

Lecture no 10

Campylobacter

DISEASE

Food poisoning, gastroenteritis.

*C. jejuni* is a frequent cause of enteritis, especially in children. *C. jejuni* infection is common antecedent to Guillain-Barré syndrome (GBS). Other campylobacter species are rare causes of systemic infection particularly bacteremia.

L.D

If the patient has diarrhea, a stool specimen is cultured on a blood agar plate containing antibiotics that, 5% oxygen and 10% carbon dioxide, which favors the growth of *C. jejuni*. It is identified by failure to grow at 25°C, oxidase positive and sensitivity to nalidixic acid. Unlike *Shigella* and *Salmonella*, lactose fermentation is not used as a distinguishing feature. If bacteremia is suspected, a blood culture incubated under standard temperature and atmosphere conditions will reveal the growth of the characteristically comma- or S-shaped, motile, Gram-negative rods. Identification of the organisms as *C. intestinalis* is confirmed by its failure to grow at 42°C. Its ability to grow at 25°C and its resistance to nalidixic acid.

Treatment

Erythromycin or ciprofloxacin is used successfully in *C. jejuni* enterocolitis. The treatment of choice for *C. intestinalis* bacteremia is an aminoglycoside.

Prevention

There is no vaccine or other specific preventive measures. Proper sewage disposal and personal hygiene (hand washing) are important.

GBS

Complication of infection is a disorder affecting the peripheral nervous system, ascending paralysis, lidium