

# **Bacterial toxins**

**Secreted by bacteria**

**Sometimes released upon cellular lysis**

**For cell killing/ Interference with normal activities**

# **Classification of bacterial toxins**

**Type I - Acts from outside the cell**

**Type II - Acts on the cell membrane**

**Type III - Acts inside the cell**

**AB toxins are a combination of Types II and III**

# Type I toxins

## Bacterial superantigens

Activate whole subset of T-cells

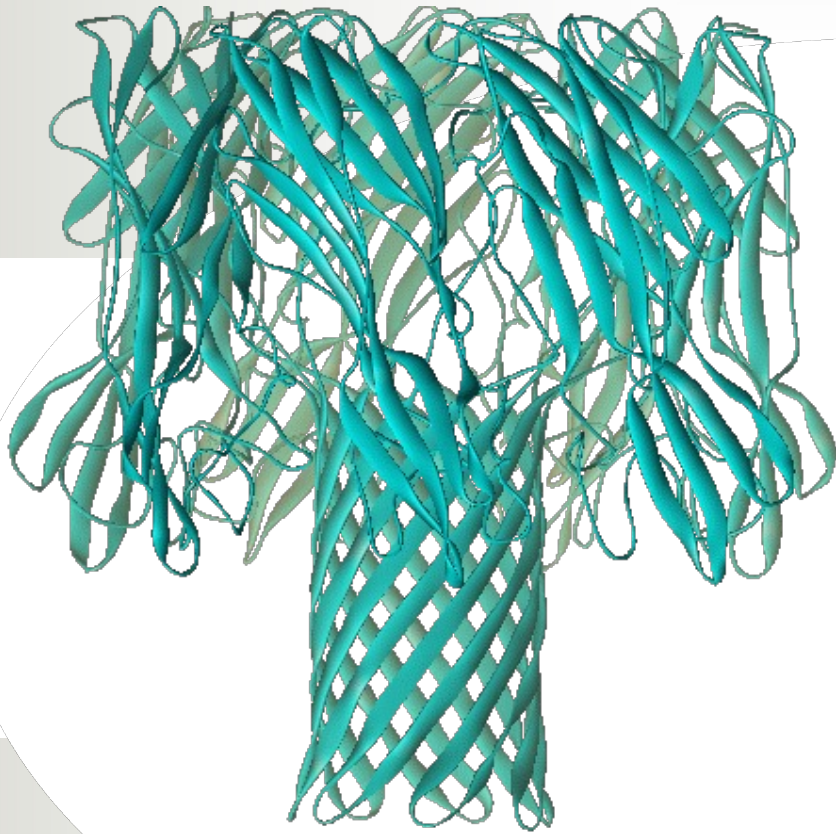
20% of total population as opposed to 0.0001 - 0.01%

Stimulated cells release pro-inflammatory cytokines  
(TNF, IL-1, 6, 8)

