

LECTURE 9

„SPECIFIC” BACTERIAL INFECTIONS



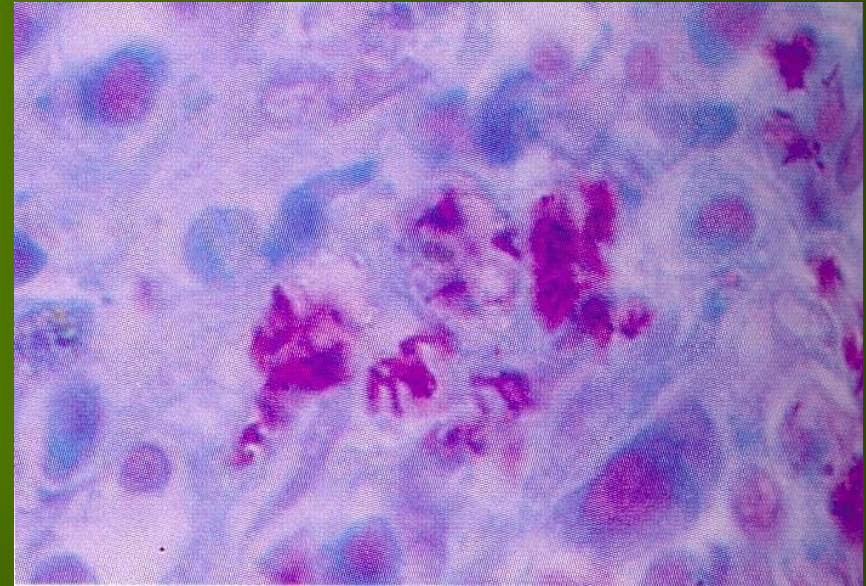
TUBERCULOSIS

TYPES OF *BACILLUS TUBERCULOSIS*

HUMAN TYPE

BOVINE TYPE

AVIAN TYPE



WAYS OF INFECTION

Pulmonary tract infection – **human bacillus**

Alimentary tract infection – human and bovine bacillus

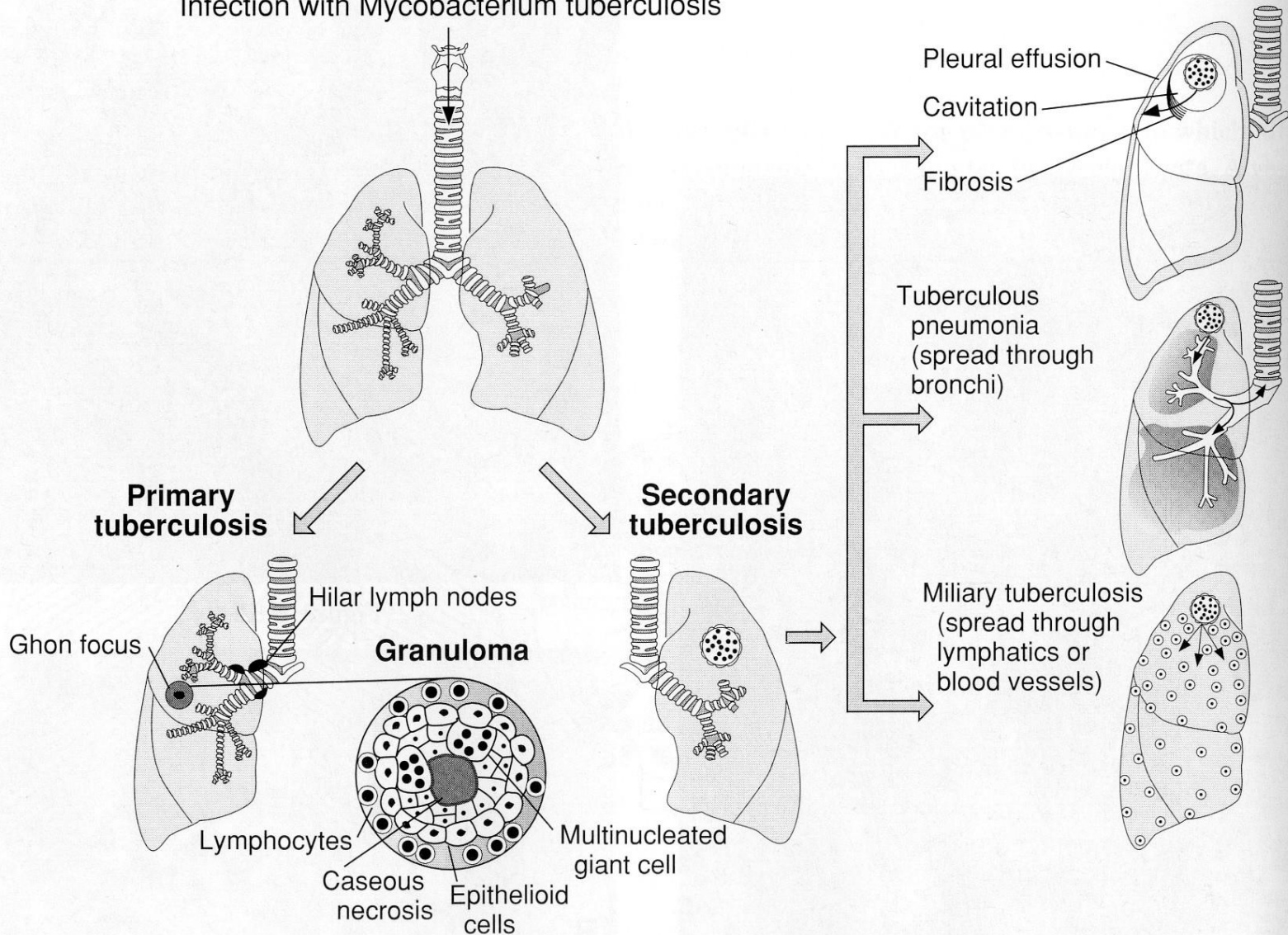
Contact infection – All types of bacillus

DISSECTOR DIGIT - *TUBERCULUM ANATOMICUM*



TUBERCULOSIS PULMONUM – WAY OF INFECTION AND ITS DISSEMINATION

Infection with *Mycobacterium tuberculosis*



I. PRIMARY TUBERCULOSIS – *tuberculosis primaria*

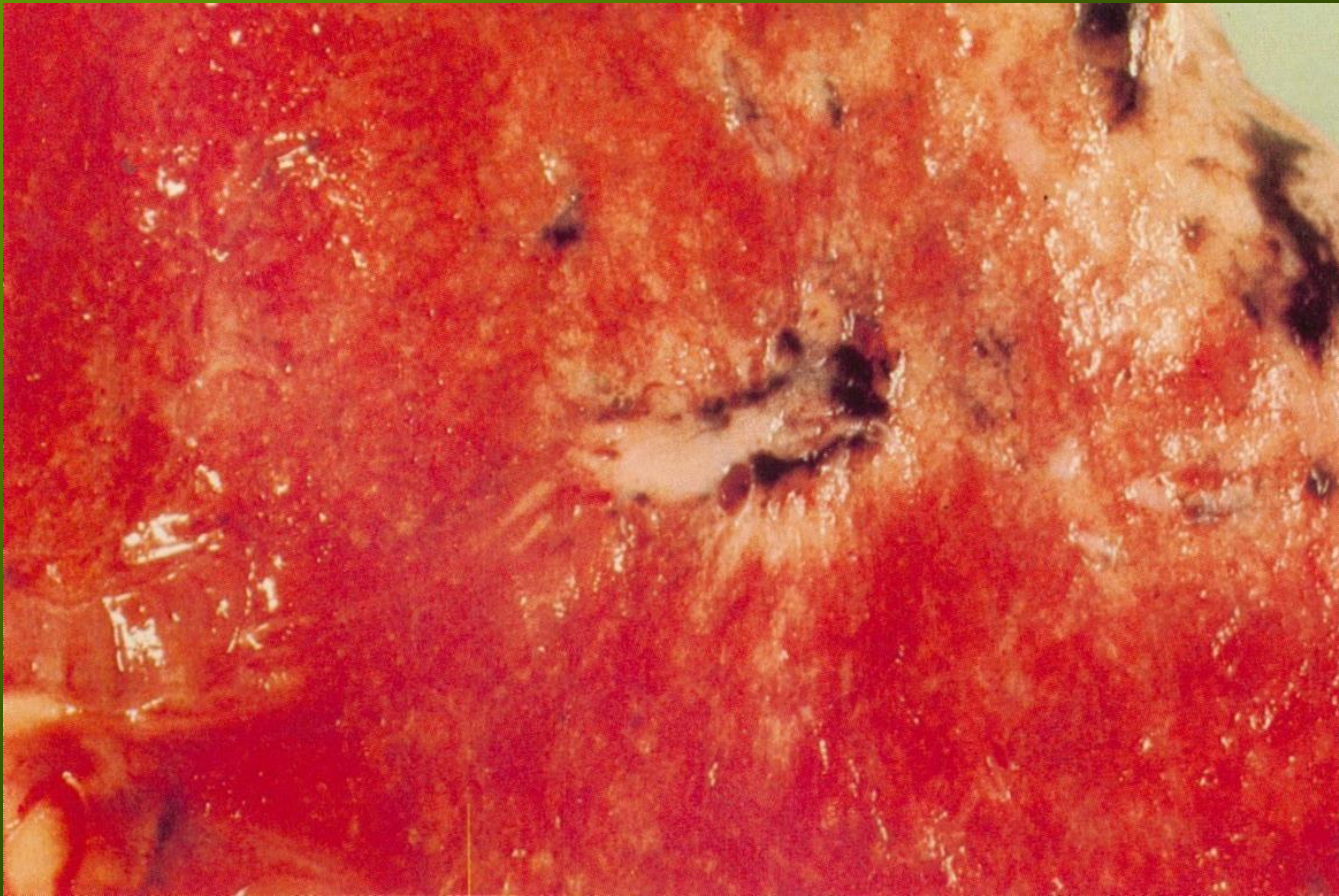
1. PRIMARY FOCUS (*focus primarius*) +

**2. TUBERCULOUS INFECTION OF LYMPHATIC VESSELS
(*lymphangitis tuberculosa*) +**

3. TB INFECTION OF THE LYMPH NODES (*lymphadenitis tuberculosa*)

1. + 2. + 3. = PRIMARY SYMPTOM COMPLEX (*complexus primarius*)

I. PRIMARY TUBERCULOSIS – *tuberculosis primaria - complexus primarius*



PULMONARY PRIMARY SYMPTOM COMPLEX – SUBPLEURAL PLACEMENT OF PRIMARY FOCUS AND SURROUNDING LYMPH NODE



The Ghon complex is seen here at closer range. Primary tuberculosis is the pattern seen with initial infection with tuberculosis in children. Reactivation, or secondary tuberculosis, is more typically seen in adults.

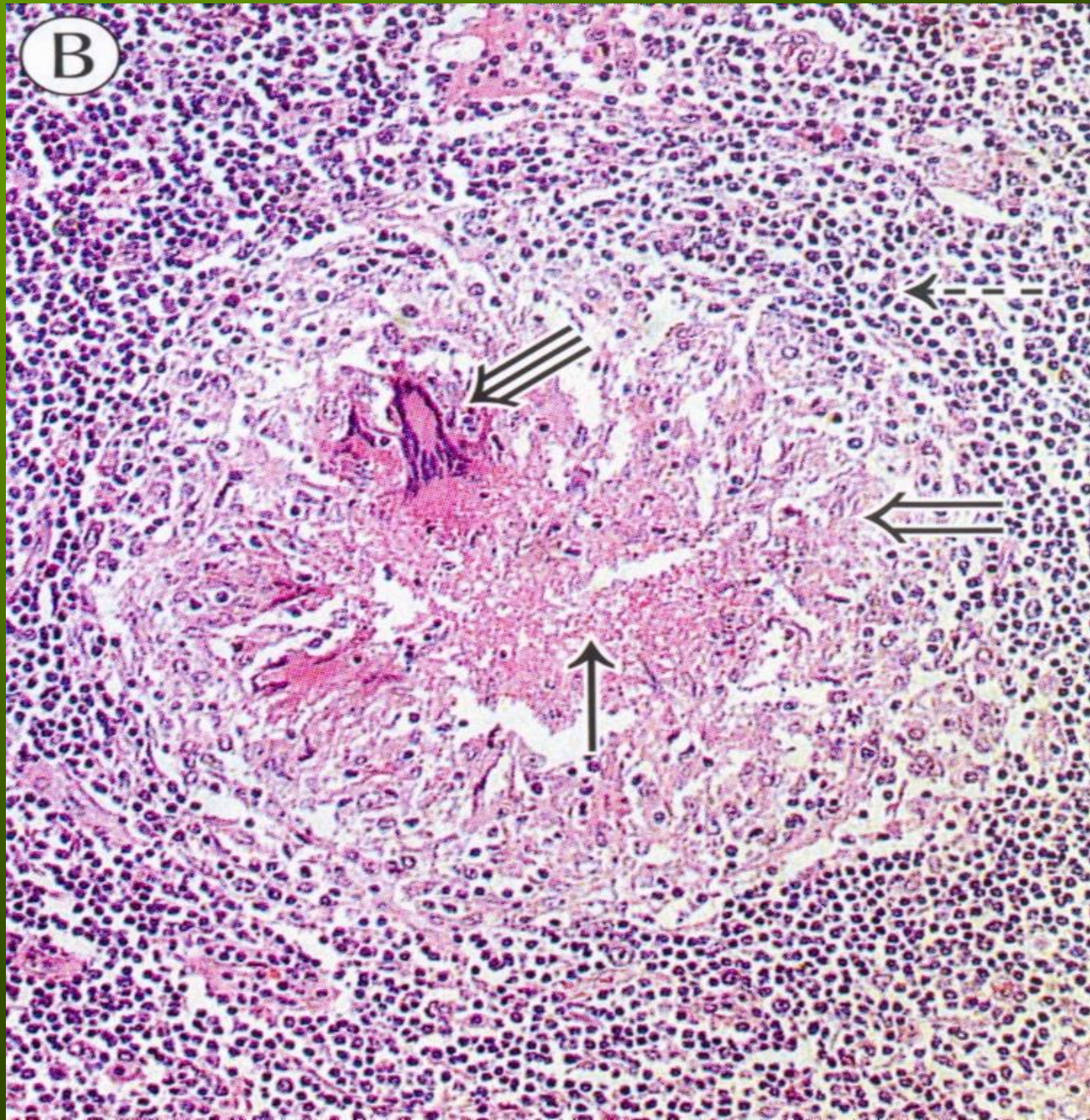
COURSE OF INFLAMMATION PROCESS

**BACILLUS INVASION - SERO-FIBRINOUS INFLAMMATION;
MACROPHAGES + CASEIFICATION**

TUBERCLE (*tuberculum*)

