

AIM :

DATE : _____

Infectious Diseases

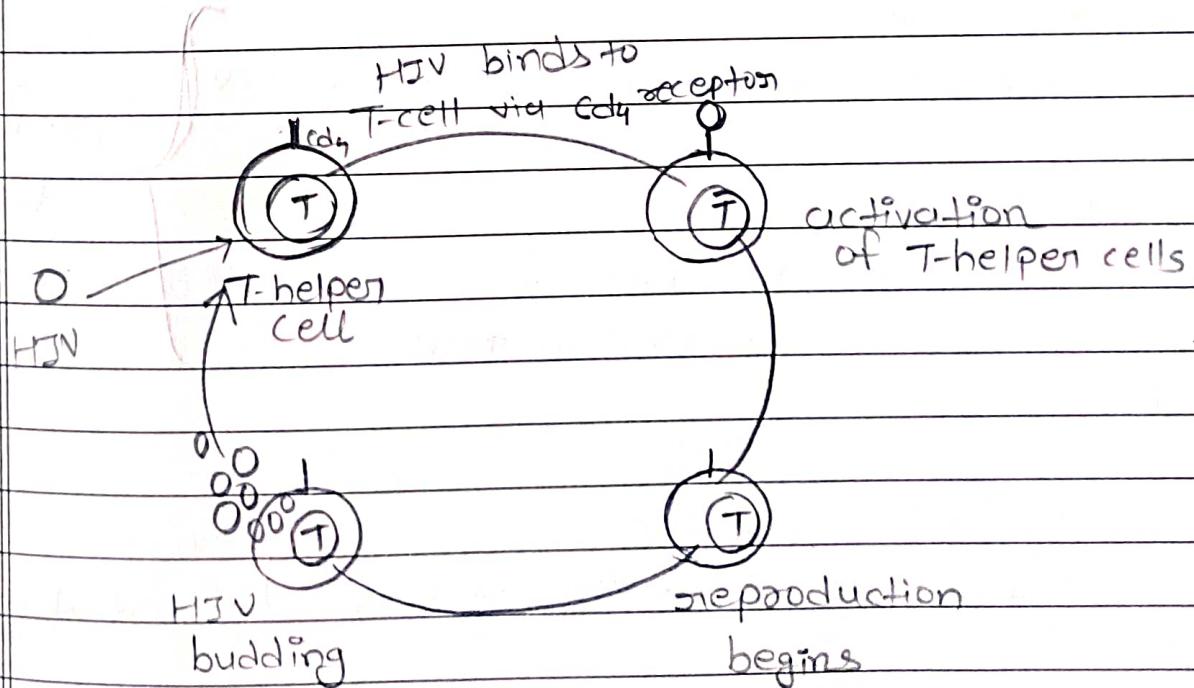
HIV

Def'n : Human Immuno deficiency Virus (HIV) is a unique type of virus that invades the T-helper cells in the body of the host characterized by fever, weight loss, Neuropathy.

Etiology : signs & symptoms

Systemic	- fever, weight loss
Central	- Headache, neuropathy
G.I.T	- Pharyngitis, mouth sores, nausea inflammation in throat esophagus sores, vomiting
lymphatic system	- lymphadenopathy (swelling)
skin	- rash
muscles	- myalgia
liver & spleen	- enlargement
Retina	- Retinitis

Pathogenesis:



Teacher's Sign.: _____

- ① Binding: HIV binds to receptors on the surface of CD4 cell.
- ② Fusion: the HIV envelope & CD4 cell membrane join together, which allows HIV to enter CD4 cell.
- ③ Reverse transcription: inside the CD4 cell, HIV releases and uses reverse transcription to convert its genetic material HIV RNA-H into HIV DNA.
- ④ Integration: inside the CD4 cell nucleus HIV releases integrase. HIV uses integrase to insert its viral DNA into DNA of CD4 cell.
- ⑤ Replication: once integrated into CD4 cell DNA, HIV begins to use the machinery of CD4 cell to make long chains of HIV proteins.
- ⑥ Assembly: new HIV proteins & HIV RNA move to surface of cell & assemble into immature HIV.
- ⑦ Budding: newly formed immature HIV pushes itself out of the host CD4 cell. New HIV releases protease which acts to break up the long protein chains that form immature virus.

