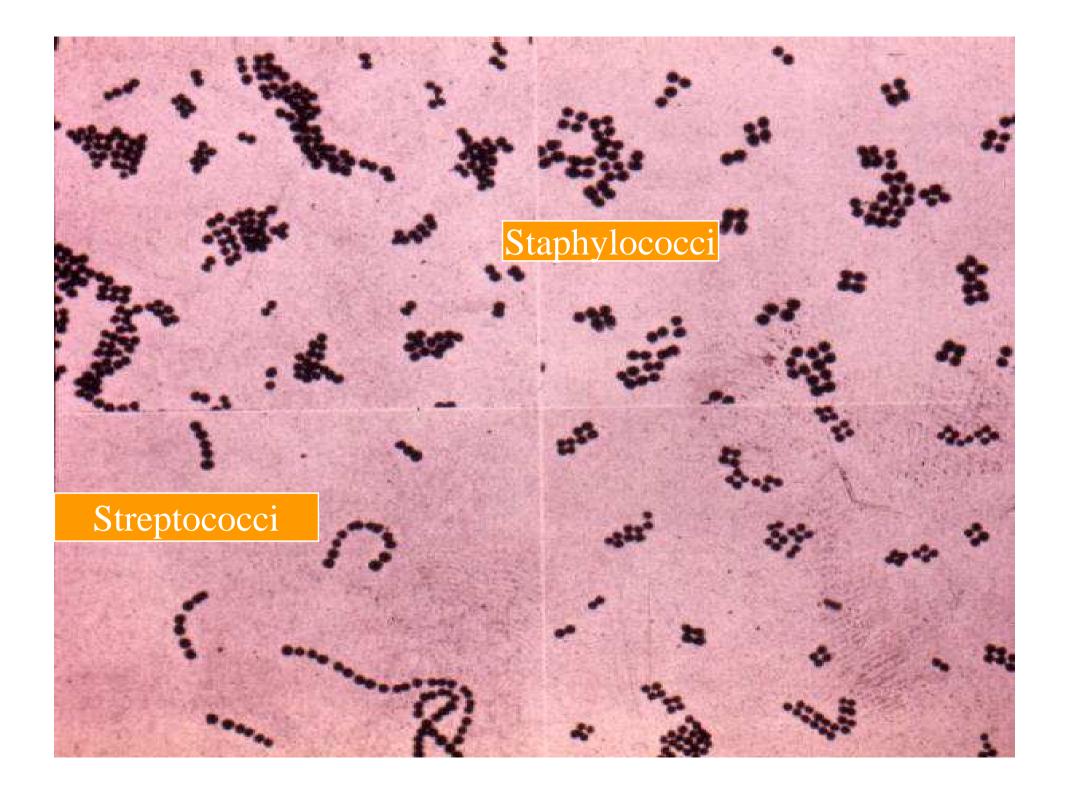
Streptococcus

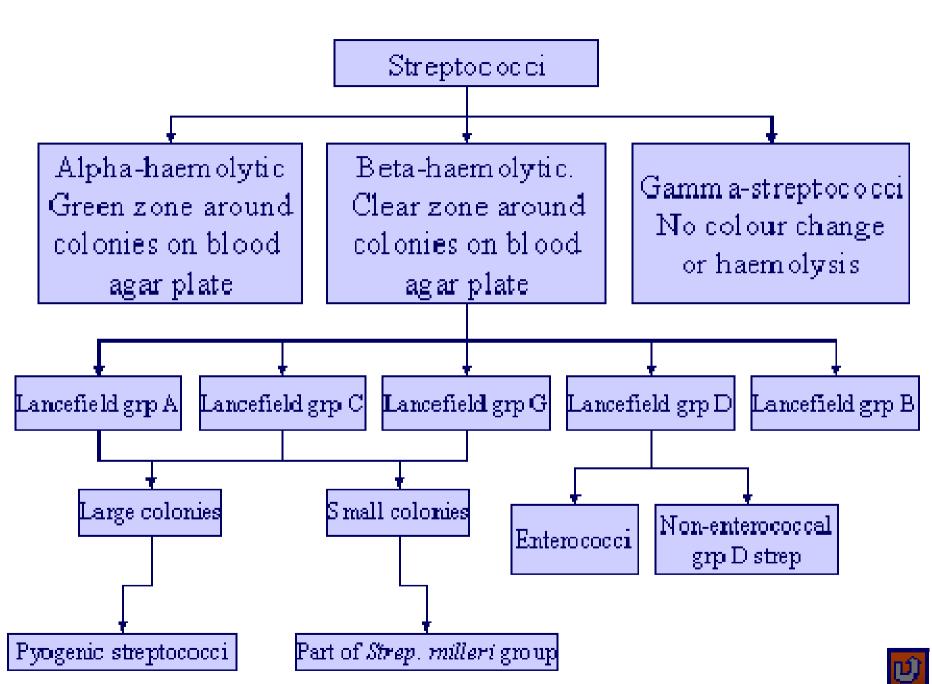
- They are Gram positive cocci arranged in chains or pairs.
- Streptococcus species are mostly commensal residents of the mouth and throat, and a few particularly S.pyogenes are primary pathogens.
- Streptococci and related species are catalase negative helping them to distinguish from staphylococci.





History

- Billroth(1874) : First to observe cocci in chain in wound infection who called them streptococci (streptos, meaning twisted or coiled).
- Ogston(1881) : isolated them from acute abscesses and distinguish them from staphylococci.
- Rosenbach(1884) : isolate from human infections and gave them the name Streptococcus pyogenes.



