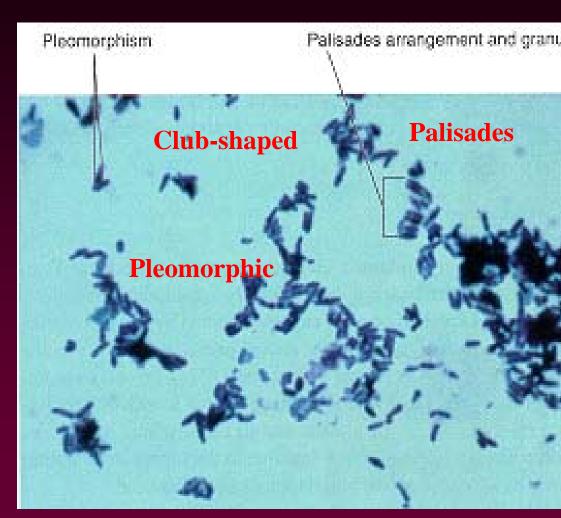
Corynebacterium, Bacillus

A mixed bag of some serious pathogens

Corynebacterium diphtheriae

- Club-shaped "V" or "L" bacteria
 - Koryne=club in Gr.
- Gram + rods
- Normal flora of skin & mucus membranes
- *C. diphtheriae* only medically important
 - pathogenes due to
 diphtheria toxin, a potent
 exotoxin
 - lysogenized *B*-corynephage



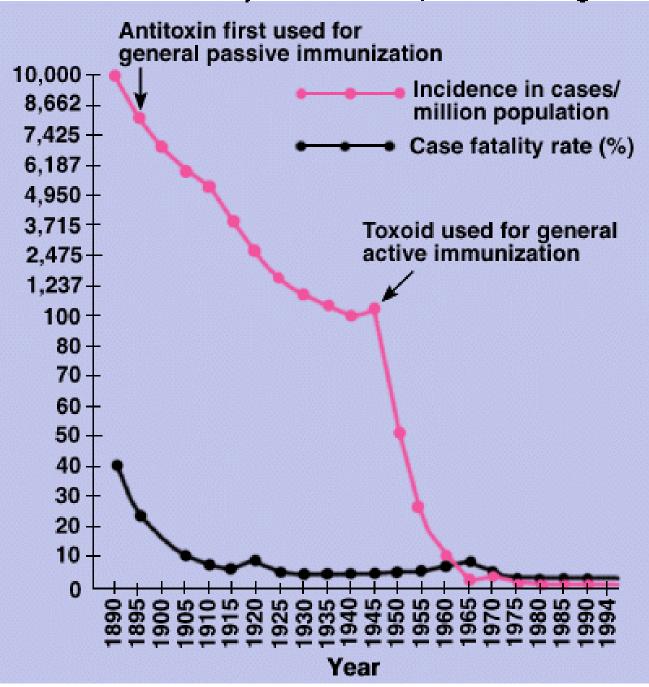
Gram + pleomorphic rods

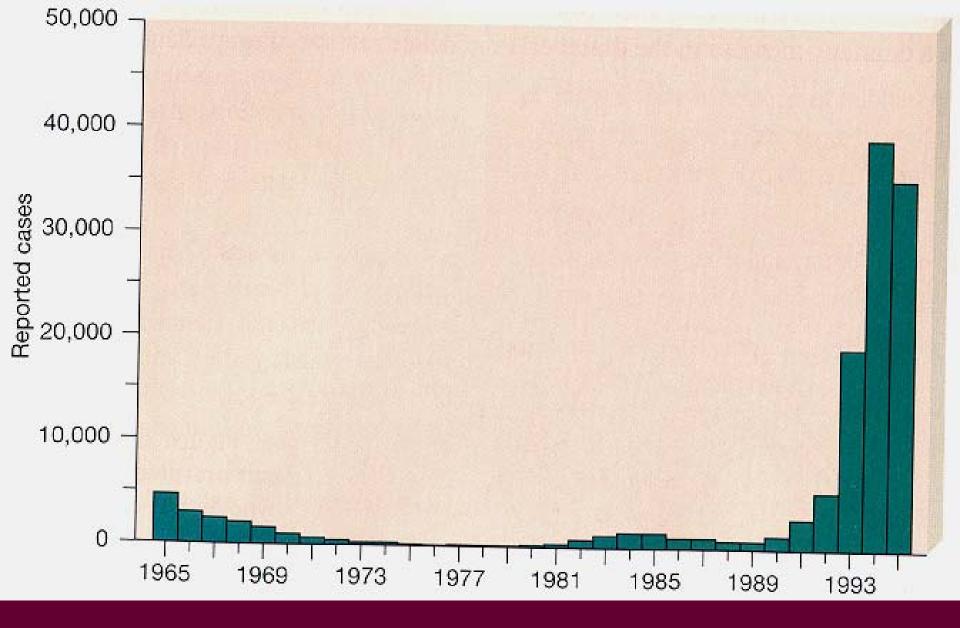
Historical Considerations

- Hippocrates, 300BC sore throats with throat-membranes & suffocation
- Loeffler in Koch's lab:
 - noted pseudomembrane
 - bacteria did not invade other tissues
 - cardiac & CNS lesions predicted a toxin
 - toxin discovered PasteurInstitute
 - Von Behring made toxoid
 - "Dipthteroids" incapable of toxin are common in normal flora