Diagnosis:

- (1) antibody test
 - detect antibodies made against HIV.
 - (2) RNA / DNA test
 - Detects viral RNA
 - ↓
 - detects copies of viral RNA in DNA
 - (3) antibody / antigen test
 - detects antibodies against HIV
- } confirmatory test
- } recommended first test

AIM: **Treatment**

There is no cure for AIDS but the medication helps an individual to live a longer & healthier life & also reduce risk of transmission.

There are ANTI RETRO VIRAL THERAPY (ART) which is a combination of medications called as 'HIV Regimen'.

It slows down HIV replication & help the immune system recover & fight other infection.

Antiretroviral drugs:

- ① Nucleoside analogue reverse transcriptase inhibitors (NRTIs)
- ② Protease inhibitors (PIs)
- ③ non-nucleoside reverse transcriptase inhibitor (NNRTIs)
- ④ nucleotide reverse transcriptase inhibitor (NtRTIs)
- ⑤ Fusion inhibitors

iology :

SYPHILIS

Defn Syphilis is a systemic sexually transmitted disease caused by *Treponema pallidum* bacterium characterized by changes on cutaneous or mucocutaneous tissue.

Stages of Syphilis

① Primary Syphilis

- early localized stage
 - 1 to 3 weeks after *T. Pallidum* tends on skin or mucous membrane
 - when spirochetes enters the body it destroy soft tissue & create ulcer
- ↗
- Syphilis chancre on cutaneous or which is painless mucocutaneous tissue
- The individuals who get infected by sexual contact develop primary chancre wound external genitalia
 - The individuals who get infected by Physical touch develop primary chancre on hands or other body parts

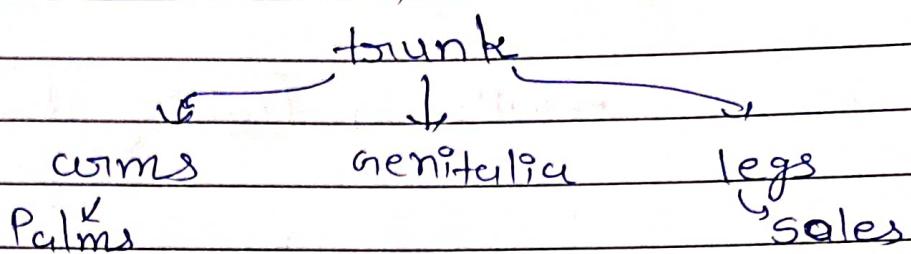
② Secondary Syphilis

- 6-12 weeks after infection
- during this stage, spirochetes enters the blood stream, called as spirochtemia & causes generalized lymphadenopathy

AIM:

spirochetes attach to the endothelial cells in small capillaries near skin

↳ causes non-itchy rash



③ Tertiary Syphilis

- it is type IV hypersensitivity reaction, which means that there is an immune response which is lead by T-cells

they recruit Phagocytes

like macrophages release inflammatory

Cytokines

IL-1; IL-6; tumor necrosis factor

leads to local swelling, edema, redness

④ Cardiovascular Syphilis (affecting blood vessels)

There is endarteritis

↳ inflammation of tiny

supplies large ↳ arterioles

arteries like AORTA

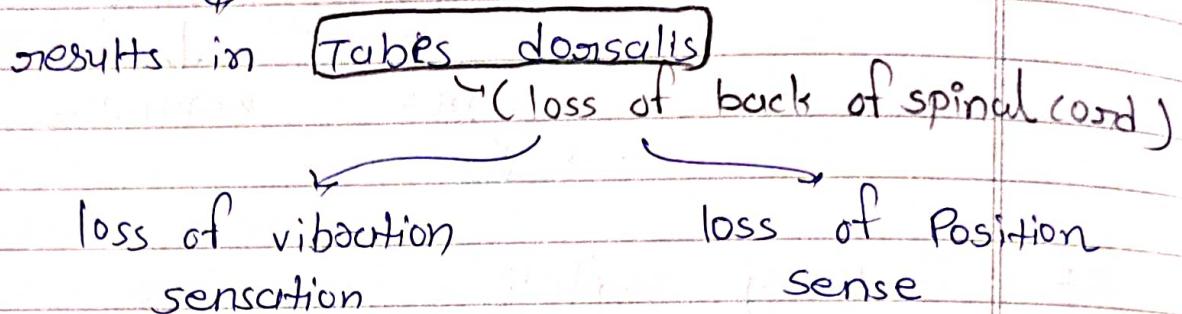
→ inflammation in aorta & these can cause aortic aneurysm.