OC late the set of

Different types of hemolysis

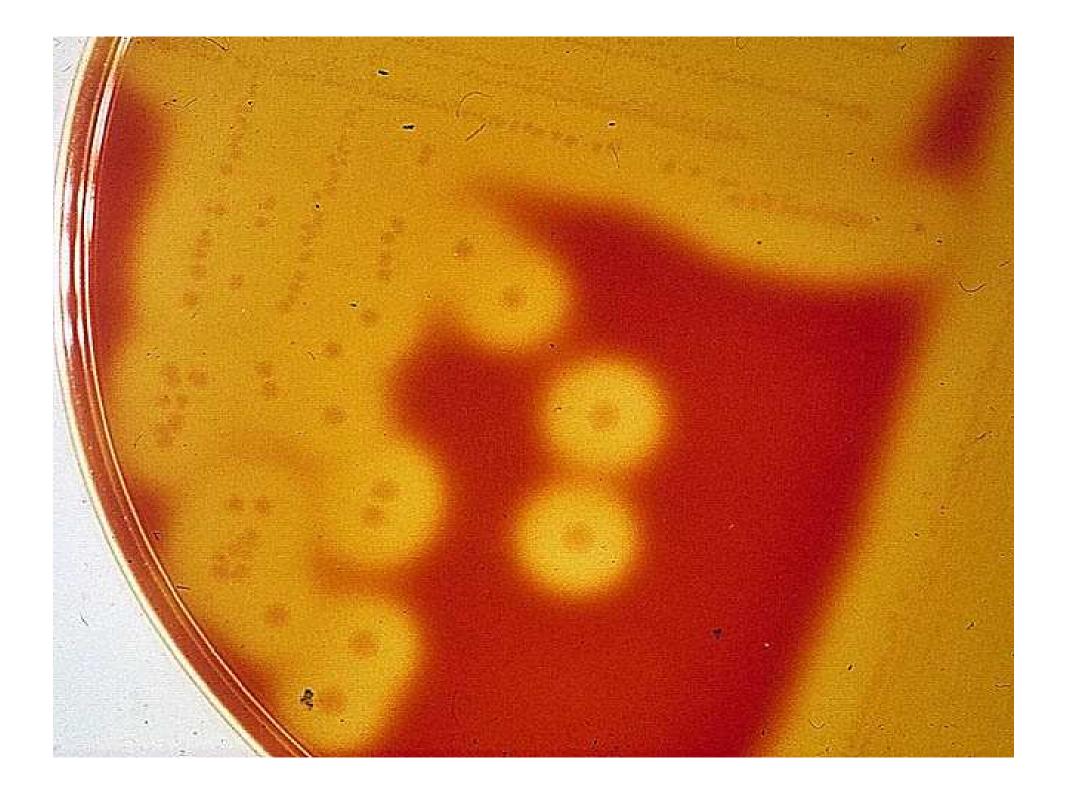
Streptococcus pyogenes

Morphology

- Size : 0.5-1.0 micrometer in diameter
- Shape : spherical or oval
- Arrangement : in chains, the length of which varies within wide limits, being longer in the liquid medium. Chain formation is due to the cocci dividing in one plane only.
- Non motile and non sporing
- Group A and C have capsules composed of hyaluronic acid while group B and D have polysaccharide capsules.

Cultural characteristics

- Facultative anaerobe
- Optimum temp. for growth is 37°C (range 22-42°C).
- Exacting in nutritive requirements, grows only in presence of glucose or serum.
- On blood agar, after incubation for 24hrs, the colonies are small (0.5 to1.0mm), circular, semitransparent, low convex discs with an area of clear hemolysis around them.



Cultural characteristics cont.

- Growth and hemolysis are promoted by 10% CO₂.
