Staphylococcus Part/ 2 Lab Diagnosis

Lab diagnosis:

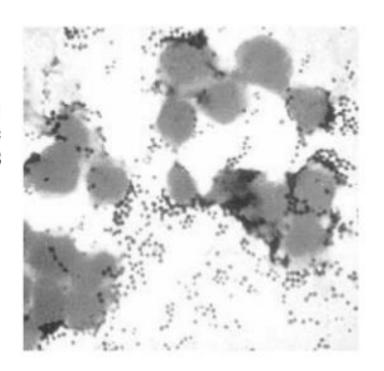
Specimens collected: Depends on the type of infection.

- Suppurative lesion- Pus,
- Respiratory infection- Sputum,
- Bacteremia & septicemia- Blood,
- Food poisoning- Feces, vomit & the remains of suspected food,
- For the detection of carriers- Nasal swab.

Methods of examination:

I) Direct microscopy:

- Direct microscopy with Gram stained smear is useful in case of pus, where cocci in clusters are seen.
- This is of no value for specimen like sputum where mixed flora are normally present.



2-CULTURE:

Media used:-

Non selective media: Nutrient agar,

Blood agar,

MacConkey's agar.

Selective media: Salt-milk agar,

Mannitol salt agar

Cultural Characteristics:

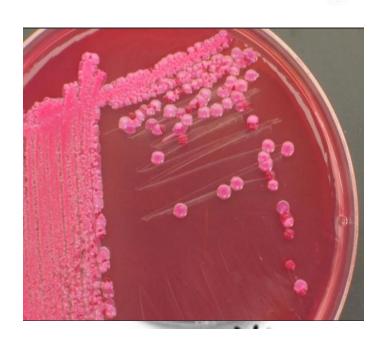
On nutrient agar- The colonies are large, circular, convex, smooth, shiny, opaque and easily emulsifiable. Most strains produce golden yellow pigments. Staphylococcus aureus on nutrient agar (showing golden yellow endopigment)

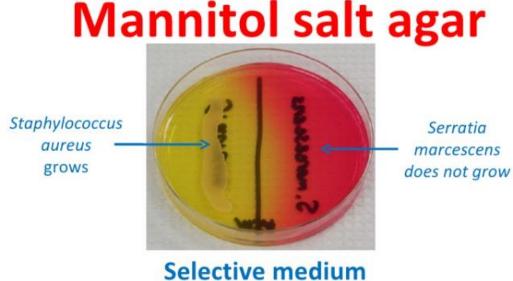


On MacConkey's agar- The colonies are small & pink in colour.

On blood agar- Most strains produce β- haemolytic colonies.

On MSA- the colonies are yellow and turns the media yellow





High salt (NaCl) concentration in medium favors organisms that tolerate high salt concentration, e.g. *Staphylococcus*.

3- Biochemical reactions

Coagulase test- Coagulase which converts soluble fibrinogen in plasma to insoluble matrix fibrin

There are two types of coagulase:-

bound coagulase → on the surface of the bacteria causes the bacteria to clump together

free coagulase > secreted from the bacteria into the environment

Coagulase test-

- i) Slide coagulase test- Positive.
- ii) Tube coagulase test- Positive._





SLIDE COAGULASE TEST

TUBE COAGULASE TEST

Test system to identify Staphylococcus

- Reduces nitrate to nitrite.
- Ferments mannitol anaerobically with acid only.
- Urea hydrolysis test- Positive.
- Gelatin liquefaction test-Positive.
- Produces Lipase.
- Produces Phosphatase.
- Produces Thermostable nuclease.



<u>Treatment:</u>

- Drug resistance is common.
- Benzyl penicillin is the most effective antibiotic, if the strain is sensitive.
- Cloxacillin or Methicillin is used against beta-lactamase producing strains.
- Methicillin Resistant Staphylococcus aureus (MRSA) strains have become common.
- Vancomycin is used in treatment of infections with MRSA strains.

Prevention:

Isolation & treatment of MRSA patients.

 Detection of carriers among hospital staff, their isolation & treatment.

Avoid indiscriminate usage of antibiotics.

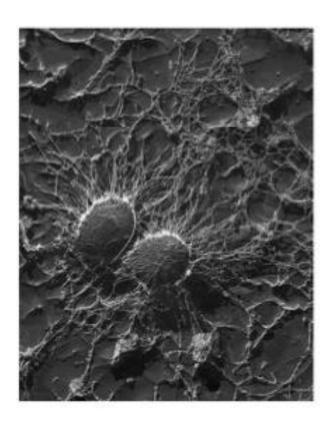
Coagulase Negative Staphylococci (CoNS):

Two species of coagulase negative Staphylococci can cause human infections-

- 1. Staphylococcus epidermidis
- 2. Staphylococcus saprophyticus

S. epidermidis

- It is a common cause of stitch abscesses.
- It has predilection for growth on implanted foreign bodies such as artificial valves, shunts, intravascular catheters and prosthetic appliances leading to bacteraemia.
- In persons with structural abnormalities of urinary tract, it can cause cystitis.
- Endocarditis may be caused, particularly in drug addicts.



S.saprophyticus:

- It causes urinary tract infections, mostly in sexually active young women.
- The infection is symptomatic and may involve the upper urinary tract also.
- Men are infected much less often.
- It is one of the few frequently isolated CoNS that is <u>resistant</u> to <u>Novobiocin</u>.

Distinguishing features of the major species of staphylococcus

Characters	S.aureus	S.epidermididis	S.saprophyticus
Coagulase	+	•	•
Novobiocin sensitivity	Sensitive	Sensitive	Resistant
Acid from mannitol fermentation anaerobically	+	•	•
Phosphatase	+	+	-