Teacher's Sign.: _____

⑤ Neurosyphilis

(Brain & spinal cord)

- the spirochetes sets up camp in capillaries that supply the posterior part of spinal cord



- if spirochetes get into the capillaries serving the brain it can cause:
 - altered behaviour
 - memory loss
 - difficulty coordinating muscle movements
 - Paralysis
- Syphilis can also effect the eye with something caused - Argyll Robertson pupils

⑥ congenital Syphilis

- spirochetes can infect baby through

(a) placenta

(b) during childbirth

- In early disease the result can range between the baby stillborn or dying within womb to classic features like maculopapular Rash

Damage to the eyes OPTIC neuritis

Teach your signs

babies can also have organ damage by liver & spleen.

Palm & Soles

BabbiV

AIM: Pathogenesis

T. Pallidum multiplies at the site of initial infection & spreads via lymph to blood.

↓
within 2-10 weeks hard painless ulcer forms
↳ chancre

upto 10 weeks later, secondary lesions appear.
these consist of grey maculopapular rash seen
on palms & soles.

↓
Both primary & secondary lesions are rich
in *T. Pallidum* organisms & are extremely
infectious.

↓
Secondary lesions may be accompanied by
Systemic involvement such as syphilitic hepatitis
meningitis, nephritis
↳ inflammation of liver
Inflammation of kidney
Inflammation of brain & spinal cord
membranes
In untreated individuals the disease
progresses to tertiary stage

Diagnosis

①

Non-treponemal tests

- venereal disease research laboratory test
- Rapid Plasma Reagins test

②

Treponemal antibody test

- treponemal antigen based enzyme
- *T. Pallidum* haemagglutination assay
- *T. Pallidum* Particle agglutination assay
- Fluorescent treponemal antibody absorbed test

DATE:

: MIA

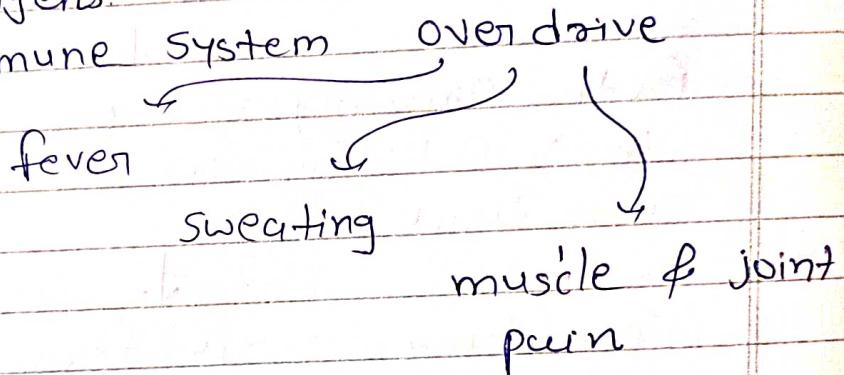
Treatment

main treatment for syphilis is **Penicillin** but in some cases **Doxycycline** is used

Caution

when penicillin is used it's important to watch out for **Jarisch - Hershimer reaction** which is when spirochetes die & break open releasing a lot of antigens.

these make immune system overdrive



AIM:

GONORRHEA

Defⁿ:

It is a sexually transmitted disease caused by a gram-negative bacteria called Neisseria gonorrhoeae - it is also known as gonococcus
↳ sphere shaped

Etiology: most women have no symptoms & if they have symptoms they appear within 10 days which are: Pain or burning when passing urine, vaginal discharge that is yellow or sometimes bloody, bleeding between menstrual periods, heavy bleeding with periods & pain during sex.

Men & Women with an anal infection have symptoms which include: discharge, soreness, bleeding or itching of the anus & painful bowel movements.

Pathophysiology: attack of organism N.gonorrhoeae through sexual contact



attachment to mucosal epithelium is followed by penetration of N. gonorrhoeae through epithelial cells to the submucosal tissue within 24-48 hours



Vishal

Teacher's Sign.:

A vigorous response by neutrophils begins with sloughing of the epithelium development of submucosal micro abscesses & exudation of pus further causing symptoms.