- In liquid media, growth occurs as a granular turbidity with powdery deposit.
- Colony types :

1)Matt type : fresh isolate of virulent strain (finely granular)

2)Glossy type: a virulent strains3)Mucoid type: capsular strain

Biochemical reactions

- Catalase negative ad insoluble in bile like other streptococci
- Ferments variety of sugars in sugar serum peptone waters.

S.pyogenes is positive in PYRase test, which distinguishes it from non-group A hemolytic streptococci.

Resistance

 Delicate organism, easily destroyed by heat (54° C for 30 minutes).

 Crystal violet (1mg/L), nalidixic acid (15mg/L) and colistin sulphate (10mg/L) added to blood agar provide a good selective medium.

Sensitive to most antibiotics
Sensitive to Bacitracin unlike other streptococci.

Notice the zone of growth
 inhibition around the bacitracin (Taxo A disc).

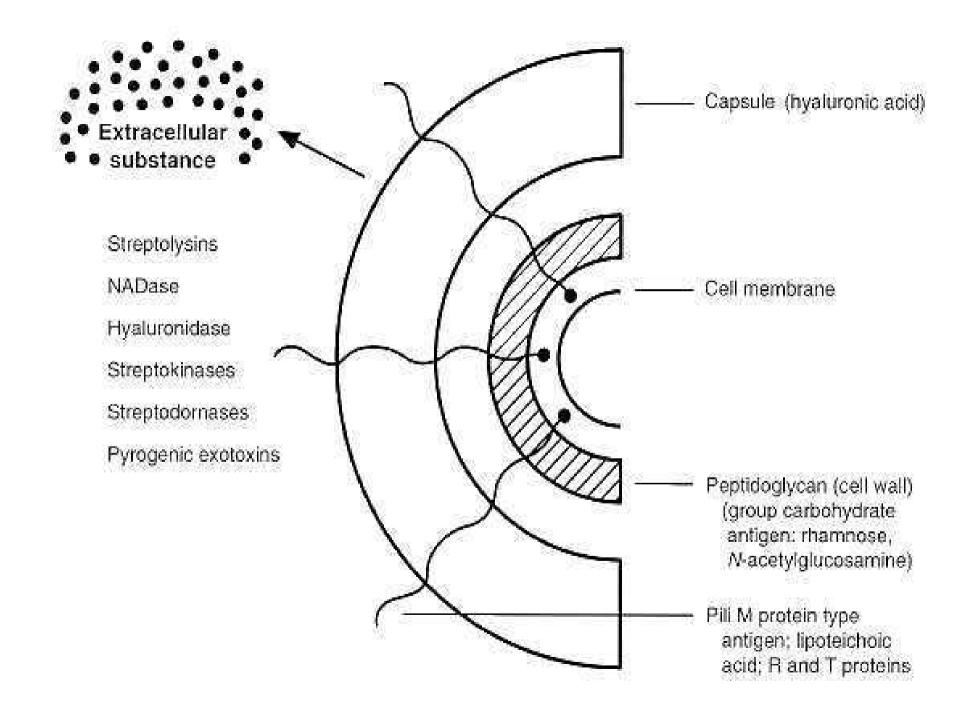
A throat culture taken from a 5 year-old with Streptococcal pharyngitis.

