

elevated sedimentation rate			complicated infections and compromised hosts
<p><i>Campylobacter jejuni</i> Microaerophilic, motile, gram-negative bacilli Incubation: 1 to 7 days Ability to cause illness appears dose related Diagnosis: Stool culture, sometimes blood culture Commonly found in GI tract of wild or domestic animals</p>	<p>Not fully understood, possibly (1) adherence to intestinal mucosa by toxin, (2) invasion of the mucosa in the terminal ileum and colon, (3) translocation in which the organisms penetrate the mucosa and replicate in the lamina propria</p>	<p>Fever, abdominal pain, diarrhea that can be bloody, vomiting Watery, profuse, foul-smelling diarrhea Clinically similar to infection by Salmonella or Shigella organisms Fecal-oral transmission</p>	<p>Most infections in humans relate to consumption of contaminated foods or water, such as undercooked meats, particularly chicken Also acquired from contaminated household pets (e.g., dogs, cats, hamsters) Bimodal peaks in infants younger than 1 year old and again at 15 to 29 years old Antibiotics do not prolong the carriage of bacteria and may eliminate organism more quickly Erythromycin is the drug of choice Antimotility agents are not recommended because they tend to prolong symptoms</p>
<p><i>Vibrio cholerae</i> Gram-negative, motile, curved bacillus living in bodies of salt water Incubation: 1 to 3 days Diagnosis: Stool culture</p>	<p>Enters via oral route in contaminated food or water; if survives acid stomach environment, travels to the small intestine, adheres to the mucosa, and produces toxin</p>	<p>Onset abrupt; vomiting, watery diarrhea without cramping or tenesmus Dehydration can occur quickly</p>	<p>More prevalent in developing countries Rehydration most important treatment Antibiotics can shorten diarrhea Despite continued efforts, still no vaccine</p>
<p><i>Clostridium difficile</i> Gram-positive anaerobic bacillus with the ability to produce spores Diagnosis: By detecting <i>C. difficile</i> toxin in stool culture</p>	<p>Produces two important toxins (A and B) Toxin binds to the enterocyte surface receptor, resulting in altered permeability, protein synthesis, and direct cytotoxicity</p>	<p>Mostly mild watery diarrhea lasting a few days Some prolonged diarrhea and illness May cause pseudomembranous colitis Some individuals extremely ill with high fever, leukocytosis, hypoalbuminemia</p>	<p>Associated with alteration of normal intestinal flora by antibiotics Adults tend to have more severe symptoms than children Treatment with antibiotics (metronidazole) in mildly to moderately symptomatic patients; for nonresponders, give vancomycin Resistant strains have developed Relapse common</p>
<p><i>Clostridium perfringens</i> Anaerobic, gram-</p>	<p>Toxins produced in the intestine after ingestion of organism</p>	<p>Acute onset—watery diarrhea, crampy abdominal pain</p>	<p>Transmitted by contaminated food products, most often</p>