- World-wide
 - before vaccine, the major killer
 2-14 yr olds in Canada &
 U.S.--1922>200,000 cases
 - Today rare in U.S.
 - less than 5 per year
 - Annually kills millions elsewhere
 - former USSR
 - Humans only infected
 - droplet & skin**
 - Vaccine against toxin, not bacteria (toxoid)

Incidence and Case Fatality Rates for Diphtheria. Figure 19.12 (T)

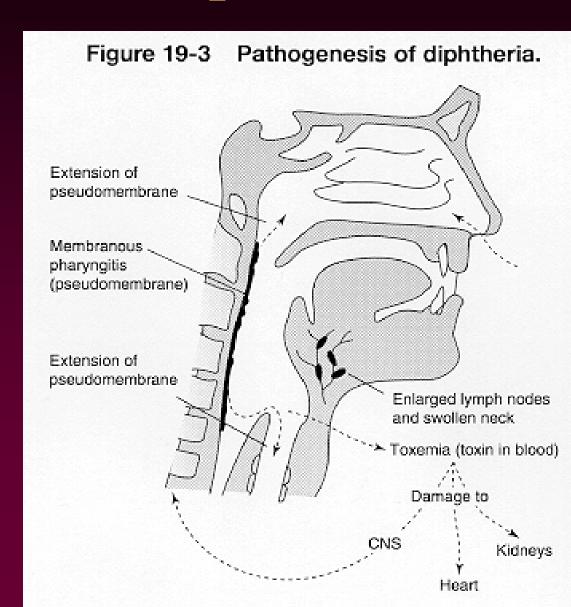




Diphtheria in the former Soviet Union, after vaccination ceased

Pathogenesis of diphtheria

- Diphtheria toxin:
 - lysogenic phage
 - Classical A/B toxin
 - binds to epidermal growth factors
 - blocks protein synthesis
 - mostly in heart, nerves& kidneys
 - Pseudomembrane
 - respiratory collapse
 - Myocarditis
 - Renal Failure
 - Suffocation



Clinical features of diphtheria

• Respiratory:

- sore throat, malaise,

– Pseudomembrane:

• White/gray membrane

 fibrin-rich exudate and necrotic tissue

 cervical nodes greatly enlarged (bull-neck)

• Labored breathing

dyspnea

accessory muscles

cyanosis

anxiety

suffocation without lymphadenopating tracheostomy or and tracheal intubation intubation

Pseudomen

"Bull neck"



Clinical features of diphtheria

Extra-Respiratory:

Pseudomembrane of eyes (bloody tears)

Toxemia:

- Cardiac & Neural
- 10-25% cardiac like congestive heart failure
- Neuropathy--paralysis of pharynx
 - affects breathing
- Mortality due to myocarditis and asphyxia
- DPT vaccine & Penicillin



Myocardio-necrosis from D-toxin

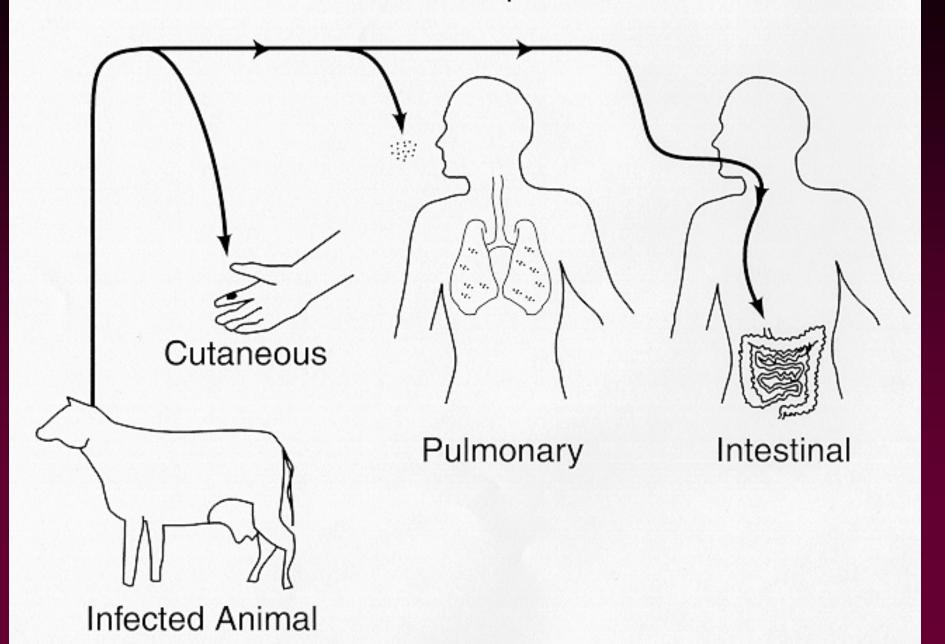


Bacillus anthracis

- Gram +, spore-former
- Zoonotic disease (cattle, mostly)
- Noted in anciently
 - Hebrew, Roman &Greek literature
- Koch's work
- Common in farm workers
 - Woolsorter's disease
- Disease produced by a variety of toxins

- Cutaneous lesions
 - eschar, black leathery necrotic lesions
 - Pulmonary (highly fatal)
 - capillary thrombosis
 - cardiovascular shock
 - Intestinal lesions
 - from meat
 - rare, but serious
 - Germ Warfare weapon
 - Desert Storm and Inspection problems
 - spores in warheads

Figure 19-8 Three forms of anthrax that might be contracted by exposure to infected animal products.



Cutaneous Anthrax lesions





Hemorrhagic monkey brain after experimental inhalation of anthrax spores

Hemorrhagic human brain after the inhalation of Anthrax spores