A structure consisting of modified macrophages – epithelioid cells (*cellulae epithelioidales*), giant multinucleated Langhans cells and lymphocytes, which succumb to caseification, do not contain blood vessels

TUBERCULUM - TUBERCLE



CASEIFICATION – NECROSIS IN TBC

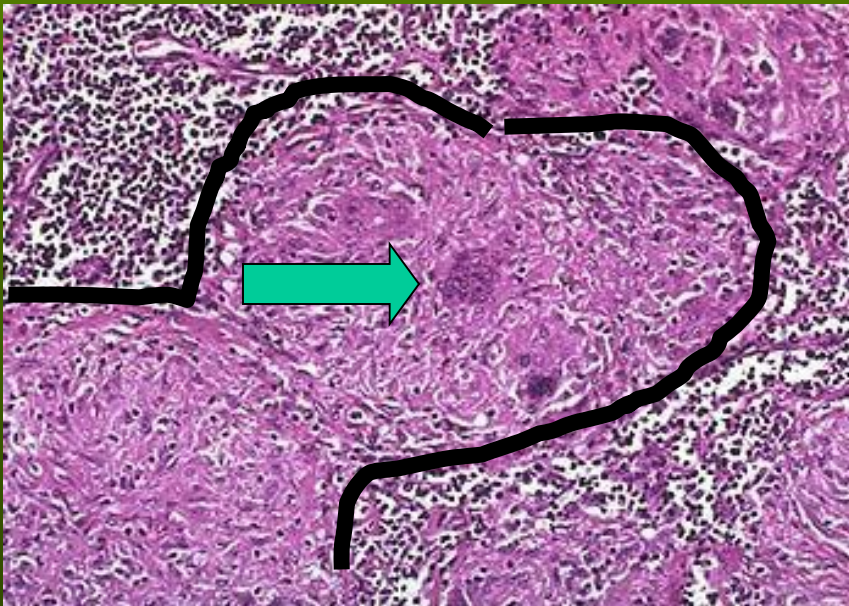


CASEIFICATION

**EPITHELIOD
CELLS**

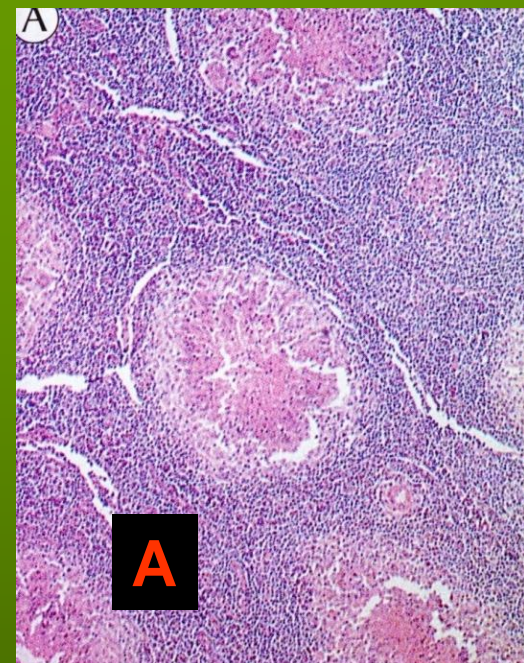
OTHER LOCALIZATIONS OF PRIMARY FOCUS

1. LUNGS – HILAR LYMPH NODES
2. SMALL INTESTINE – MESENTERIC LYMPH NODES
3. TONSILS – SUBMANDIBULAR LYMPH NODES
4. SKIN, CONJUNCTIVA, REPRODUCTIVE SYSTEM

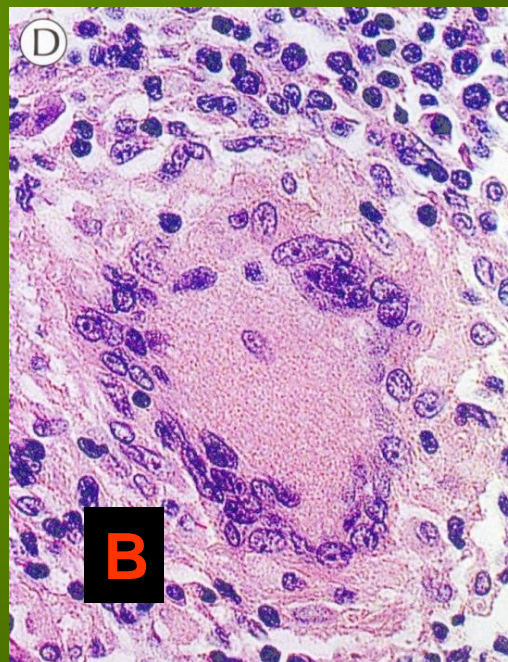


1. GRANULOMA
2. GIANT CELLS

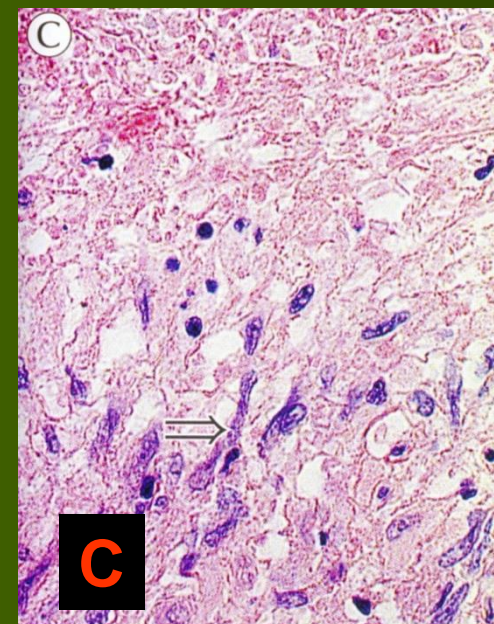
TUBERCLE – TUBERCULUM – CELLULAR STRUCTURE



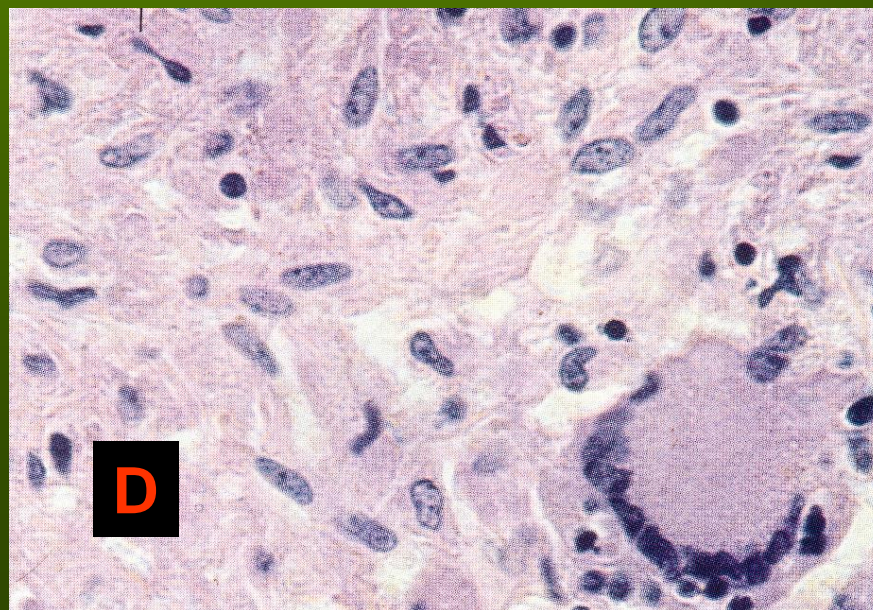
A. CASEIFICATION OF TUBERCLE IN LYMPH NODE



B. GIANT LANGHANS CELL AND LYMPHOCYTES



C. EPITHELIROID CELLS WITH NECROSIS

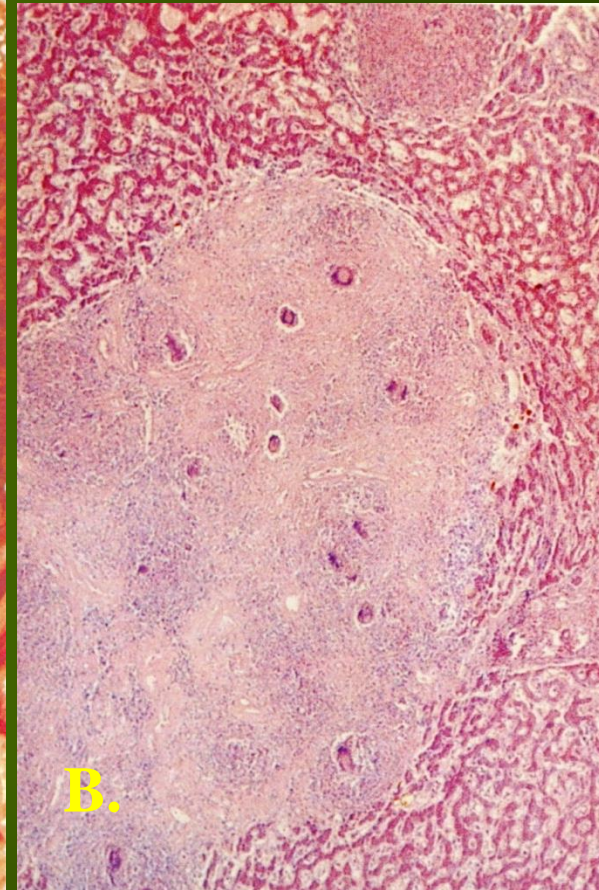
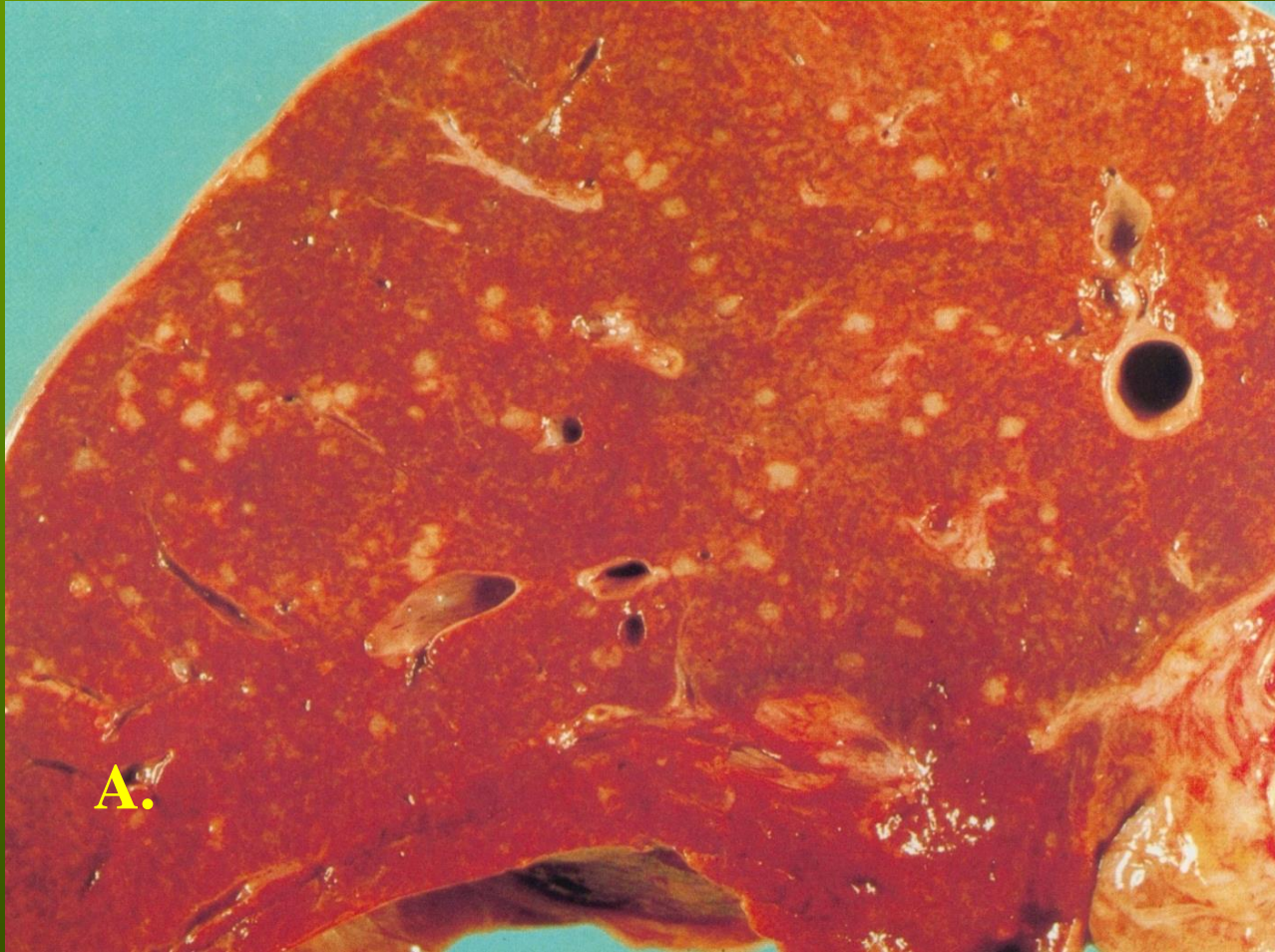