Notice the non-hemolytic bacterial colonies

Notice the clear zone of hemolysis around the *Streptococcus pyogenes* grown on a blood agar plate.

Antigenic structure

- Outer capsule and pili
- Cell wall composed of outer layer of protein and lipoteichoic acid, a middle layer of group specific carbohydrate and a inner layer of Peptidoglycan.
- Serological grouping depends on C carbohydrate.
- Done by Ring precipitation test
- S.pyogenes have been typed based on surface proteins M,T and R.



Antigenic cross reactions

No.	Part of S.pyogenes	Part of Human cells
1	Capsular hyaluronic acid	Synovial fluid
2	Cell wall protein	myocardium
3	Group A carbohydrate	Cardiac valves
4	Cytoplasmic membrane	Vascular intima
5	peptidoglycans	Skin antigens

Toxins and other virulence factors

 Hemolysins- two types `O` and `S` ASO titre is the standard serological procedure for retrospective diagnosis of Streptococcal infection. Titre >200 is considered positive.

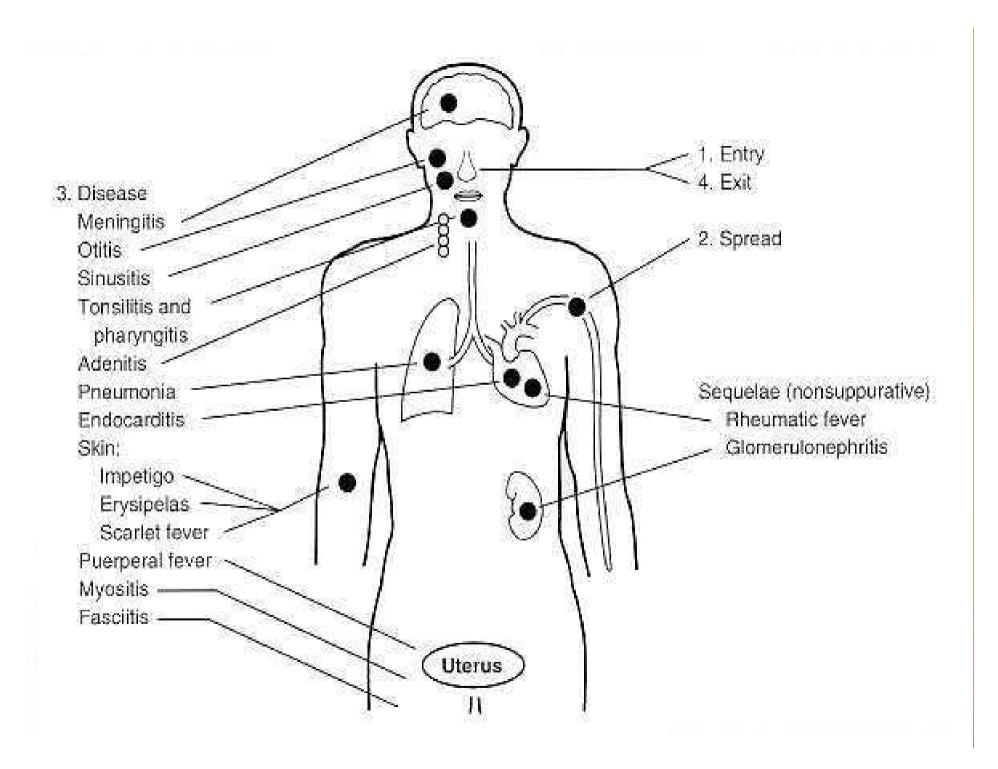
2) Pyrogenic Exotoxin (Erythrogenic, Dick, scarlatinal toxin): produce scarlet fever -(a type of acute pharyngitis with erythematous rash)
Streptococcal pyrogenic exotoxin (SPE) are three types –A,B and C
They are super antigens.

