

Al-Mustaqbal University College Dept. Medical Lab. Techniques Diagnostic Microbiology 20/2021 <u>By Prof. Dr. Habeeb S. Naher</u>



### Lecture-7<sup>th</sup>.: Bacillus:

After this lecture you would be able to:

- ✓ Describe the cellular and colonial characteristics of *Bacillus anthracis*.
- ✓ Understand the laboratory diagnosis of **anthrax**
- ✓ Describe *B. cereus* which causes food poisoning.

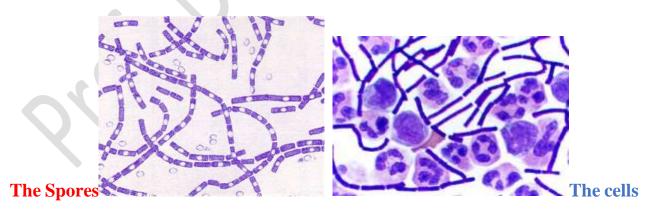
### General characteristics of Bacillus:

- 1. The genus *Bacillus* consists **aerobic** bacilli forming heat resistant **spores**.
- 2. They are **gram-positive**.
- 3. Bacillus anthracis is non-motile.
- 4. The genus includes psychrophilic, mesophilic and thermophilic species.

Morphology: 1- *B. anthracis* is gram-positive, spore forming bacillus. 2- In cultures, the bacilli are arranged end to end forming long chains. 3- The ends of the bacilli are concave and somewhat swollen so that the chain of bacilli presents is 'bamboo stick' appearance.

4- The spore is **oval** (ellipsoidal), **refractive**, **central in position and the same diameter as the bacillus, therefore, not swelling the mother cell**. Spores seen as **unstained spaces in Gram-stained bacilli**.

5- The cell is surrounded by a **capsule** which is **polypeptide** in nature, composed of **D**– **glutamic acid**.



### **Cultural Characteristics**

It is aerobe and facultative anaerobe. Temperature range for growth is 12-45°C (optimum 37°C). Optimum pH for growth is 7.4.

1- On nutrient agar: On nutrient agar, colonies are irregularly round, 2-3 mm in diameter, raised, opaque, grayish white, with a frosted glass appearance. The

edge of the colony is composed of long, interlacing chains of bacilli; resembling '<u>Medusa</u> head appearance' as in figure below.



Medusa head appearance colonies

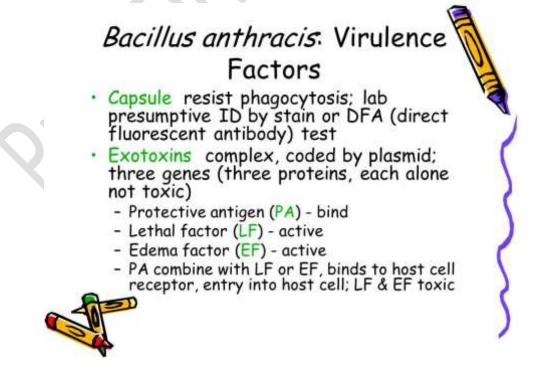
2. On blood agar: Colonies on horse or sheep blood agar are non-hemolytic.

3. In broth: Growth develops silky strands, a surface pellicle floccular deposit.

**4**. In a gelatin stab, there is growth down the stab line with lateral spikes, longer near the surface, giving an **'inverted fir tree'** appearance with slow liquefaction commencing from the top.

5. Selective medium: A selective medium for *B. anthracis* is; (<u>PLET</u> medium), consisting of polymyxin, lysozyme, ethylene diamine tetra acetic acid (EDTA) and <u>Thallous</u> acetate added to heart infusion agar, is used to isolate *B. anthracis* from mixtures containing other spore-bearing bacilli.

**Biochemical Reactions:** *B. anthracis* ferments glucose, maltose, sucrose, Trehalose and dextrin with the production of acid without gas. Nitrates are reduced to nitrites. Catalase is positive. There is a weak lecithinase reaction on egg-yolk agar which gives a narrow zone of opalescence around the colonies.