D. FRAGMENT OF TUBERCLE WITH EPITHELIROID CELLS AND LANGHANS CELL – NO BLOOD VESSELS

TUBERCULOSIS LYMPHONODULORUM CERVICALIUM
SCROFULOSIS – SCROFULOSIS
MANY FISTULAS CAUSED BY PERFORATION OF LIQUID CASEOUS
MASSSES



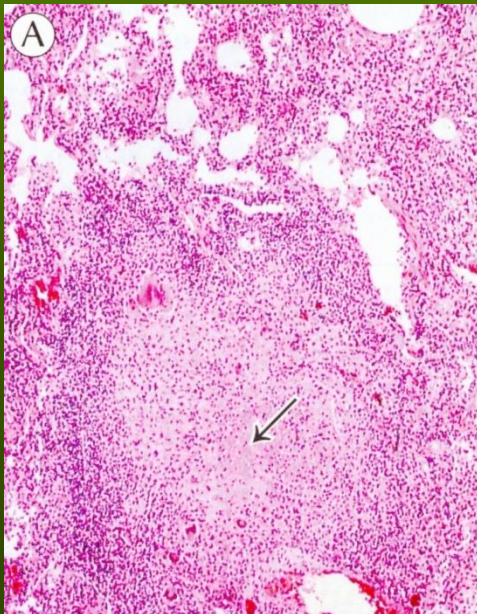
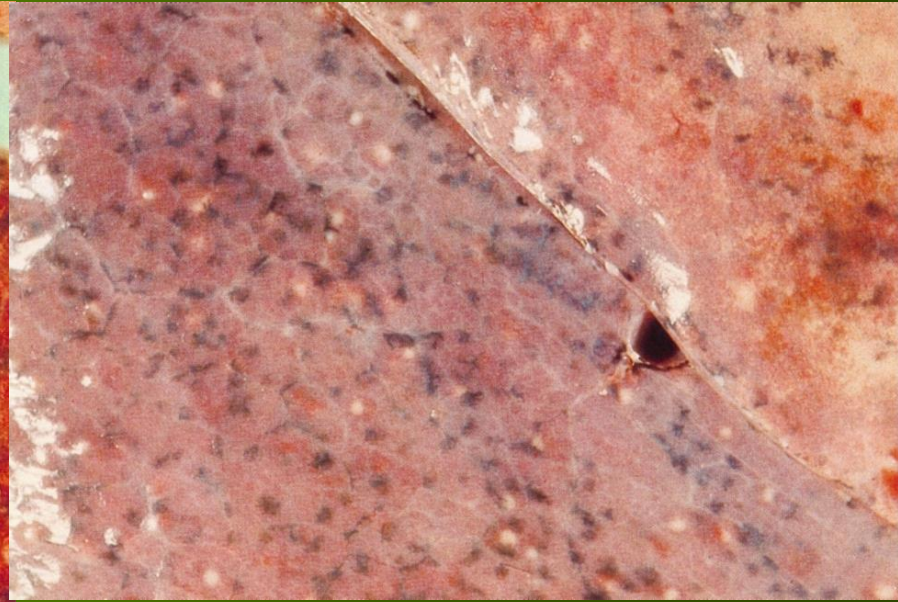
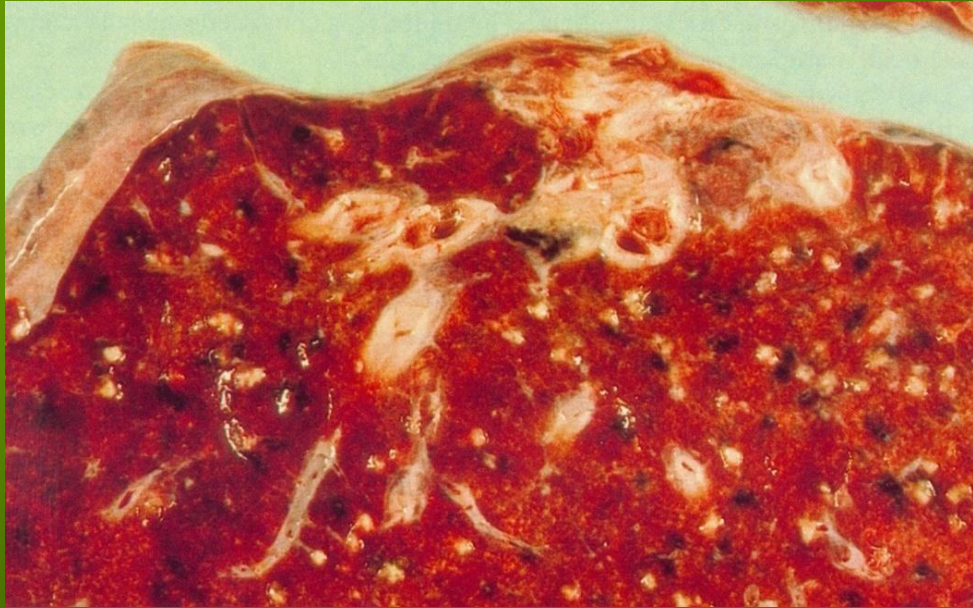
II. GENERALIZED TUBERCULOSIS (HEMATOGENIC)



MILIARY LIVER TUBERCULOSIS

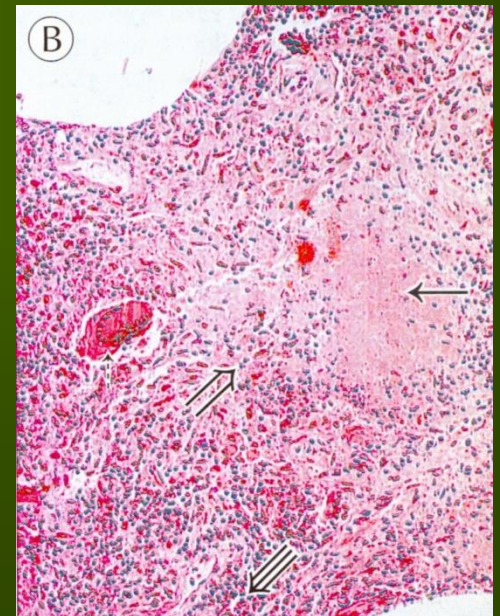
A. MACROSCOPIC PICTURE B. MICROSCOPIC PICTURE

II. GENERALIZED TUBERCULOSIS (HEMATOGENIC)

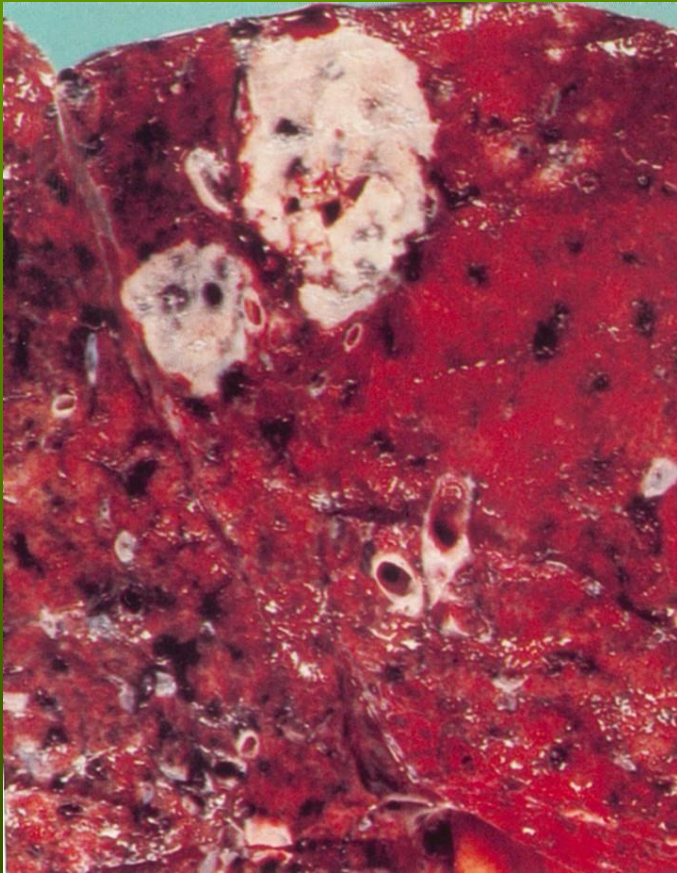


**TUBERCULOSIS
MILIARIS PULMONUM**

**MILIARY
TUBERCULOSIS IN
LUNGS (SMALL
WHITE SPOTS)**



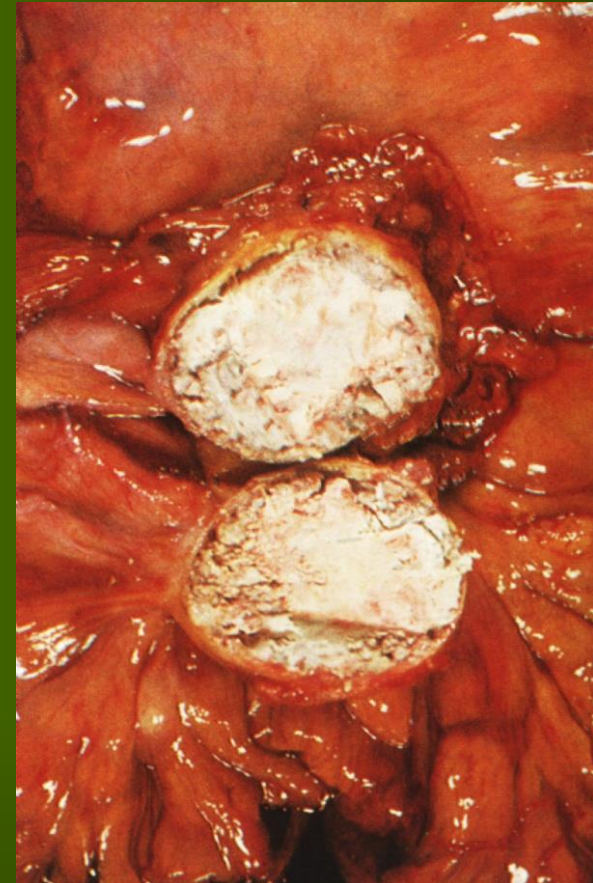
III. GENERALIZED TUBERCULOSIS



**ACINAR
TUBERCULOSIS**

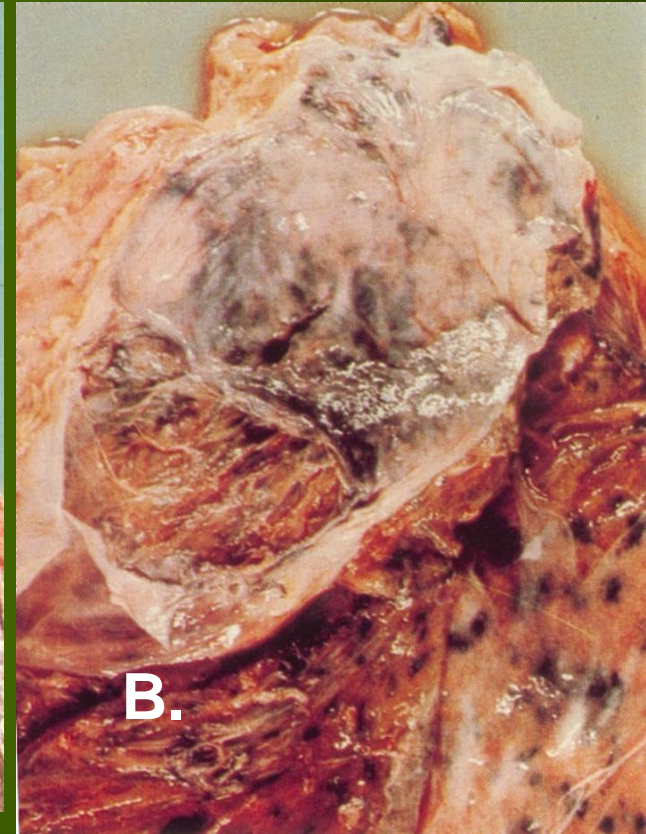
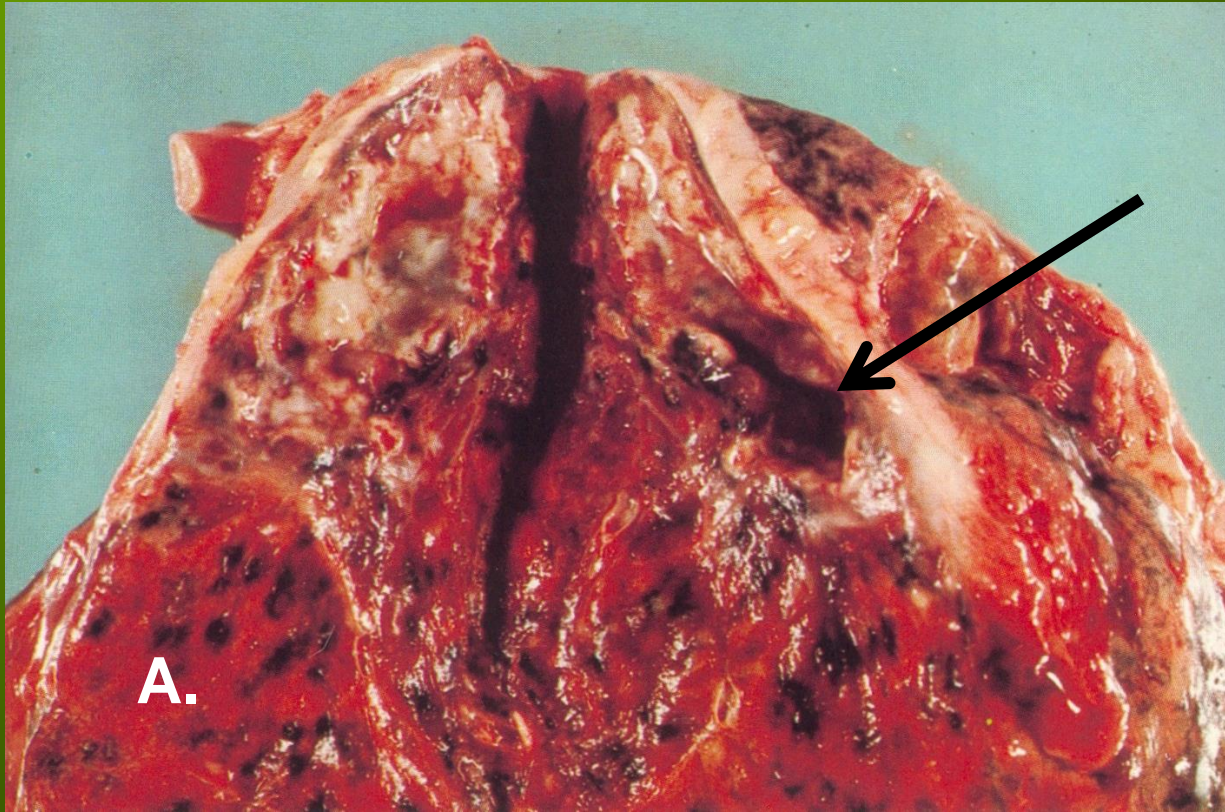