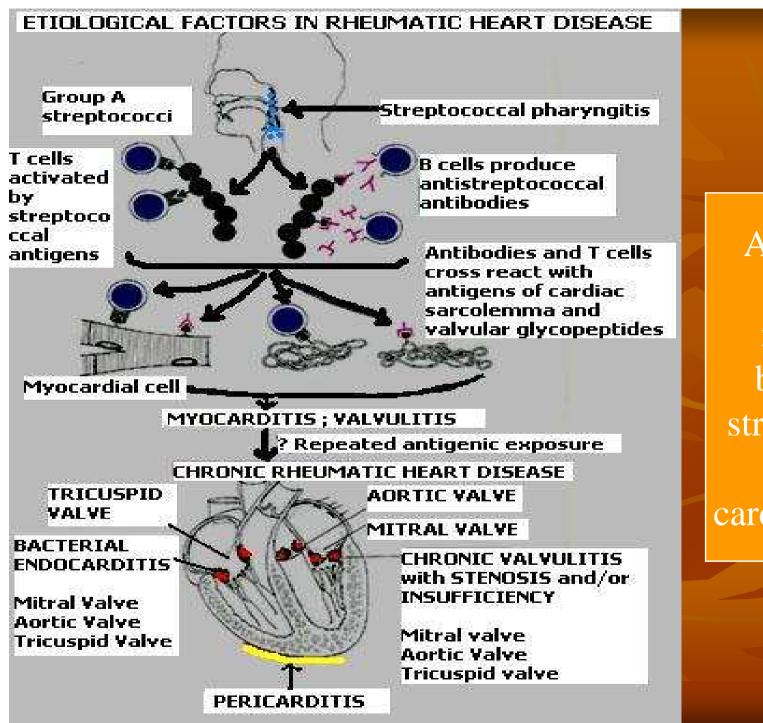
Toxins and other virulence factors Cont.

3) Streptokinase (fibrinolysin)
4) Deoxyribonucleases (DNAase) A,B,C,D
5) Nicotinamide adenine dinucleotidase (NADase)
6) Hyaluronidase
7) Serum opacity factor

