

# Gram positive cocci

## \* Staphylococcus • Catalase (+)

### S. Epidermidis

- part of normal body flora
- low pathogenicity
- opportunistic pathogen
- low secretion of virulent factors / enzymes
- Could Cause:
- Bacteremia
- Skin abscess
- Catalase positive
- Coagulase negative

### S. Aureus

- more invasive, pathogenic
- obligate pathogen
- virulent factors / enzymes:
- Have capsules, in their cell wall
- there is a protein A → produces AB responsible for dissemination (sp. circ.)
- Produces
- a. \* **Exotoxins**: enzyme excreted out of bac. cell (result in food poisoning: vomiting, diarrhea)
- b. \* **Coagulase**: converts fibrinogen → fibrin by use of prothrombin → clots form (Clumping factor, same function) coagulase forms a cover around staph → prevents antibiotic access
- c. \* **Hyaluronidase**: Spreading factor → aids in dissemination
- d. \* **Leukocidin**: destroys WBCs → forms pus, acne → drainage before treatment
- e. **Enterotoxin**: Form inside our body → associated with intestinal staph. heat stable
- Coagulase and Catalase positive
- Causes:
- Abscesses, wounds - sepsis
- easily spreads to bone: osteomyelitis
- Conjunctivitis, pneumonia
- sepsis - meningitis
- Resistance:
- R- to all B-lactams but could be susceptible to Methicillin / Oxa
- if R to Oxal / Methicillin → MRSA
- then only choice is Vancomycin (toxic) or fusidic acid.

## α-Hemolytic (partial) → green pigment

### Pneumoniae

- very virulent, invasive
- have capsules with 85 serotypes but are polysaccharides
- vaccines available (1-2yr)
- recommended for
- very young / old / immun-deficient
- more susceptible
- more probable following viral infection
- Resistance:
- Penicillin (sol.)
- Cephalosporins
- susceptible to 1st generation cep.
- Leads to:
- Meningitis
- Sinusitis
- Otitis Media
- Bacteremia
- Healthy carriers: unencapsulated, in URT of healthy individuals (could become encapsulated by transduction)

### Group A (S. Pyogenes)

- most invasive, patho.
- more than 80 subtypes
- vaccine is impossible
- produce severe infl.
- tonsillitis in children (sore throat):
- Scarlet fever
- superficial skin infection - sepsis
- Produces many toxins / enzymes:
- a. **Pyrogenic (Erythrogenic)**: throat, skin infection, esp. in children
- b. **Superficial Skin toxin**: more dangerous
- wound infection / Anaphylaxis
- c. **Hemolysin toxin**: used in lab for diagnosis
- Peak incidence in children: 5-15 years old
- Sore throat, tonsillitis, otitis media, Pharyngitis, meningitis
- Complications:
  - Glomerulonephritis - immune disease of kidney
  - Rheumatic Fever - inflammatory disease of heart and joints
- Has mannigen on its cell wall → body immune response targets it
- Can be treated by:
  - Penicillin
  - erythromycin (also group B)
- Possess cell wall specific carbs
- 2-30 r. Healthy carriers

## β-Hemolytic (complete) → clear

### C-F Groups

- RTI, no comp.

### Group B

- less pathogenic
- found normally in intestine, vagina
- rarely associated with RTIs
- opportunistic Pathogens → cause infections in the following cases:
- Pregnancy:**
- UTI
- in case of an injured uterus → dissemination → into blood → Puerperal Fever (Sepsis) → could be fatal
- Delivery:**
- contamination of amniotic fluid → swallowed by newborn
- Lung infection
- Sepsis: Neonatal Sepsis → could be fatal
- could lead to meningitis

## \* Streptococcus • Catalase (-)

### β-hemolytic (α)

- Began to appear due to close human-animal contact
- Found in intestines
- Cephalosporins use increases their number
- Cause intestinal tract infection
- UTI (hosp. patients due to catheters)
- Opportunistic Pathogen
- Leads to:
  - UTI
  - (rarely) Sepsis
  - endocarditis
  - Wound infections
- Examples:
  - E. faecium
  - E. faecalis

### \* distinguished by: Bacitracin

### \* distinguished by: Opticin Disc Test