**NODULO-FIBROTIC
TUBERCULOSIS IN
APEX OF THE LUNG**



TUBERCULOMA

III. GENERALIZED TUBERCULOSIS

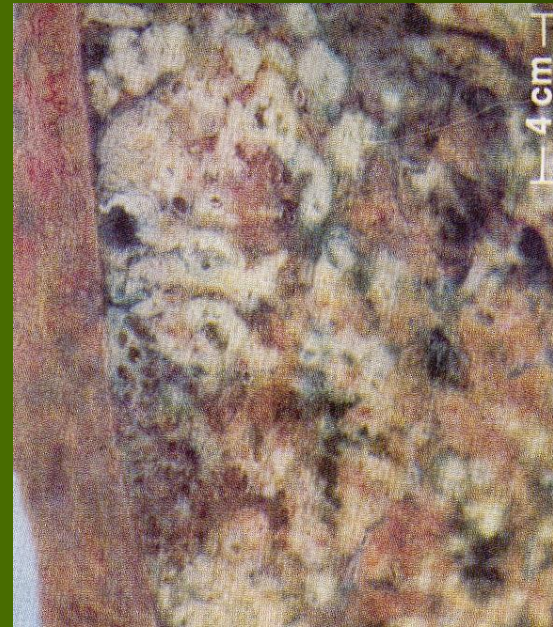


- A. CAVERNOUS TUBERCULOSIS OF THE LUNG (RECENT CAVERN)
- B. CAVERNOUS TUBERCULOSIS OF THE LUNG (OLD CAVERN)

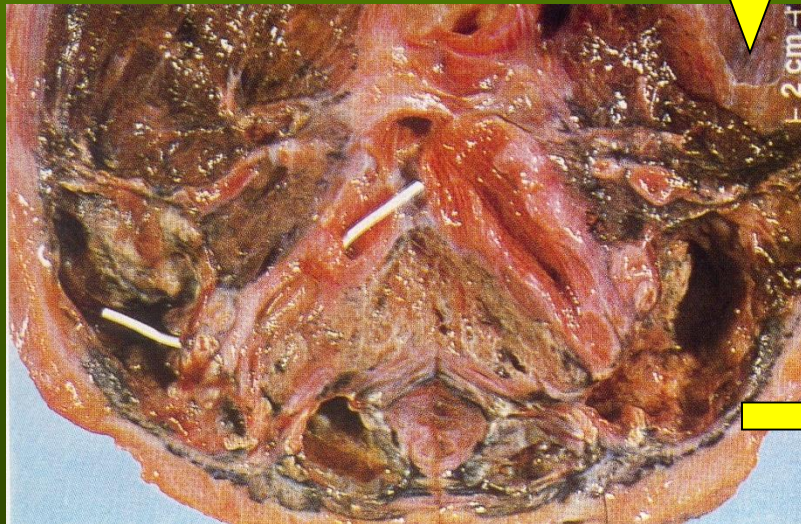
III. GENERALIZED TB



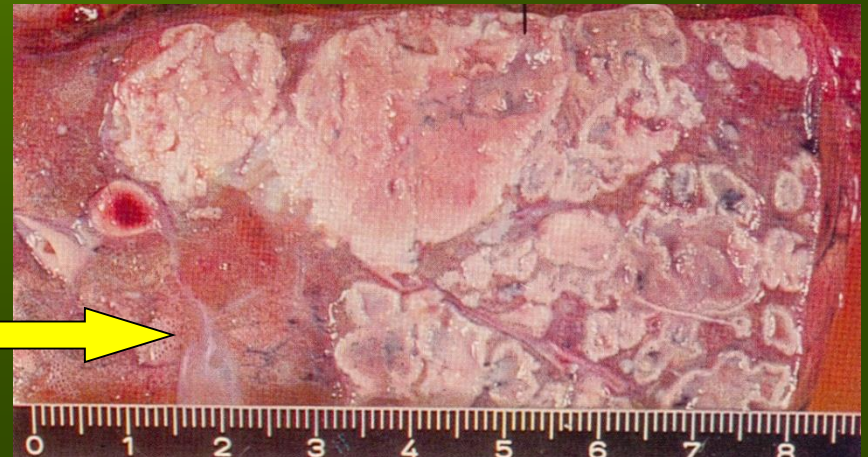
RECENT CAVERN



ACINO-NODULAR TUBERCULOSIS

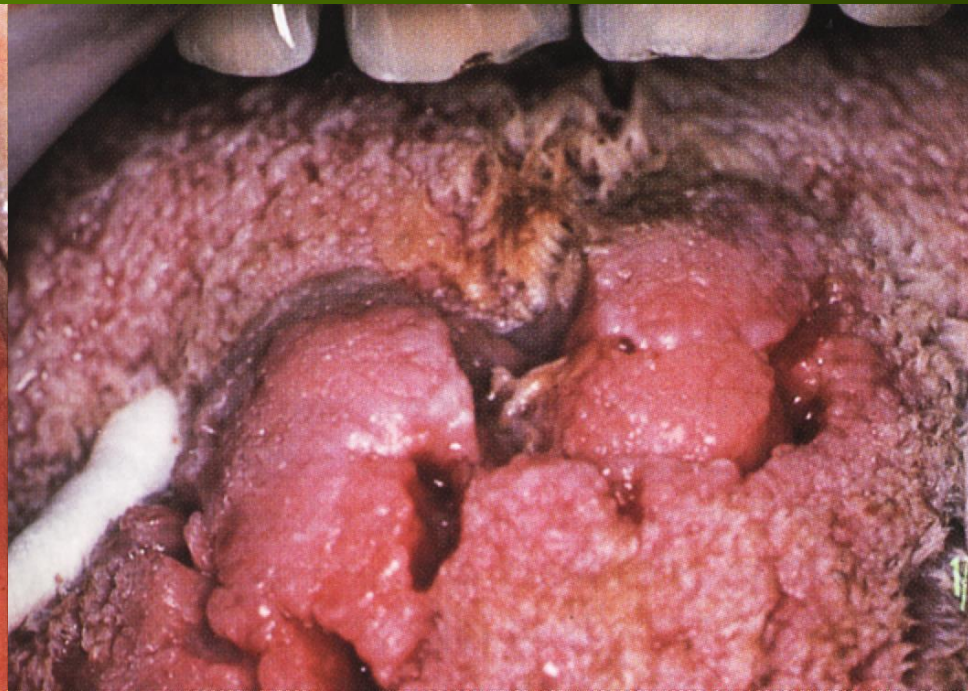
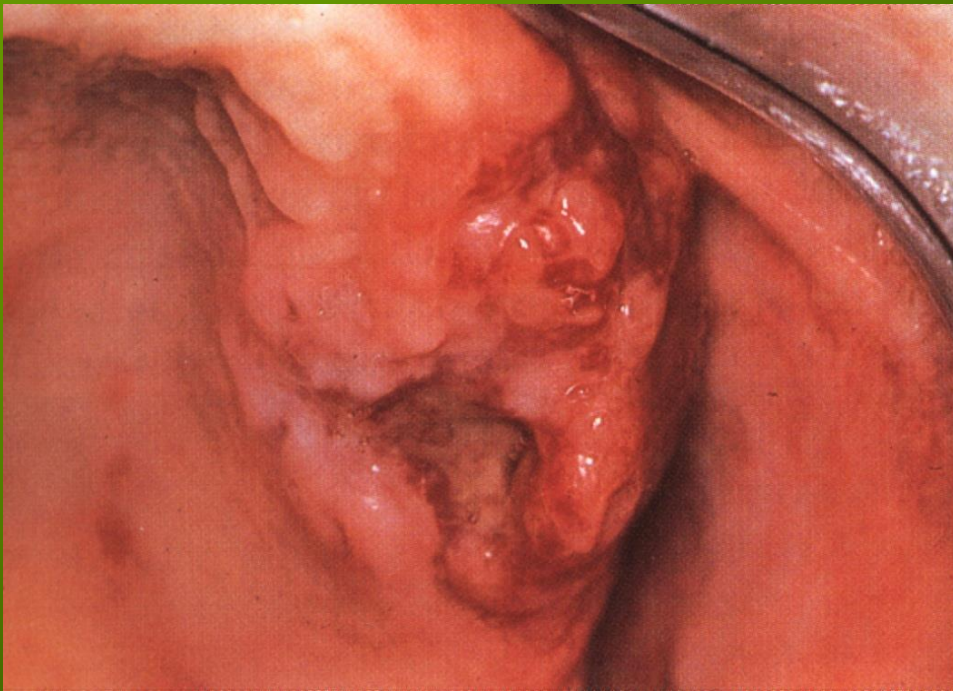


RECENT CAVERN – DRAINAGE OF CAVERN BY A BRONCHUS



CASEOUS PNEUMONIA - PHTHISIS FLORIDA

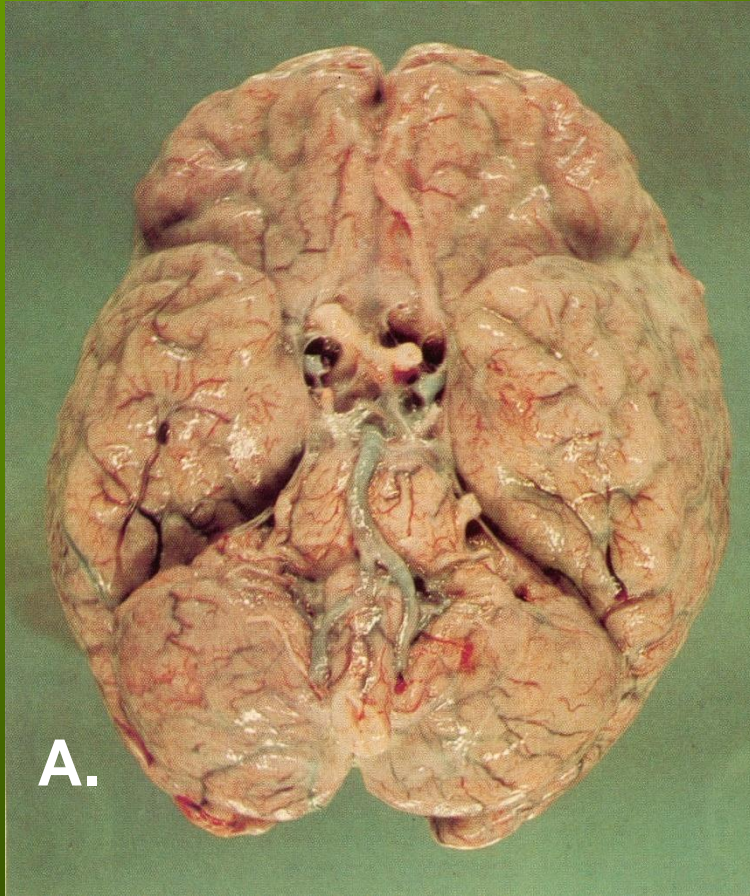
III. GENERALIZED TB



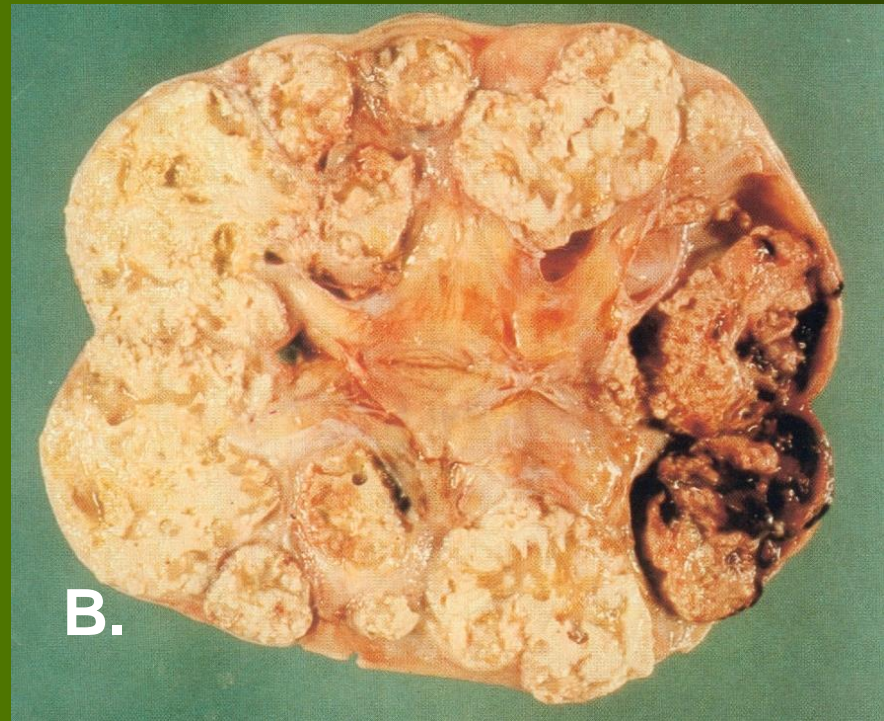
ULCEROUS TUBERCULOSIS OF GINGIVA

TUBERCULOSIS OF THE TONGUE

III. GENERALIZED TB



A.