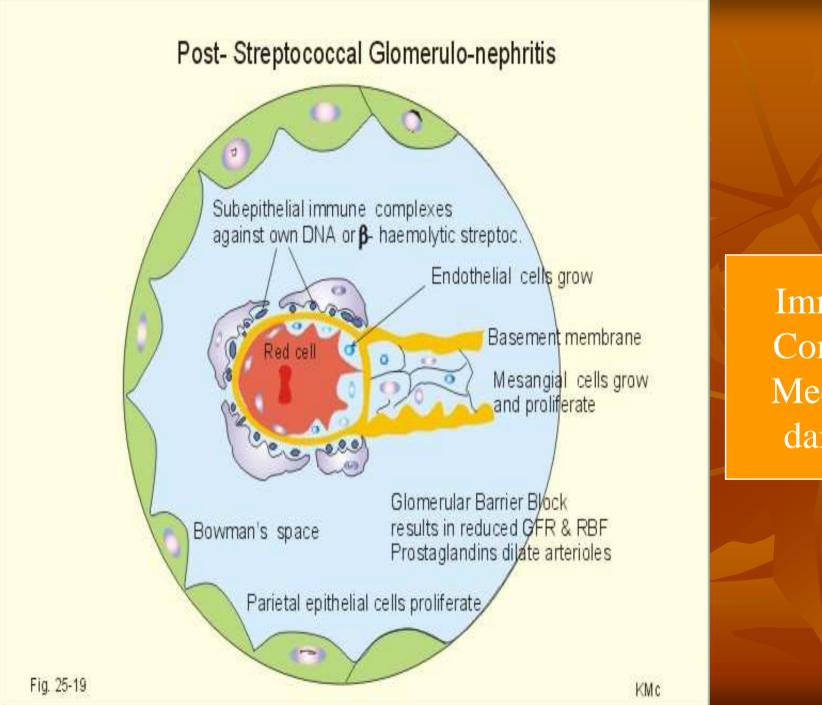
Pathogenicity

Supportive infections - Respiratory infections - Skin and soft tissue infections- erysipelas and impetigo - Genital infections Non suppurative complications - Acute rheumatic fever - Acute glomerulonephritis

