Micrology final

1- Fungal infections of the skin:

- Superficial mycoses painless no symptoms Normal biota but increased in number
 **NON-infectious* caused by M. furfur hypo or high pigmentation = Pityriasis versicolor cosmetic azole high recurrence used for treatment of (Seborrheic dermatitis) (قشرة الشعر) and red and covered with greasy scales.
- Cutaneous Mycoses keratinized tissue infectious Anthrophilic = from Man to man (chronic &)- Zoophilic (acute & severe)- Tinea corporis is common (Body & groin area) Tinea capitis (black dots with hair loss) Tinea unguinum (painless white or yellow nails)- miconazole or oral terbinafine (Trich= pencil)& (micro=spin)&(epi=club).
- Candidiasis yeast which produce pseudo hyphae (septation)- low immunity- worm moist = Pseudo diaper rash white patches in the mouth=esophagitis, gastritis Vulvovaginitis (cotton &cheese discharge)- inflammation in nail bed (painful = nail loss) oval budding gram +ve with germ tube treatment (caspo & ampho = systemic IV).
- Subcutaneous mycoses= Sporotrichosis= Dimorphic = drain in lymph nodules .

2- Osteomyelitis:

chronic= dead bone (sequestrum) -Adherence & intracellularly survivle Staphylococcus aureus -vertebral osteomyelitis = >50= TB = mycobacteremia - acute dull pain without symptoms - elevated inflammatory markers- radiographic imaging should prompt bone biopsy.

3- Septic arthritis:

infection in a joint - monomicrobial. S. aureus- single swollen and painful joint- synovial fluid analysis and culture - staph+step+gonorrho+ brucell+ spiro(borellia) - +ive =vancomycin - -ive Pseudomonas infection.

4-Animal bites:

dog more common - cats more deep infected - pts hemodynamically stable- Bartonella (-ive)-B. henselae =cat-scratch disease - swollen lymph nodes - **Pasteurella** - Capnocytophaga

canimorsus(fatal sepsis).

5- Necrotizing fasciitis

diffuse inflammatory process - (vancomycin, piperacillin–tazobactam, and clindamycin) - extensive soft tissue necrosis - tissue culture was positive for group A β -hemolytic Streptococcus .

6- Pressure ulcers:

breaks in the integrity of the skin barrier, pressure-induced changes, and contamination from contiguous dirty areas - enterobacteria, followed by staphylococci and streptococci - CT is not necessary - superficial or deep.

7- Burn wound:

TBSA burn >20 percent - (staph + strep + respiratory - pseudomonas + fungal= candida + unexpectedly rapid separation of the eschar) - >10*5 bacteria per gram of tissue - weekly surveillance swabs - noninvasive = just in burn skin - Invasive = unburn + systemic signs.

8- Surgical site infection:

prevention: avoiding elective surgery in patients with active infection, timely administration of prophylactic antibiotics, proper skin preparation, and maintenance of sterile conditions - clean = uninfected, contaminated = breaks in sterile condition, dirty = contaminated before surgery.

 Staphylococcal scalded skin syndrome developed 3 days after his being scalded, Only burn wound swabs revealed exfoliative toxinpositive Staphylococcus aureus, All wounds are mostly epithelized (Day 10).

link: https://quizlet.com/_d1sbp2?x=1jqt&i=4golfd