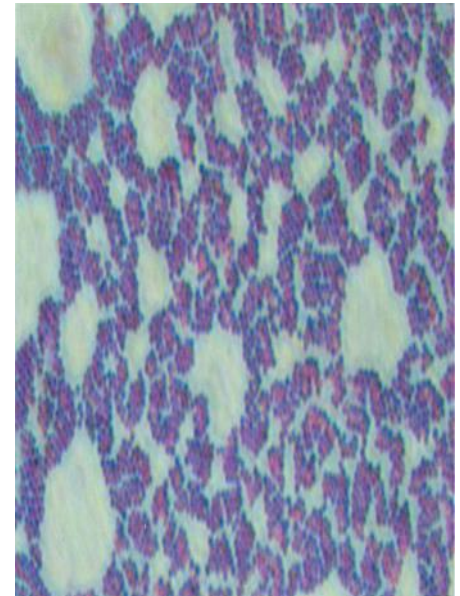
- **Family**      **Micrococcaceae**
- **Genus**      ***Micrococcus and Staphylococcus***
- **Species**      ***S. aureus***  
                         ***S. saprophyticus***  
                         ***S. epidermidis***  
                         ***M. luteus***



**more  
than 30  
species**

- **Morphology:** Gram-positive, spherical bacteria, about 1  $\mu\text{m}$  in diameter, usually arranged in grape-like irregular clusters, but single or pairs may also be found, non motile, non spore-forming and occasionally capsulated.
- **Culture:** They grow readily on many types of media under aerobic or microaerophilic conditions at 37°C, and produce pigments that vary from white to golden yellow, ferment carbohydrates. Colonies on solid media are entire, smooth and glistening.
- **Biochemical:** All are **catalase-positive** which can differentiate them from Streptococci which are catalase-negative.
- **Pathogenicity:** Some are normal flora of the skin and mucous membrane of human. Others cause suppuration, abscess formation and a variety of pyogenic infections and even fatal septicemia.

## Staphylococci



- The main 3 medically important species of staphylococci are:

*Staphylococcus aureus*

*Staphylococcus epidermidis (albus)*

*Staphylococcus saprophyticus*

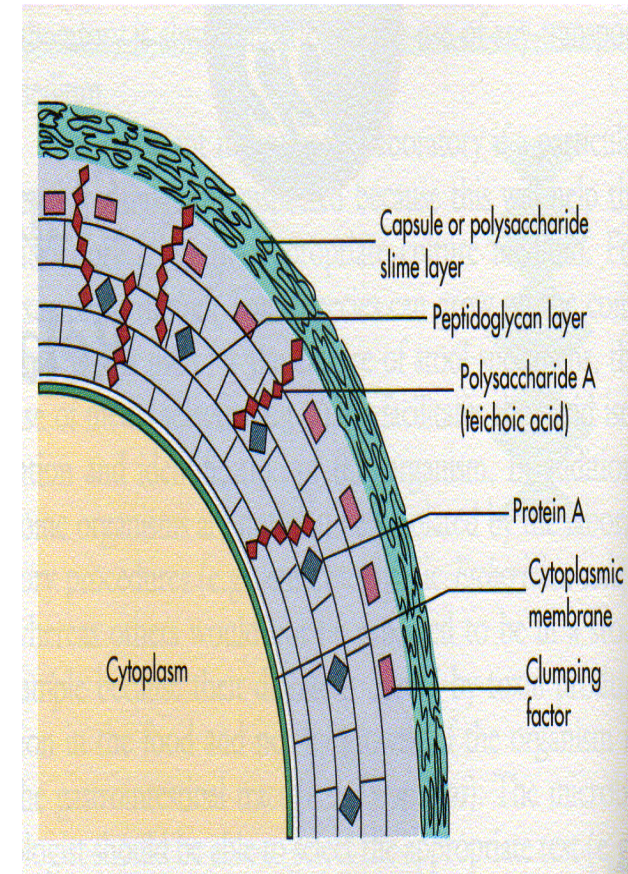
*S. aureus* is coagulase positive which differentiates them from other species.

❑ ***Staphylococcus aureus***: It is the major pathogen for human.

■ **Pathogenicity** : *S. aureus* has three features that make it distinct among most other clinically important bacteria:

1. It can express a variety of virulence factors
2. It has the ability to develop and expand resistance to a broad spectrum of antimicrobial drug classes
3. Its wide distribution in human, animal and environment.

## Staphylococcus aureus



# Movie 2

- **Antigenic structure:**

1. **Teichoic acid**

2. **Protein A:** cell wall component, binds to the fc portion of IgG molecules at the complement binding site it considered as a virulence factor, the Fab portion is still free to bind to a specific antigen (**Coagglutination**).

3. **Polysaccharide capsule**

4. **peptidoglycan**

- **Virulence factors:**

1. **Toxins and enzymes:**

Staphylococci can produce many extracellular enzymes and toxins. These substances enable the bacteria for multiplying and spread widely in the tissues.

- **Catalase:** which convert hydrogen peroxide into water and oxygen.

- **Coagulase:** May deposit fibrin on the surface of staphylococci and thus protect them from phagocytosis.

- **Leukocidin:** kill WBCs

- **Toxic shock syndrome toxin:** superantigen.

- **Exfoliative toxins:** superantigen, causes the generalized desquamation of the staphylococcal scalded skin syndrome by dissolving the mucopolysaccharide matrix of the epidermis.
- **Enterotoxin:** It is a heat-stable toxin responsible for food intoxication of *S. aureus*
- **Other enzymes:** Hyaluronidase, Lipase, Nuclease.