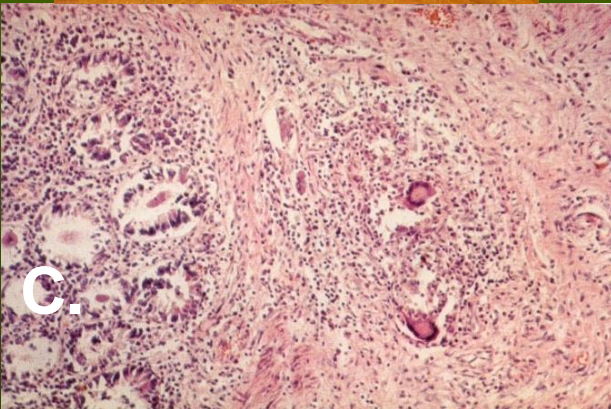
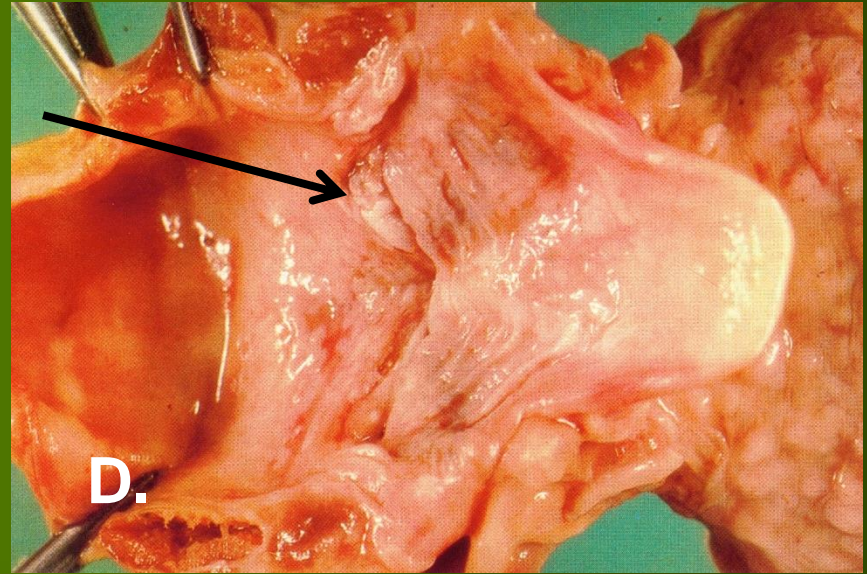
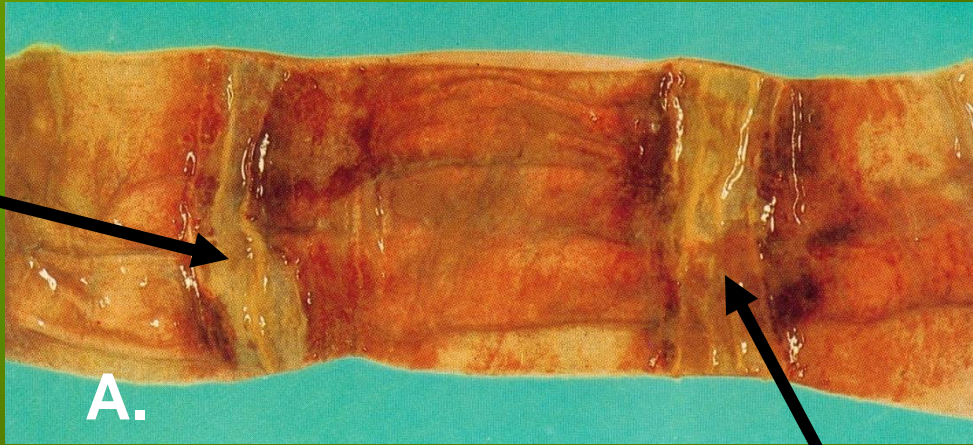
B.



C.

- A. TUBERCULOUS LEPTOMENINGITIS (BASILAR)
- B. CASEOUS TUBERCULOSIS (KIDNEY)
- C. CASEO-CAVERNOUS TUBERCULOSIS (KIDNEY)

III. GENERALIZED TUBERCULOSIS

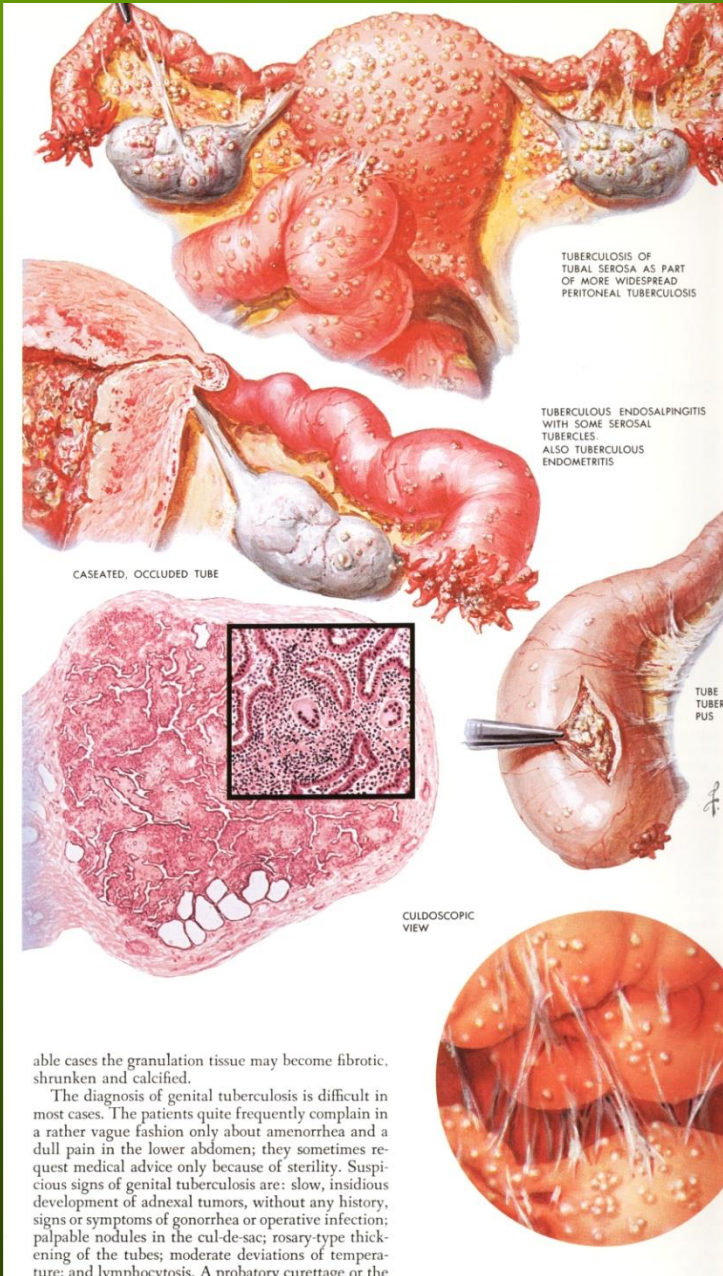
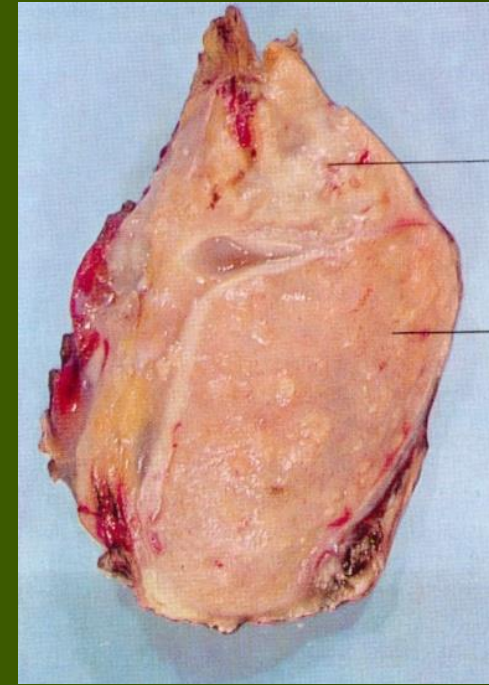


- A. ULCEROUS TUBERCULOSIS (SMALL INTESTINE)
- B. ULCEROUS TUBERCULOSIS (SMALL INTESTINE)
- C. TBC OF SMALL INTESTINE (MICROSCOPIC)
- D. TUBERCULOSIS OF THE LARYNX

III. GENERALIZED TB

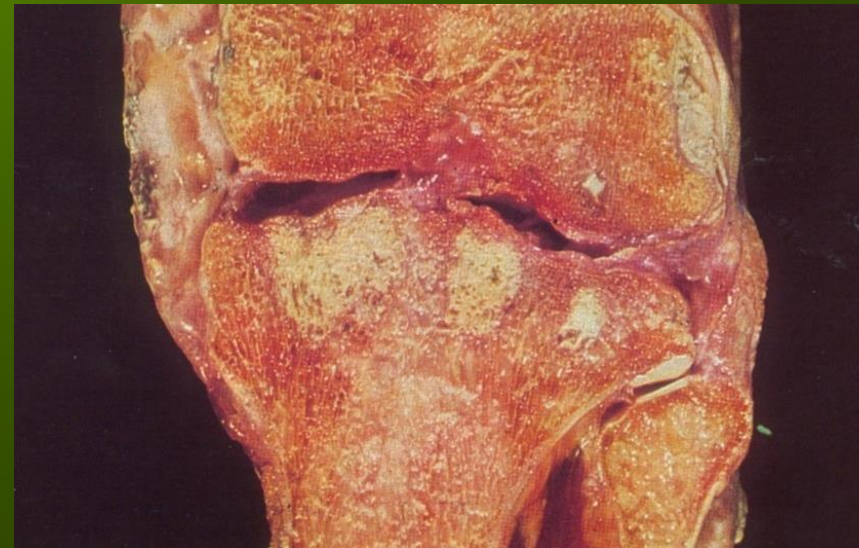
TUBERCULOSIS IN FEMALE REPRODUCTIVE SYSTEM

TUBERCULOSIS IN MALE REPRODUCTIVE SYSTEM (EPIDIDYMITIS TBC)



able cases the granulation tissue may become fibrotic, shrunken and calcified.

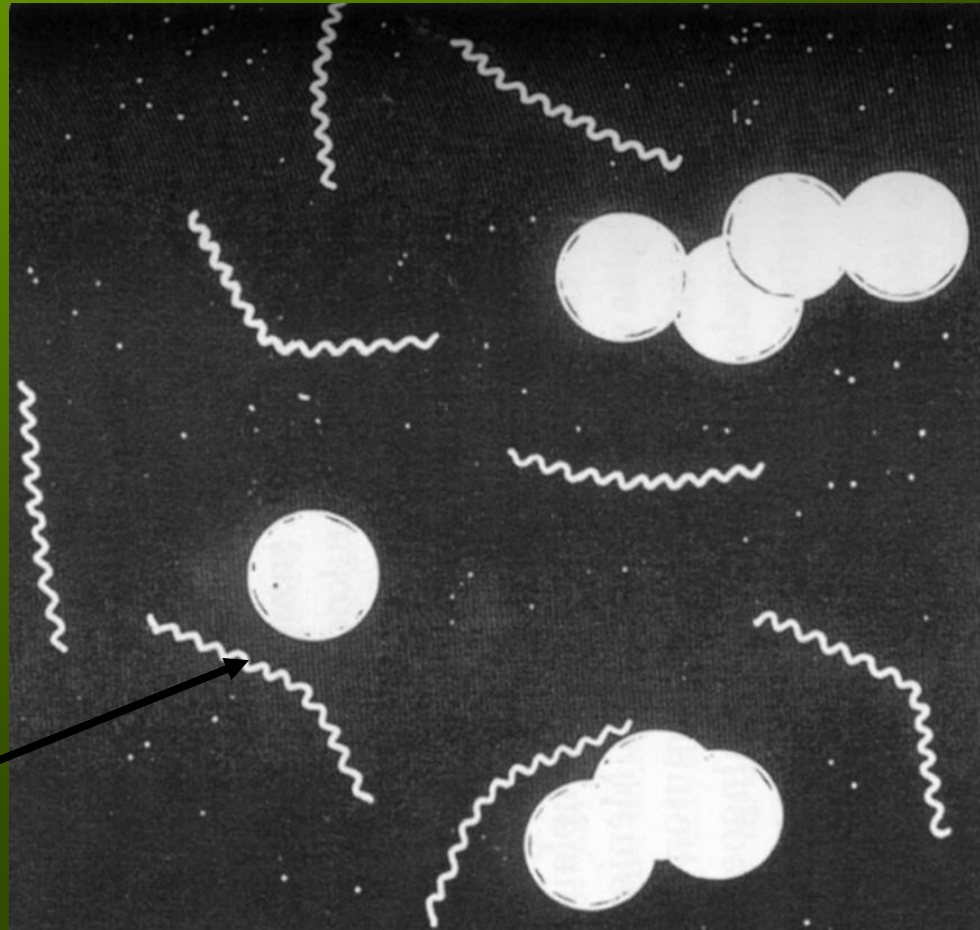
The diagnosis of genital tuberculosis is difficult in most cases. The patients quite frequently complain in a rather vague fashion only about amenorrhea and a dull pain in the lower abdomen; they sometimes request medical advice only because of sterility. Suspicious signs of genital tuberculosis are: slow, insidious development of adnexal tumors, without any history, signs or symptoms of gonorrhea or operative infection; palpable nodules in the cul-de-sac; rosary-type thickening of the tubes; moderate deviations of temperature; and lymphocytosis. A probatory curettage or the



