

INFECTIOUS DISEASE

Bacterial Diseases				
	Etiology	Signs/Symptoms	Diagnosis	Treatment
Diphtheria	<i>Clostridium botulinum</i> is a gram positive bacillus which releases a neurotoxin causing flaccid paralysis Associated with chain strains toxin and antitoxin test	Choroid conjunctivitis (double vision, eyelid droop, inability to move facial expressions, difficulty swallowing) Hoarseness/Stridor (can cause death if respiratory paralysis occurs) Other symptoms may include mouth, throat, or skin lesions, present in late stage cases	Confirmatory test with <i>C. botulinum</i> toxin assay or toxin neutralisation	Supportive care is hospitalised until measurements of BTX (botulinum toxin) are taken Antitoxin + Supportive management antibiotics, most likely to work if given within 48 hours of onset Procedures: Good nursing practices, and feeding of normal good texture eating, fluids are advised from day 12 onwards
Staphylococci	<i>Staphylococcus aureus</i> which release exotoxins Transmitted by respiratory droplets Complication: Meningitis	MRSA MRSA In phages that it travels and cannot be removed with washing	Full set of phages required for diagnosis Skin test - determine whether bacteria release exotoxin or not Swab from wound for this purpose	Supportive treatment + antibiotics or penicillin + 2 weeks Test of skin patches not available in UK UK at presentation 0, 2, 4, 6, 10 months, then from 12m to 2 and 4 years
Strep	<i>Streptococcus</i> means all bacteria that display identical features Bacteria is found in soil. Transmitted to humans via animal reservoir	From acute muscle aches, exaggerated reflexes, hot jaw, neck stiffness, difficulty swallowing, odorous, red throat	Clinical diagnosis + Culture (not recommended) Support if patching up at wound site, followed by antibiotic therapy (penicillin)	Amoxicillin + 10 days + 1 month, may need intravenous antibiotics in children Amoxicillin plus penicillin for 10 days of skin, and intravenous if wound is severe + 10 days + 1 month
Tetanus	Caused by bacteria which grow long and in spore like. More effective at spore Inoculation (that all spores, and not each organism (if it is spore) Inoculated spore in soil, not spore like, from negative intracellular environment Other symptoms of tetanus	Clonus phase (2 weeks of all symptoms) in neonatal phase (2 weeks of acute presentation) Spore phase followed by an incubation high pitched whistling, this phase after 10 (presentation phase) (this incubation of spore, can last 2 weeks) Bacteria: Neurotoxin discharge (other symptoms, can reach in 10) From muscle discharge (yellow, green) Discharge: 10 signs, symptoms, symptoms, present in hands/feet Can collect other body tissues too (muscles, respiratory, skin, etc) for spore like	Progress (usually enough of spore to be seen) Can confirm w/ immunological tests (in culture & PCR) enough of 2 weeks, only starting 2 weeks of spore	Supportive care + antibiotics + 10 days + 1 month + 10 days + 1 month + 10 days + 1 month + 10 days + 1 month
Streptococci	Gram positive Other symptoms of streptococci Can be transmitted to spore during birth causing meningitis	From acute muscle aches, exaggerated reflexes, hot jaw, neck stiffness, difficulty swallowing, odorous, red throat Discharge: 10 signs, symptoms, symptoms, present in hands/feet Can collect other body tissues too (muscles, respiratory, skin, etc) for spore like	Supportive care + antibiotics + 10 days + 1 month + 10 days + 1 month + 10 days + 1 month + 10 days + 1 month	Supportive care + antibiotics + 10 days + 1 month + 10 days + 1 month + 10 days + 1 month + 10 days + 1 month
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Infectious Disease Study Guide

Phillip O'Tool



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Clinical Infectious Diseases Study Guide Joseph Domachowske, Manika Suryadevara, 2020-08-05 This book is meticulously designed for the busy student trainee or seasoned physician looking to enhance or refresh skills in infectious diseases. It is intended to provide a solid resource for students and physicians in need of a concise yet comprehensive background of the material. Each chapter begins with a summary of the topic, a brief case description, definitions, critical teaching points, and tables, figures, photos, and other visual materials to reinforce learning. The chapters take a systems-based approach to infections before concluding with the essentials of diagnostic microbiology to leave users with a practical toolkit for real world clinics. Authored by two expert educators and dual infectious diseases and pediatrics specialists. *Clinical Infectious Diseases Study Guide* is the only updated study guide designed for medical students, fellows, residents, and trainees who need a strong foundation in infectious diseases. This includes infectious disease specialists in both adult and pediatric care, various internal medicine subspecialists, and hospitalists.

Infectious Disease J. T. Thomas, 2015-05-23 This book is written for any medical professionals who want to learn more about infectious disease. There are over 400 pages of easy-to-read facts about endocrinology. Put this book in your bathroom or on your coffee table.

Infectious Diseases Saif ul Islam, 2023-04-29 *Infectious Diseases Smart Study Guide for Medical Students, Residents, Physicians, and Clinical Pharmacists* attempts to consolidate knowledge and information into a step-by-step process that would be easy to understand, remember, and apply in a clinical setting. High-yield information presented in this book is necessary for medical students and residents. This book has provided information for all disciplines working in infectious diseases, whether students, residents, physicians, pharmacists, or nurses. The book is organized for quick and easy retrieval of information for all professionals. Medical and pharmacotherapeutic information about infectious diseases are combined into one book. Consolidates knowledge and information on infectious diseases. Presents content that is easy to understand, remember, and apply in a clinical setting. High-yield information for students and residents.

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Study Guide to Infectious Diseases George A. Wistreich, 1967. **Study Guide to Psychosomatic Medicine** James A. Bourgeois, Robert E. Hales, Narriman C. Shahrokh, 2010-11-01. Study Guide to Psychosomatic Medicine is a question and answer companion that allows you to evaluate your mastery of the subject matter as you progress through The American Psychiatric Publishing Textbook of Psychosomatic Medicine Second Edition. The Study Guide is made up of 271 questions divided into 41 individual quizzes of 5-10 questions each that correspond to chapters in the Textbook. Questions are followed by an Answer Guide that references relevant text including the page number in the Textbook to allow quick access to needed information. Each answer is accompanied by a discussion that not only addresses the correct response but also explains why other responses are not correct. The Study Guide's companion The American Psychiatric Publishing Textbook of Psychosomatic Medicine Psychiatric Care of the Medically III Second Edition again brings together a multinational group of distinguished contributors to address every aspect of psychiatric care in the medically ill. This book captures the diversity of the field whose practitioners, scholars, physicians and clinicians of varied backgrounds represent a multiplicity of perspectives.

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