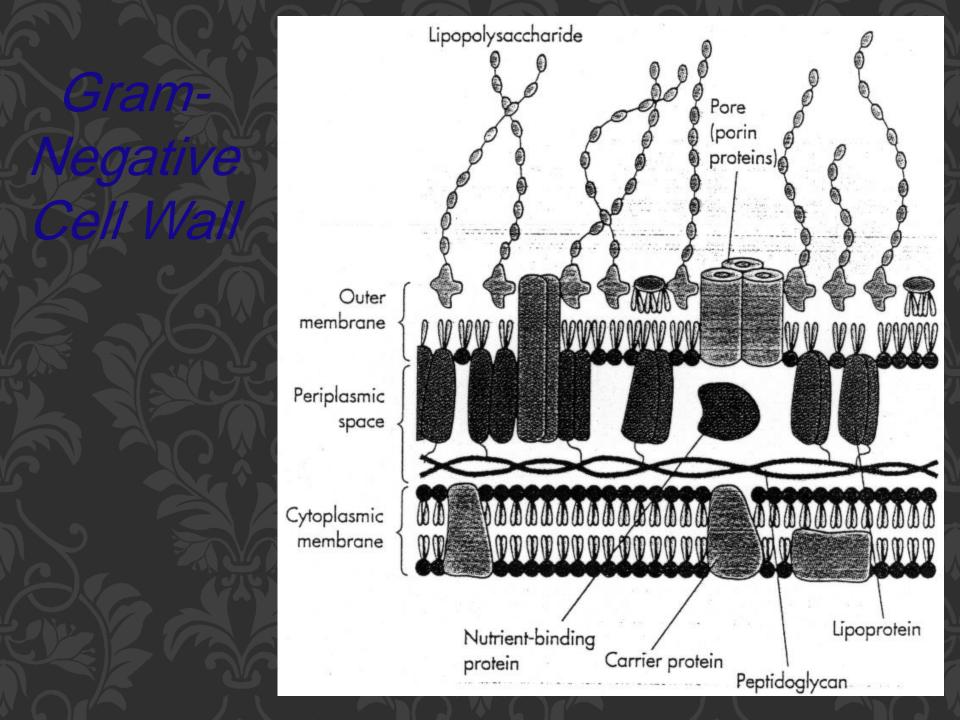


Klebsiella

- Nonmotile, short stout rods
- Capsule may be seen even in Gram staining
- Grow on ordinary media (mucoid colonies)
- Occur as commensals in intestine and as saprophytes in soil & water
- Capsular types 1-6 occur most frequently in the respiratory tract
- Antigenic structure
- About 80 capsular (K) antigens
- 5 somatic O antigens
- Capsular antigens are detected by 'Capsule swelling' reaction
- Also by ELISA



Pathogenic species

- Klebsiella pneumoniae
- •Klebsiella ozaenae
- •Klebsiella rhinoscleromatis

Klebsiella pneumoniae

(Friedlander's bacillus)

- •Second most common member of aerobic bacterial flora of human intestine
- Causes pneumonia, UTI, pyogenic infections (abscess, meningitis etc.), septicaemia and rarely diarrhoea
- Important cause of nosocomial infections

Pneumonia: in middle aged & older persons with predisposing factors — bronchopulmonary diseases, alcoholism. Massive mucoid inflammatory exudate with necrosis and abscess formation. Blood culture positive in 25% cases.

- Klebsiella ozaenae Cause ozena (disease with foul smelling nasal discharge)
- Klebsiella rhinoscleromatis Cause rhinoscleroma (granulomatous hypertrophy of nose).

Virulence factors:

- Capsule
- Adhesions
- Iron capturing ability

Diarrhoea: Strains produce plasmid mediated enterotoxin (similar to E. coli).

Laboratory Diagnosis tests:

Specimens: sputum, urine, pus, blood.

Staining: G-baclli.

UTI:Strains resistant to antibiotics

Capsule test:swelling reaction test(Quellung reaction)
Culture:specimens are plated on blood agar,MaCconkey
agar(pinkish ,mucoid colonies).
Biochemical tests:
•GLSM: + + + +

- •IMViC: - + +
- •Urease positive

Treatment

Cephalosporin, trimethoprime-sulfamethaxazole, aminoglycosides, pepiracillin.