## **S. aureus virulence factors**





**2- Capsule:** inhibit phagocytosis, Promote adherence

**3-Peptidoglycan:** leukocyte chemoattractant, de complementation.

**4- B-lactamase production:** The majority of *S. aureus* isolates produce the B-lactamase enzyme which break down the B-lactam ring, & thus it is responsible for the resistance of *S. aureus* against penicillins & cephalosporines.

**5- Biofilm formation:** A biofilm is an aggregate of microbes in which cells adhere to each other and/or to a surface. It protects the microbe from the immune response & increase the antimicrobial resistance. High percentage of *S. aureus* are biofilm former

**S. aureus virulence factors**

# Movie 3

## **Clinical infections caused by *S. aureus*:**

*S. aureus* can cause a wide range of medical illnesses, from minor skin infections to life-threatening generalized. It is still one of the five most common causes of hospital-acquired infections, and is often the cause of postsurgical wound infections.

### **Clinical findings can be divided to:**

- **Cutaneous infections:**
  - impetigo, acne, folliculitis and furuncles (boils), mastitis.
- **Invasive infections:**
  - bacteremia, meningitis, endocarditis, and osteomyelitis, hospital-acquired pneumonia.
- **Toxin mediated infections:**
  - Staphylococcal scalded skin syndrome (SSSS),
  - Toxic Shock Syndrome (TSS),
  - Food intoxication (in 1-8hr, vomiting ,diarrhea, nausea, self limited)

## **clinical findings**



1. Skin & soft tissue infection (impetigo in children)
2. Upper & lower respiratory tract infection
3. Urinary & genital tract infections
4. Food intoxication
5. Bone & joint infections
6. Septicemia
7. Eye infection
8. CNS infections
9. Nosocomial infections
10. Burn infections

## ***S. aureus*** **Infections in human**



## *Staphylococcus epidermidis* & *Staphylococcus saprophyticus*

- Do not produce exotoxins.
- *S. epidermidis* infections are almost always hospital-acquired:
  - . Infect intravenous catheters and prosthetic devices
  - . Major cause of sepsis in neonates and peritonitis in patients with renal failure
- *S. saprophyticus* infections are almost always community-acquired:
  - . Causes UTI in sexually active women
  - it is the second major cause of community-acquired UTI in young women

*S. aureus* is widely distributed in the nature and causing a wide range of pyogenic infections. Furthermore it is responsible for **community acquired as well as nosocomial infections** (Hospital infections particularly among immunocompromised patients) due to its wide distribution in hospital settings including health care workers. On the other hand, *S. aureus* is one of the well-known bacteria that develop multiple antibiotic resistance.

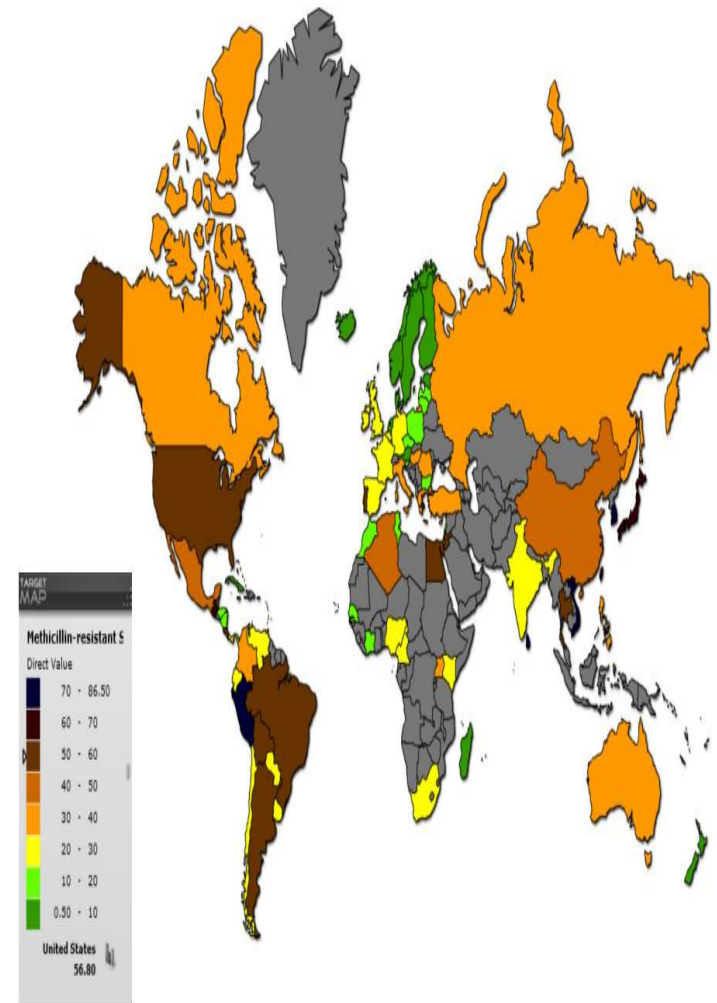
**Methicillin resistant *S. aureus* (MRSA):**

**According to its susceptibility to Methicillin, *S. aureus* was divided into:**

1. **Methicillin resistant (MRSA):** which is highly prevalent in the community (CA-MRSA) causing a wide range of infection including community acquired pneumonia . Beside that it is highly distributed in the hospitals Hospital environment and fomites) causing (HA-MRSA) infections among patients. MRSA isolates usually multi-drug resistant. High prevalence of MRSA was found among HCWs

2. **Methicillin sensitive *S. aureus* (MSSA).**

## Epidemiology



# ***Movie 5***

*Thank you*