Stained smears usually reveal large number of gonococci within a few neutrophils, whereas most cells contain no organisms.

Diagnosis :

swab sample : swab sample from part of body to be infected can be sent to a lab for testing

Urine test : gonorrhoea in cervix or urethra can be diagnosed with urine sample sent to lab

Gram stain : sample from urethra or cervix is placed on a slide & stained with dye & examined for bacteria under microscope

Treatment :

- anti biotics
- using culture to identify specific antibiotic that work.
- limit the amount of direct contact during sexual intercourse.

Vaginal
anal > condoms

oral : condoms, dental dams

AIM :

Urinary Tract Infection

Defn

UTI is an infection of urinary tract which is anywhere from the kidneys to urine bladder or urethra.

Etiology

lower UTI

- dysuria
↳ discomfort when urinating
- Frequency in urination
- Haematuria
↳ Blood in urine
- Suprapubic discomfort
- Burning urgencies
- cloudy urine with offensive smell

upper UTI

- Malaise - discomfort
- Fever
- Vomiting
- Rigors
- back pain
- signs of septicemia
↳ blood poisoning

Pathogenesis

Bacteria first contaminates the lower urinary tract because of certain risk factors



Later they colonizes the urethra and the bladder which triggers an inflammatory response in bladder



Due to inflammatory response the neutrophils are recruited in that area because of various factors, the bacteria multiply and enter the immune system

Teacher's Sign.: _____

E. coli can binds to the cells in lower urinary tract & hide from immune cells.

The bacteria forms a Biofilm; (any group of micro-organism in which they stick to each other)

↓
in the UTI progresses on left untreated bacteria can ascend towards the kidney and colonize it causing an upper urinary tract infection and further causes Bacteremia leading to septic shock.

Diagnosis

- If there is discharge or itch along with signs of UTI, consider a swab test of genitals for STDs.
- Urine dipstick which shows:
 - haematuria
 - Protein urine
 - Presence of nitrites
 - Presence of WBC
- Urine microscopy
- Urine microscopy culture sensitivity (MCS)
- Blood:
 - FBC - complete blood count
 - CRP C-reactive protein
 - B-HCG (ectopic) Human chorionic gonadotropin

diagnostic growth: $> 10^5$ CFU/ml

AIM :

Treatmentlower UTI

- oral antibiotics (3 - 7 day course)
 - Trimethoprim
 - Amoxycillin
 - Nitrofurantoin

Upper UTI (serious)

- intravenous antibiotics until fever settles
- oral antibiotics.

Pneumonia

Def'n: An inflammation of lung Parenchymal caused by various microorganisms including bacteria, mycobacteria, fungi and viruses leading to shortness of breath, dizziness.

Etiology: Systemic - High fever, chills

Signs & Central: headaches, loss of appetite, mood swings

Symptoms: Skin - clamminess, blueness

Muscular - low blood pressure

heart - high heart rate

Gastric - Nausea, Vomiting

Joints - Pain

Lungs - cough with sputum, shortness of breath
chest pain

Muscular - fatigue, Aches

Pathophysiology:

Infectious agent foreign substance aspiration of gastric contents



inflammation of pulmonary tissue

edema
of alveolar membrane



gaseous cannot cross
edematous alveolar membrane

alveoli fill with exudate
from inflammation



air cannot enter
fluid-filled alveoli

hypoxia occurs,
with retention of CO_2



shortness of breath / crackles in lungs
Fatigue

DATE: _____

AIM:

Diagnosis

- Person who is working hard to breath, breathing quickly
- chest x-ray of bronchopneumonia shows Patchy areas that are spread throughout the lungs
 - in a typical pneumonia the pattern is also often spread throughout the lungs & but is often concentrated in the peripheral region
 - in lobar pneumonia fluid is localized to a single lobe or a set of lobes.
 - dullness to ~~pne~~ percussion lung consolidation
 - late inspiratory crackles
 - Bronchial breath sound
 - Bronchophony
 - Egophony

Treatment

- ① Depends on severity
- ② anti-biotics
- ③ cough suppressants
- ④ Pain medications