TUBERCULOSIS IN BONES (OSTEOMYELITIS TBC)

SYPHILIS, LUES

Treponema pallidum invasion through undamaged mucosa
and damaged epidermis

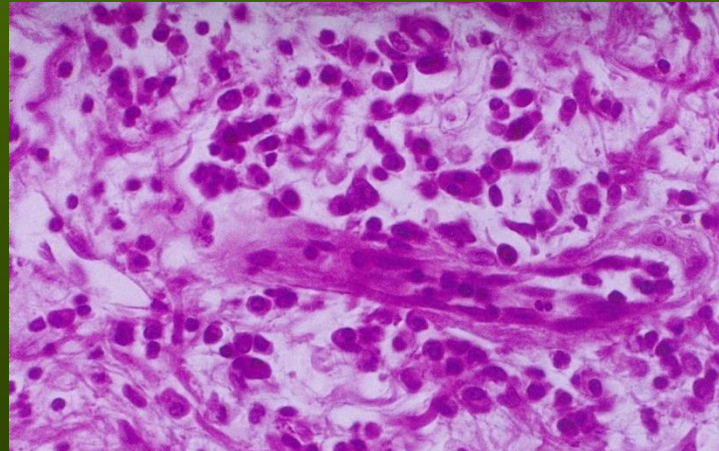
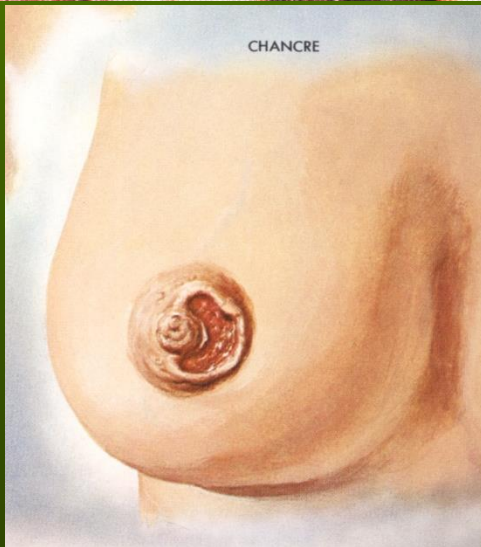


TREPONEMA PALLIDUM

PRIMARY LUES (PRIMARIA)

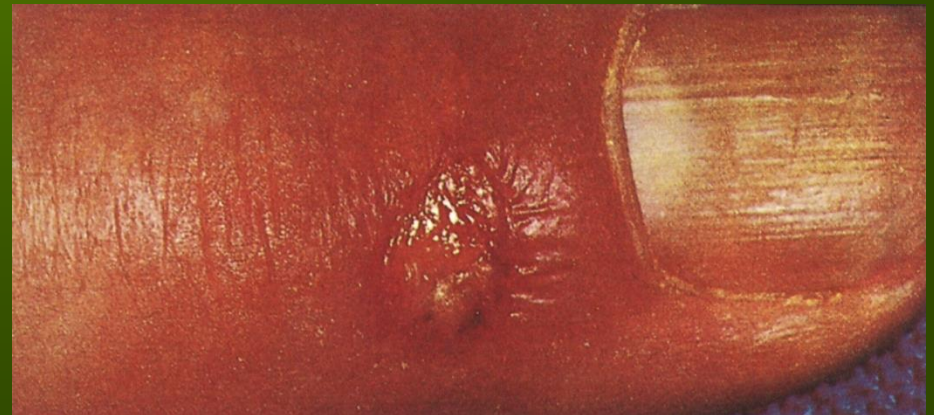
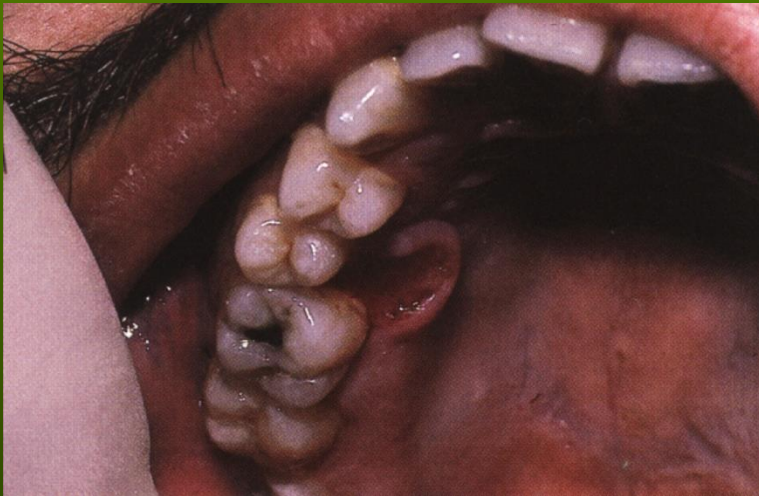
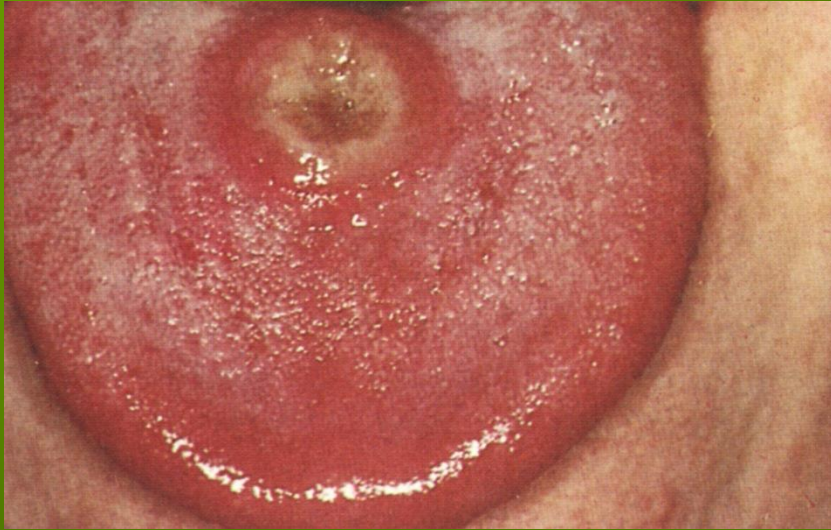


**DIFFERENT LOCALISATIONS OF HARD CHANCRE
(SCLEROSIS INITIALIS, PRIMARIA)**

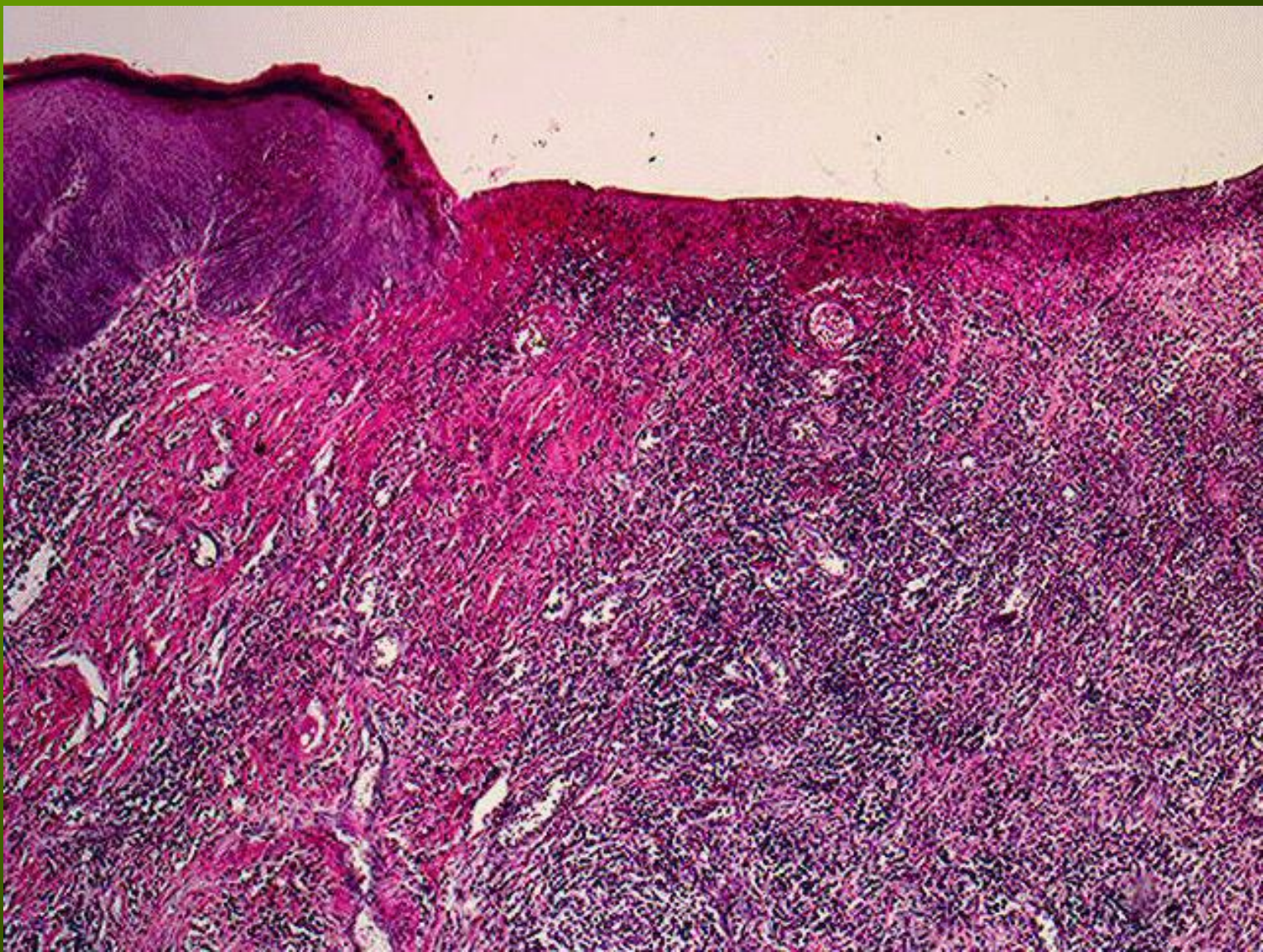


**MICROSCOPIC
PICTURE OF
SCLEROSIS
INITIALIS /
PRIMARIA**

PRIMARY LUES



DIFFERENT LOCALISATIONS OF SCLEROSIS INITIALIS, PRIMARIA



Primary syphilis. The epidermis is ulcerated, and the underlying tissue is infiltrated by predominantly plasma cells, macrophages, and lymphocytes

CLINICAL SYMPTOMS

- **Secondary lesions occur on face and trunk; are maculopapular and resemble drug eruption, lichen planus and psoriasis**
- **May present as moth-eaten alopecia on scalp, mucous patches on tongue**
- **Diagnose by serology**
- **Scaly, flesh-colored to erythematous papules or annular plaques**
- **Copper macules on palms and soles**

SECONDARY LUES



**SPOTTED RASH – *EXANTHEMA
MACULOSA***



**NODULAR RASH – *EXANTHEMA
PAPULOSA***

SECONDARY LUES



**NODULAR RASH OF
ORAL CAVITY
(*ENANTHEMA*)**

FLAT CONDYLOMA Condyloma latum: white lesions due to secondary syphilis (*CONDYLOMATA LATA*)