Anthrax: anthrax is a zoonotic disease (it is transmitted between animals and human). It is mainly of animal disease and transmits from animals to human by different ways causing <u>three types of anthrax disease depending on the site of entry</u>; either <u>cutaneous</u> anthrax (the common and treatable type), <u>pulmonary</u> anthrax (wool's sorter disease, fatal) or <u>gastrointestinal</u> anthrax.

- 1- On the skin = cutaneous anthrax. it is common and treatable.
- 2- Inhalation into the lung = Pulmonary (wool's sorter). It is fatal.
- **3-** Ingestion = gastrointestinal anthrax



Cutaneous anthrax on the neck

## Cutaneous Anthrax

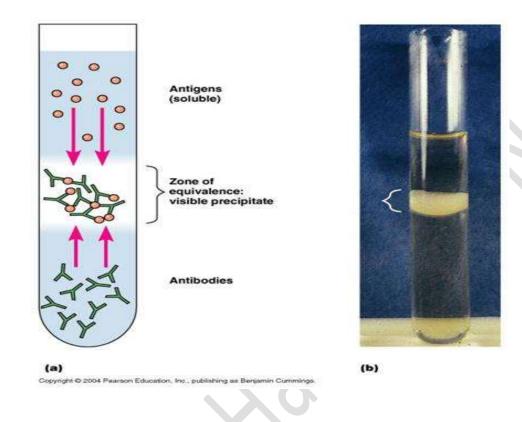
- Most common (95% infections)
- Spores enter exposed skin, germinate, multiply
- Exotoxin released, rapid development of pustule
- Occasionally, MO disseminate - septicemia, death in few days
- Vascular injury edema, hemorrhage, thrombosis
- Death respiratory failure, anoxia by toxin on CNS
- Mortality ~20% if untreated



Cutaneous (pustule) anthrax on the arm of man

#### **Diagnosis**:

1- <u>Ascoli test:</u> it is serological, ring precipitin test using an extract of infected tissue and anthrax antiserum.



2- McFadyean reaction: It is special staining reaction, demonstrating a pink capsule around a blue cell using polychrome methylene blue stain.

## B. anthracis

McFadyean reaction(polychrome MB stain)



**Bacillus cereus**: it is a normal inhabitant of the soil, but it can be regularly isolated from foods such as grains and spices. *B. cereus* causes **two types of food-borne intoxications**. **One** type is characterized by **nausea**, **vomiting** and **abdominal cramps** and has an incubation period of <u>1 to 6 hours</u>. This is the "short-incubation" or emetic form of the disease caused by (heat-stable emetic toxin). The second type causes abdominal cramps and diarrhea with an incubation period of <u>8 to 16 hours</u>. Diarrhea may be a small volume or profuse and watery. This type is referred to as the "long-incubation" or diarrheal form of the disease caused by the heat-labile diarrhea-genic enterotoxin. In either type, the illness usually lasts less than 24 hours after onset.

Comparison between *B. anthracis* and *B. cereus*:

Sr. No.	Feature	B. anthrax	B. cereus
1	Pathogenicity	Anthrax	Food poisoning
2	Capsule	Poly D-glutamic acid	Absent
3	Motility	Non motile	Motile
4	Source of infection	Spores from animal products	Spores on grains and reheated fried rice
5	Portal of Entry	Skin, Respiratory tract, GIT	GIT
6	Virulence factors	Anthrax toxin, Capsule; inhibits phagocytosis and opsonization	Two types of enterotoxinss; one increases the conc Of cAMP in gut and 2 <sup>nd</sup> act as super Ag
7	Clinical features	Pinsless ulcers with black crust, edema, lesion, bacteremia, lymphadenitis	Nausea, vomiting watery and nor bloody diarrhea

# B. anthrax vs B. cereus

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