

Color Atlas and Text of

Clinical Medicine



2nd edition



Forbes • Jackson


PREFACE

Color Atlas and Text of
**Clinical
Medicine**

2nd edition

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1 INFECTIONS

INTRODUCTION

Infections are the largest cause of morbidity and mortality worldwide. The most common infections are the diarrhoeal diseases, respiratory infection, malaria, measles, hepatitis, schistosomiasis, whooping cough and neonatal tetanus. The course and severity of infection depends on a variety of factors, including the virulence of the strain of infecting organism, the resistance of the population or individual, which may be reduced by famine or intercurrent disease (1.1), social factors such as lack of sanitation, poor housing and a contaminated water supply, and the availability of medical facilities providing vaccination or diagnosis and treatment. Ultimately it is always the interaction between the patient (host) and the pathogen that determines the outcome of any infection.

Over the past 30 years the availability and cheapness of air travel has allowed 'new' diseases to appear rapidly and unexpectedly in new places. A recent example of this 'jet age' transmission is HIV infection, which rapidly crossed international boundaries both by population movement (homosexual and heterosexual carriers) and in blood products, notably the factor VIII used in the treatment of haemophilia.

FACTORS THAT MAY AFFECT THE COURSE OF INFECTIONS

Immune disturbances	Prosthetic devices and procedures
HIV infection	Indwelling urinary catheter
Immunosuppression with steroids, cytotoxic drugs	Arterial and venous cannulae
Immune deficiency – hypogammaglobulinaemia and neutropenia	Artificial valves
Leukaemia and lymphoma	Joint prostheses
Various cancers	Vascular grafts
Malnutrition	Chronic ambulatory peritoneal dialysis
Alcoholism and chronic liver disease	Intracranial shunts
Intravenous drug misuse	
Diabetes mellitus	
Splenectomy	

1.1 Factors that may affect the course of infections.

Infections acquired in hospital (nosocomial infections) have become increasingly important in the developed world. Many nosocomial infections affect patients who are immunocompromised as a result of another disease or its treatment. Such infections may involve otherwise non-pathogenic organisms or may produce symptoms and signs that differ from those seen in non-immunocompromised patients. Important clinical problems in these patients include infections associated with intravenous lines, fungaemias, multiple-drug-resistant Gram-negative bacteraemia and other difficult-to-treat infections.

Many (but not all) of the infections considered in this chapter produce fever in the host, and the investigation of a patient with unexplained fever is a medical challenge that requires careful history taking, a meticulous examination and appropriate planned investigations. To take an effective history it is important to be aware of the reservoirs of infection and potential routes of transmission.

Reservoirs act as a source of infection within which the infective agent may often divide and multiply and from which the agent may be disseminated. Animal reservoirs are particularly important, as it is often impossible to eliminate them; public health measures aim to prevent spread to the human population. Examples of **animal reservoirs** include

- **viral** – rabies virus in infected domestic and wild animals
- **bacterial** – *Salmonella* species in contaminated eggs and poultry
- **fungal** – *Histoplasma capsulatum* in infected bird and bat droppings
- **protozoal** – *Leishmania* species in infected rodents
- **helminthic** – toxocariasis in dogs and cats.

Human reservoirs are important, especially in viral infections. Examples include the following:

- **viral** – upper respiratory tract virus infections (1.2) and HIV



1.2 The nose is a reservoir of infection in the common cold.

The mucoid nasal discharge contains viruses that may spread from person to person in droplets disseminated by sneezing or by direct contact.