TERTIARY LUES

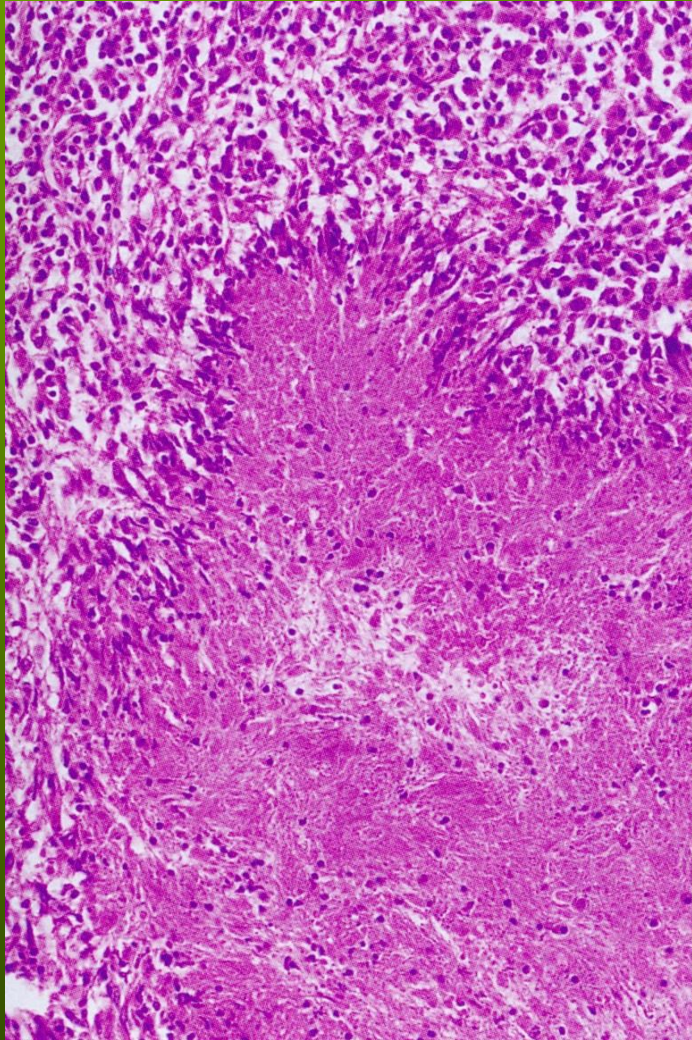


GUMMATA

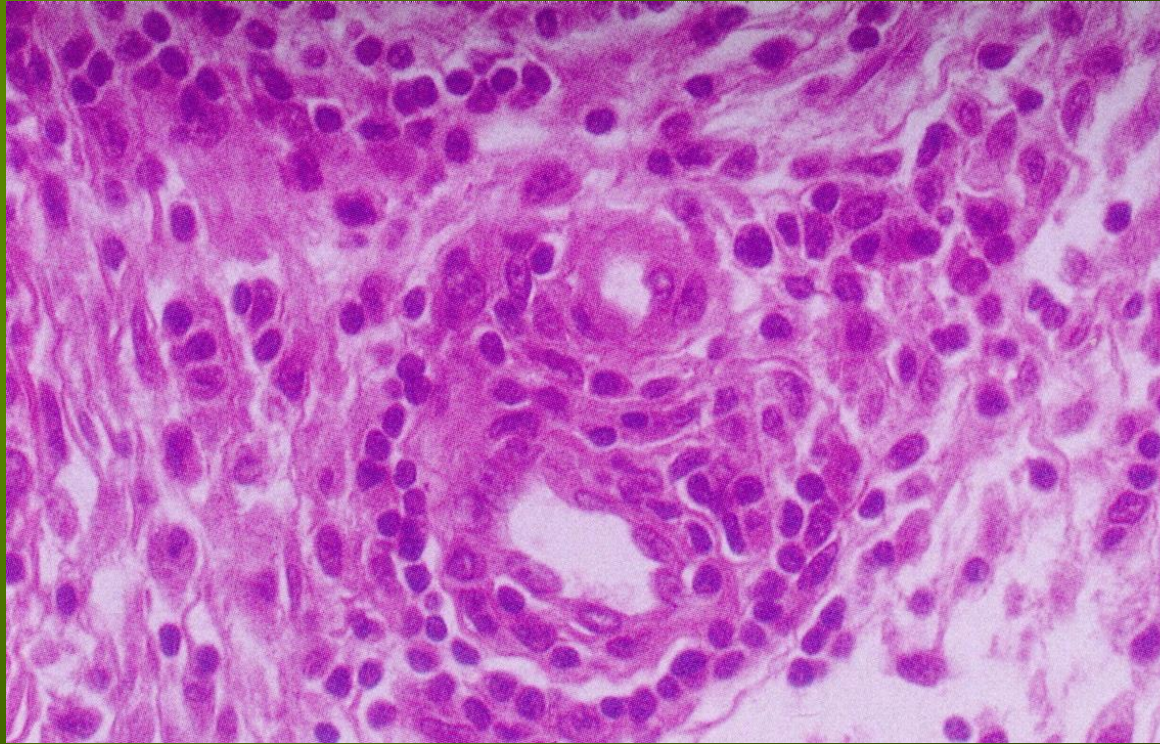


SADDLE NOSE AFTER
DESTRUCTION OF THE
SEPTUM BY GUMMA

TERTIARY LUES

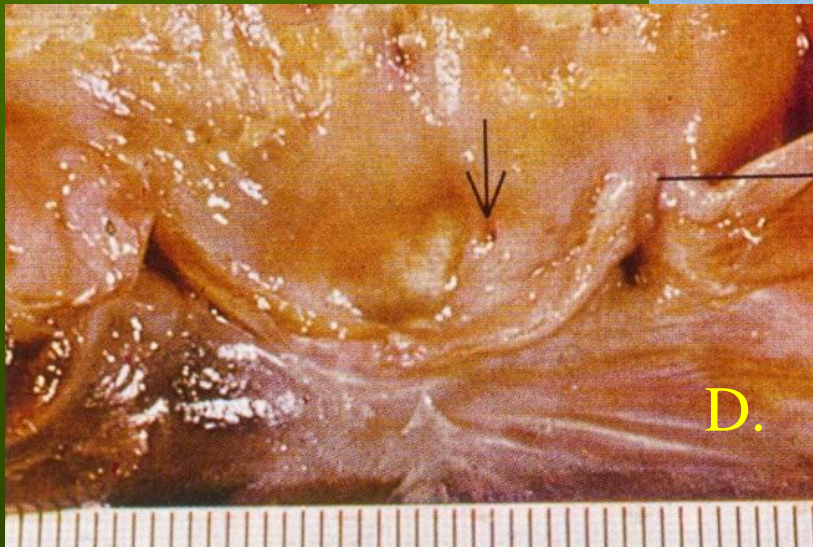
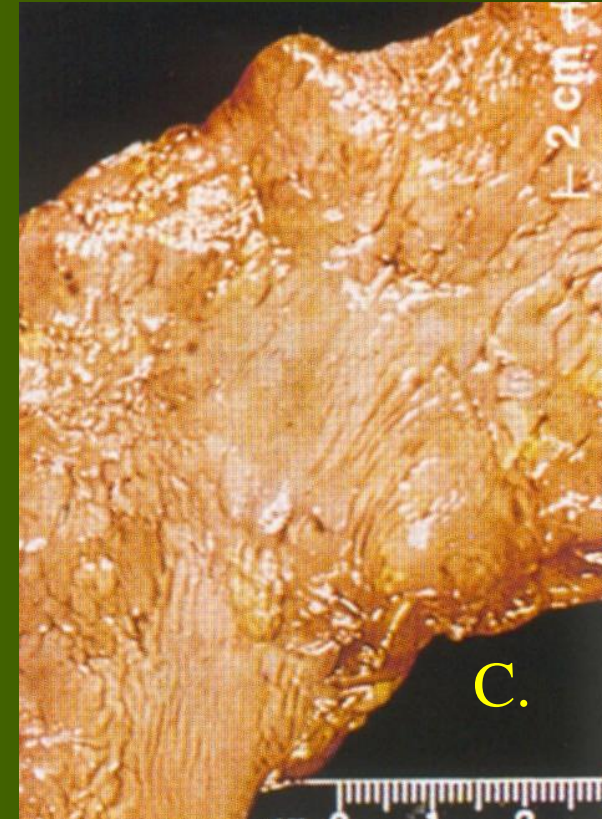
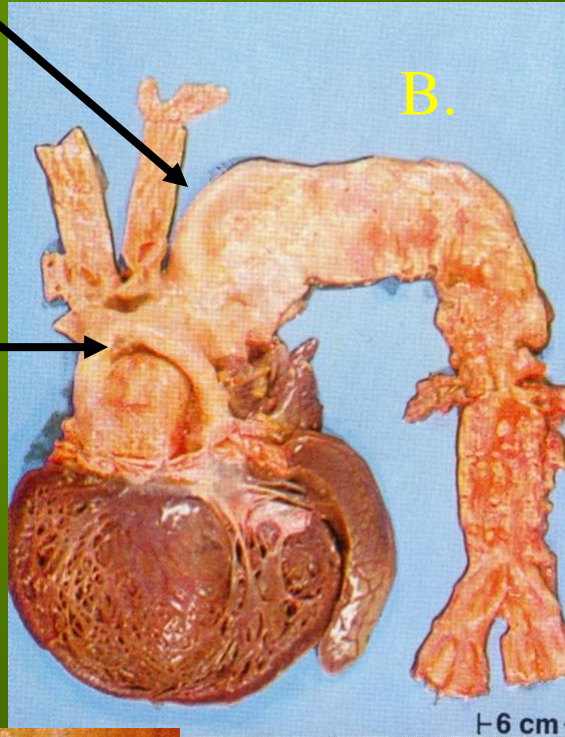
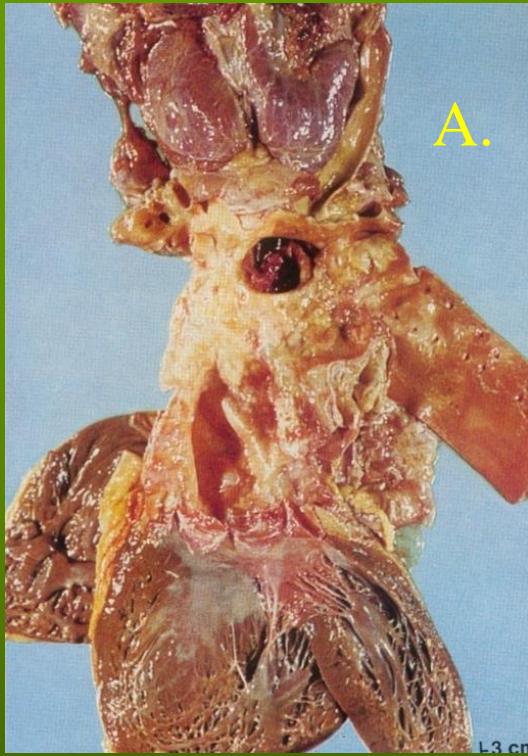


**GUMMA. GRANULATION WITH NECROSIS
WITH BLOOD VESSELS AND INFILTRATIONS
FROM PLASMA CELLS**



**CUFF-LIKE INFILTRATION FROM PLASMA CELLS
AROUND VESSELS
(ENDARTERITIS PROLIFERANS)**

INFLAMMATION OF AORTIC MEDIA - LUETIC MESAORTITIS

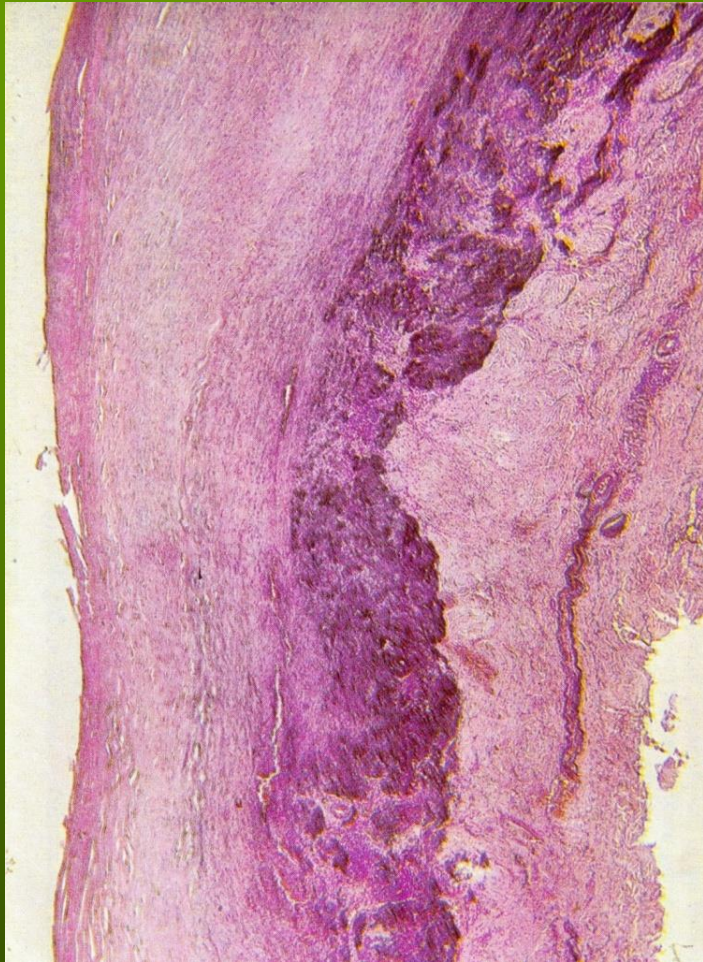


A-B. AFFECTED PART OF AORTA, SACCULATED ANEURYSMS (ARROWS)