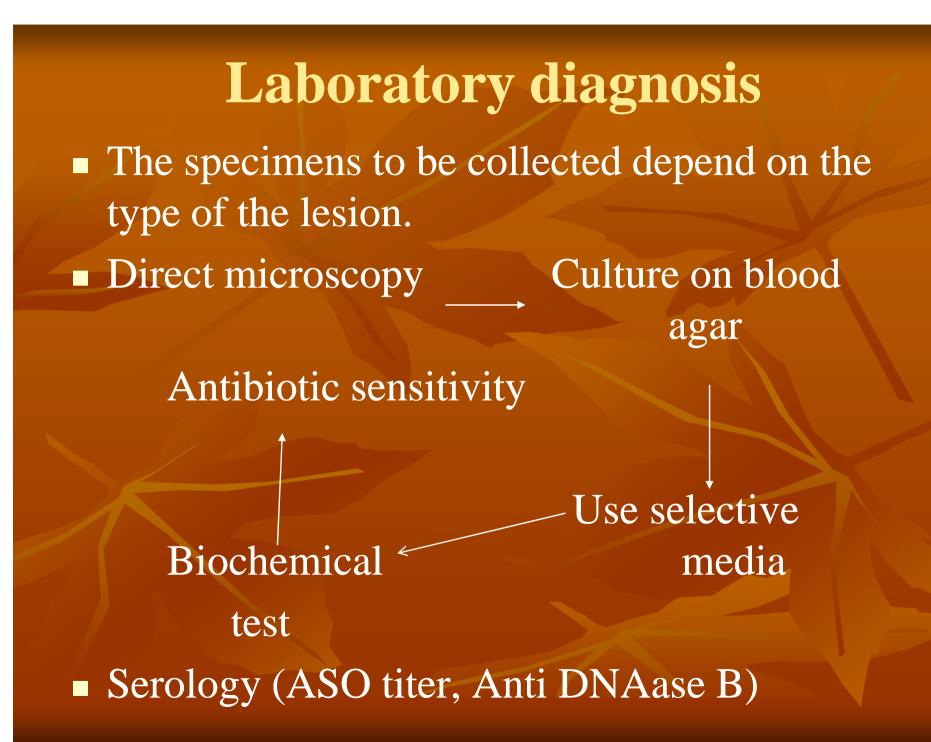




Antigenic cross reaction between streptococci and cardiac tissues

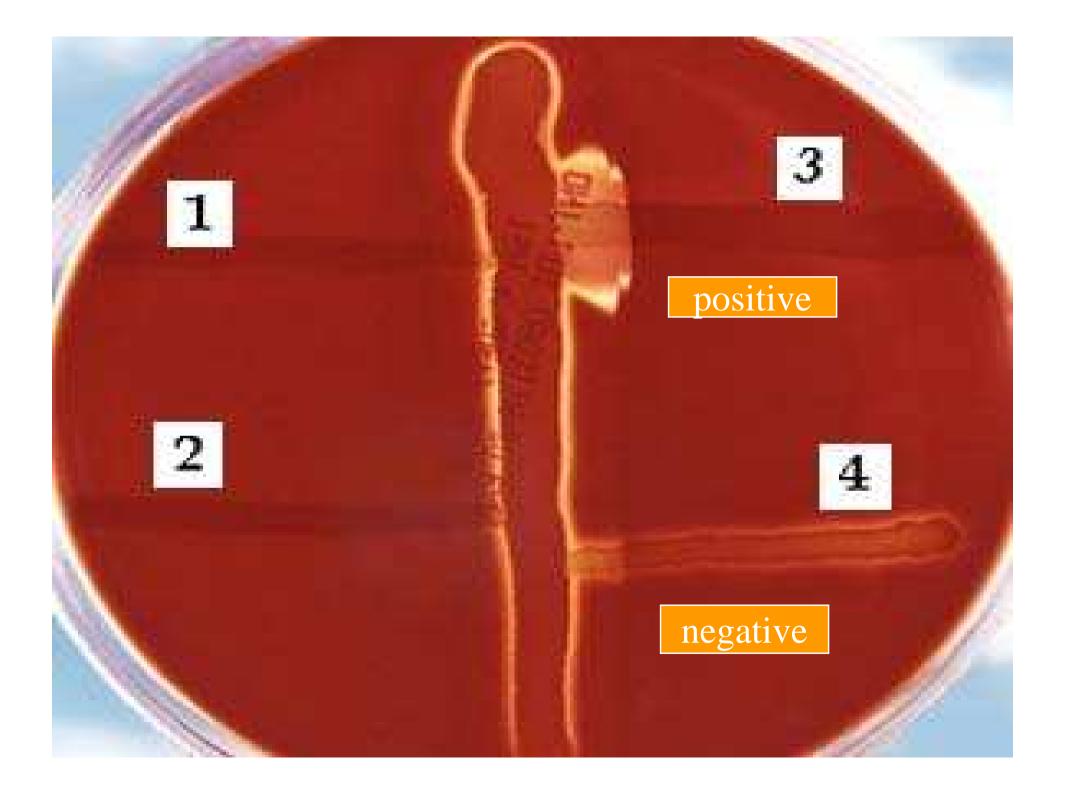


Immune Complex Mediated damage



Group B streptococci

- Common cause of Neonatal meningitis
 Early onset type : within a week of birth presented with septicemia, meningitis or pneumonia and is often fatal. Infection is acquired from the maternal vagina.
- Late onset type : between 2nd and 12th week of life
- Identified by hippurate hydrolysis and CAMP reaction.



Group D Streptococci

Two groups :
 Enterococcus group E. faecalis, E. faecium
 Nonenterococcal group S. bovis, S.equinus

Gram stain of Enterococcus faecalis



Characteristics of Enterococci

Ability to grow in the presence of 40% bile
6.5% NaCl

- At pH 9.6 and at 45° C
- On mac Conkey`s medium, they produce tiny deep pink colonies.
- They appear as pairs of oval cocci, the pair arranged at an angle to each other
- Non hemolytic

The viridans group

- Normal resident in the mouth and the upper respiratory tract and typically produce greenish (alpha hemolysis) discoloration on blood agar.
 Str.mitis,Str.mutans,Str.sanguis
 Causative agent for subacute bacterial endocarditis, most often Str.sanguis
- Dental caries by Str.mutans