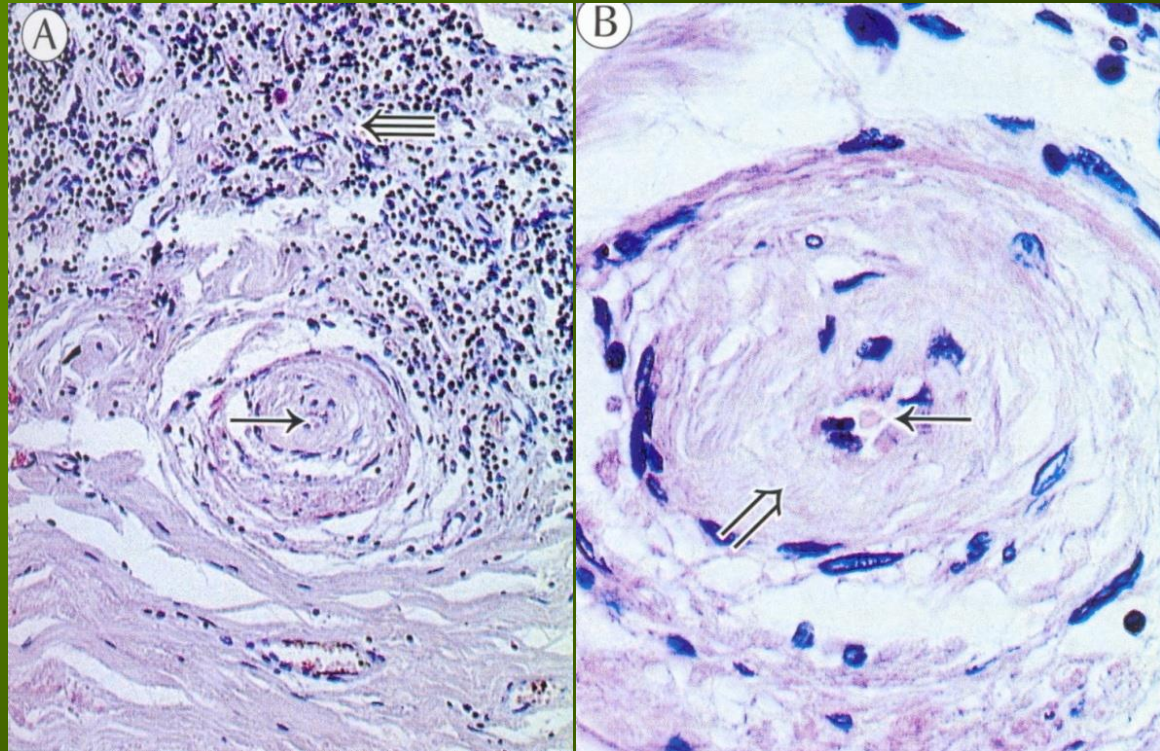
C. CHARACTERISTIC PICTURE OF AORTIC WALL RESEMBLING SKIN OF A SNAKE

D. LESIONS AT THE AORTIC VALVES, RARELY CONSTRICTING THE OSTIUM OF CORONARY ARTERIES

LUETIC MESAORTITIS

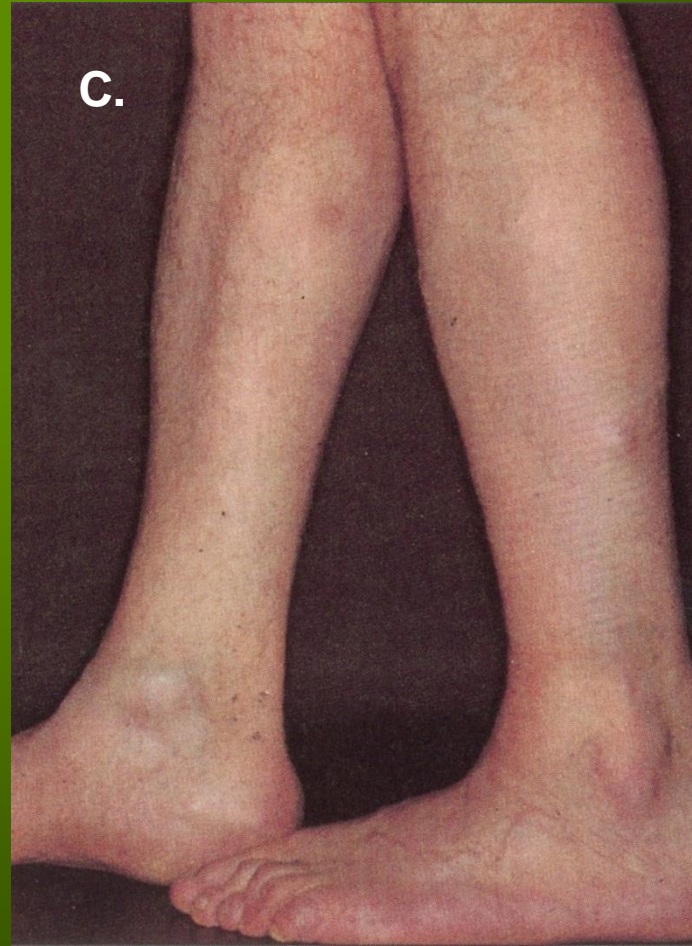
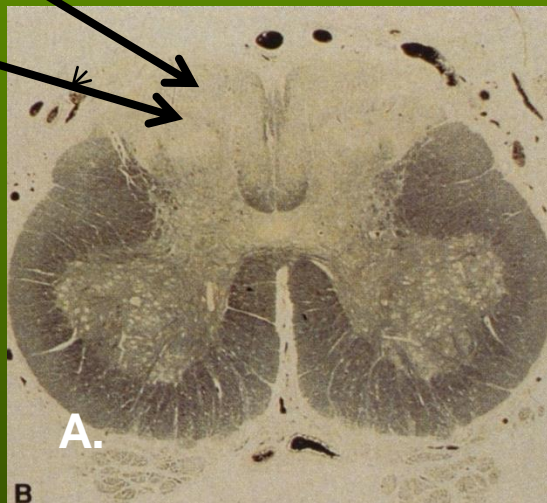


**AORTIC MEDIA – DAMAGED
ELASTIC FIBERS**



**VASA VASORUM IN THE WALL OF THE
AORTA WITH THICKENING OF THE WALLS
AND INFILTRATIONS FROM
SURROUNDING PLASMA CELLS**

LATE SYPHILIS – METALUES



NEUROSYPHILIS

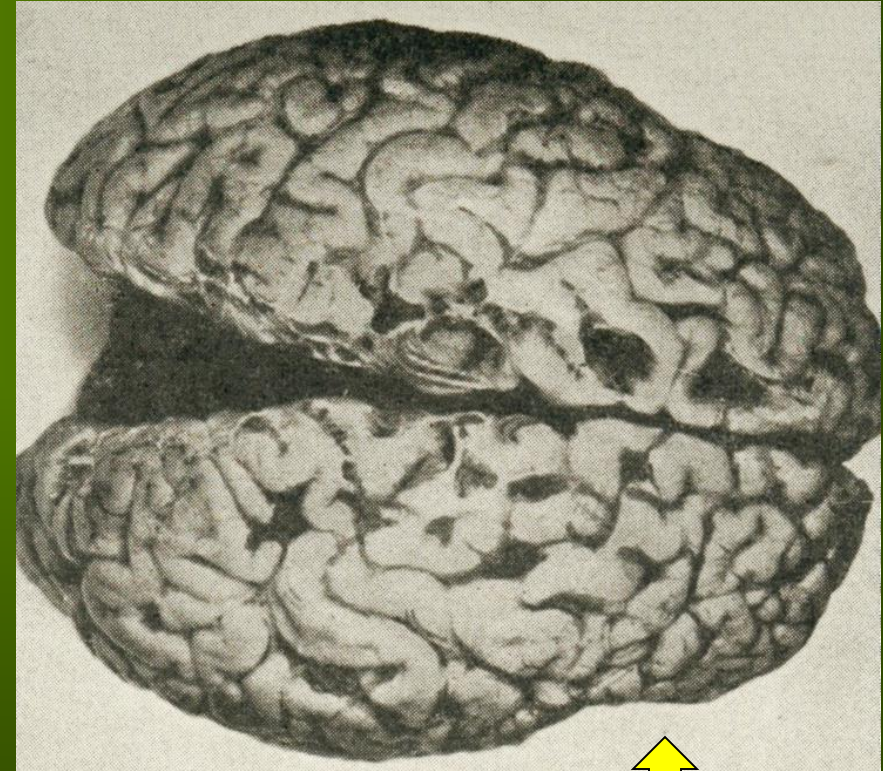
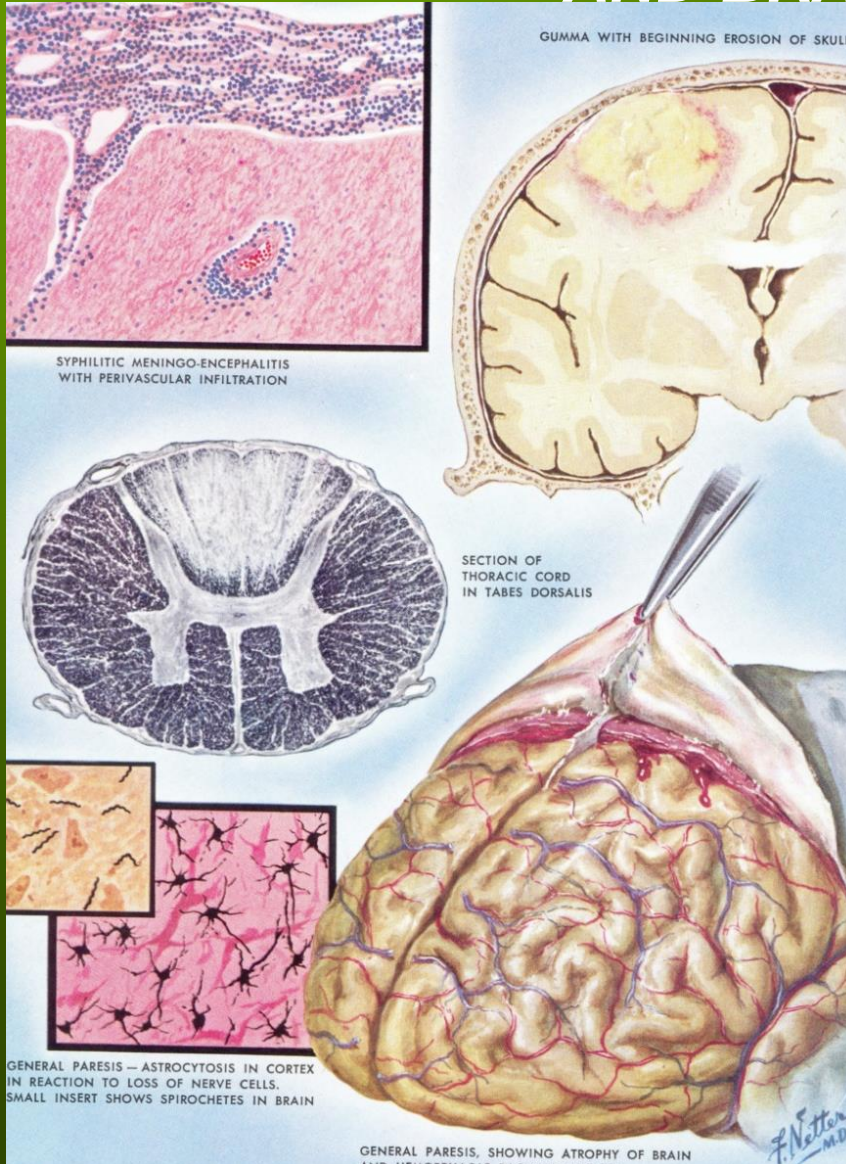
**TABES
DORSALIS -
TABES
DORSALIS**

**A.B. DEMYELINATION
OF DORSAL
MEDULLARY BUNDLES
C. DEFORMATION OF
JOINTS DUE TO
MICROTRAUMAS**

TREPONEMA PALLIDUM CANNOT BE DETECTED IN BODY FLUIDS AND TISSUES. DEMYELINATION OF DORSAL MEDULLARY BUNDLES (*FASCICULUS CUNEATUS ET GRACILIS*) AS WELL AS DISTURBANCES IN DEEP SENSIBILITY (*BATHYESTHESIA*)

LATE SYPHILIS – METALUES

PROGRESSIVE PARALYSIS - PARALYSIS PROGRESSIVA AND BRAIN ATROPHY

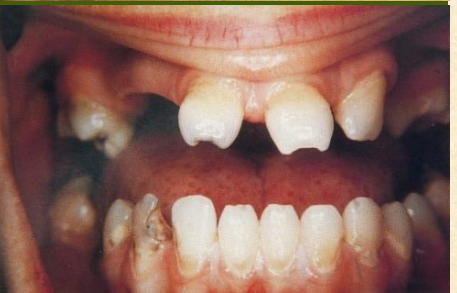
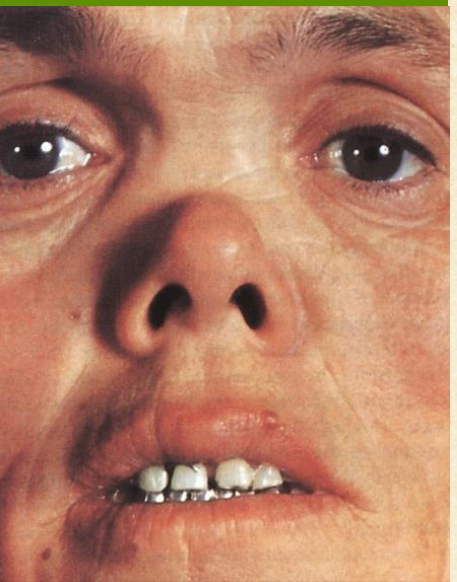


BRAIN ATROPHY

SYPHILIS IN CENTRAL NERVOUS SYSTEM



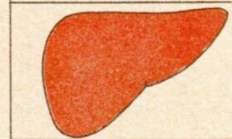
CONGENITAL SYPHILIS – LUES CONGENITA



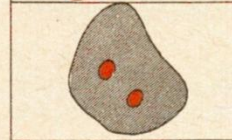
a **SYPHILITIC PLACENTA, USUALLY A STILLBIRTH**



b **SCALING OF THE SKIN**



c **BRIMSTONE HEPATITIS**



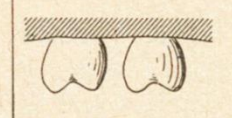
d **ABSCESSSES IN THE THYMUS**



e **PARENCHYMATOUS INFLAMMATION OF CORNEA**



f **SADDLE NOSE**



g **INCISORS BARREL-SHAPED (SEEN IN FIRST YEAR OF LIFE) (PEG TEETH)**

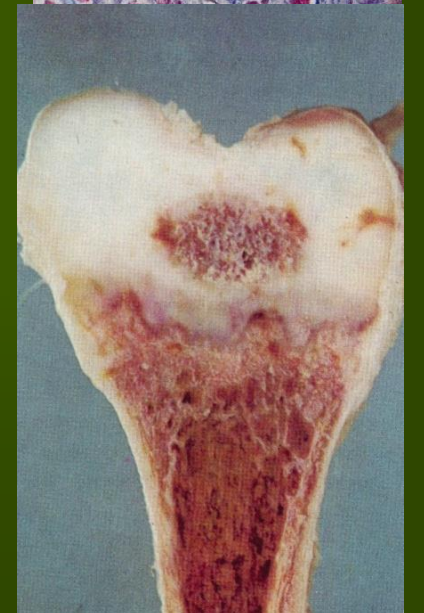
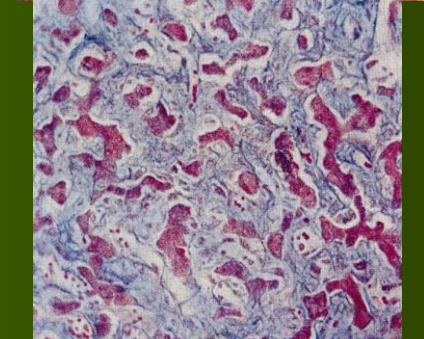
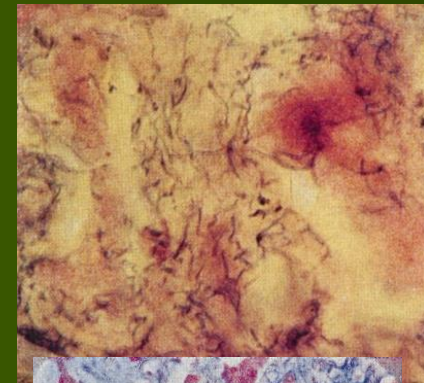


h **„WHITE” LUNG**



i **SYPHILITIC CARTILAGE-BONE INFLAMMATION**

Ryc. 85. Obraz kiły wrodzonej.





THANK YOU