Severe shock response

Examples - TSST of *Staph. Aureus*

## Type II toxins - disrupts membranes

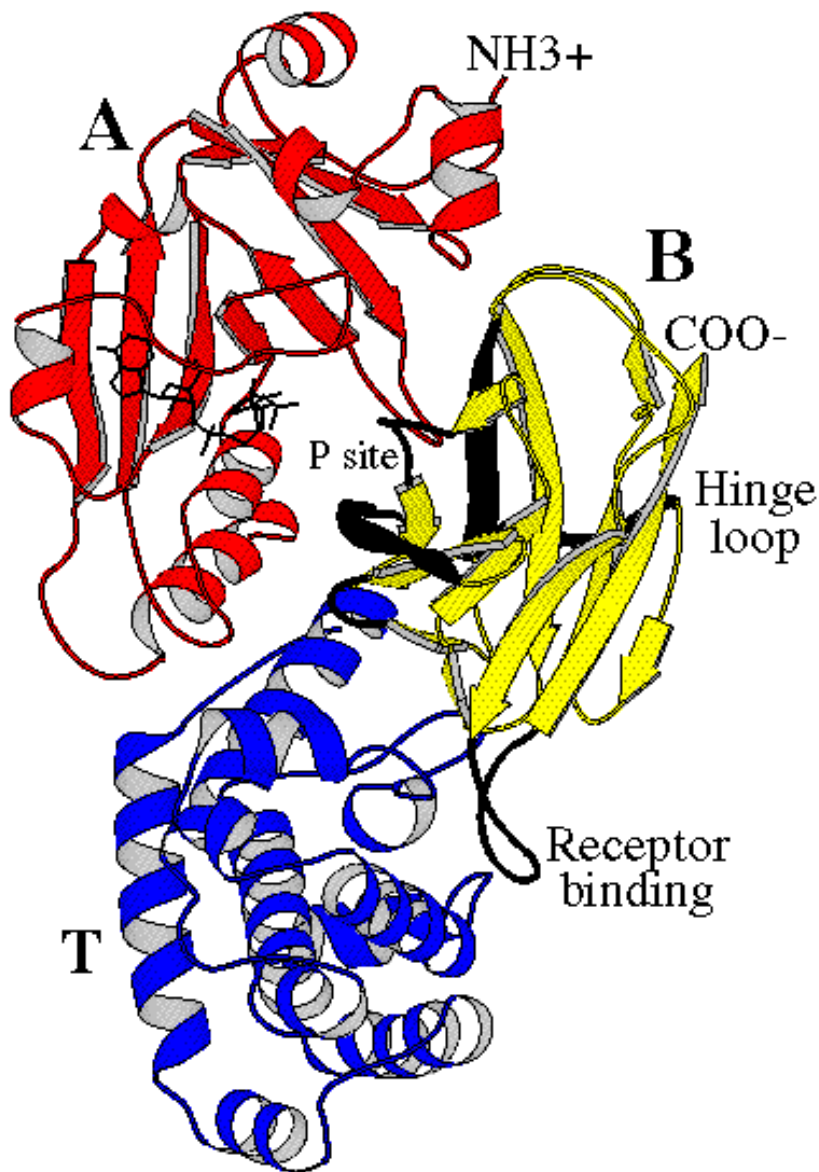


Alpha-haemolysin from *Staphylococcus aureus*

# Type III toxins

- 1) Prevention of protein synthesis - Diphtheria toxin
- 2) Proteolysis - Tetanus toxin
- 3) Alteration of signaling pathways - Anthrax toxin, Cholera toxin

## Example of AB type toxin - Diphtheria toxin



**B (Translocator):** Required for endosomal channel formation

**A(Effector):** Transfers ADP-ribose to protein synthesis initiation factor

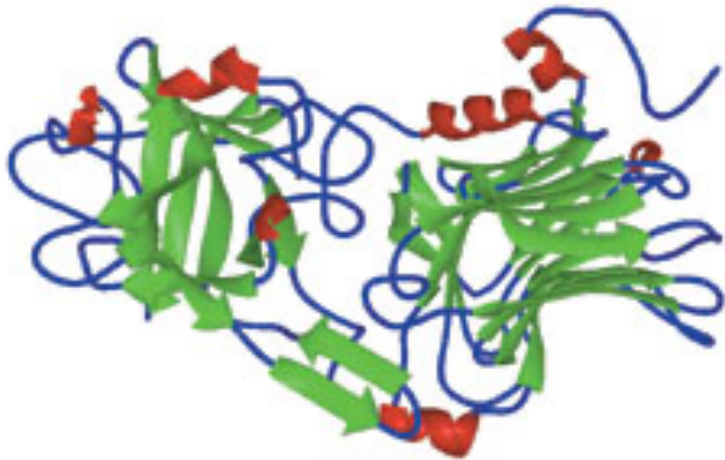
Very effective, one toxin molecule can kill a cell

Low pH, reducing environment necessary

# Example of AB type toxin - Tetanus toxin

## Part B: Translocator

Channel forming component



## Part A: Zinc metalloprotease

Goes to central nervous system

Cleaves synaptobrevin

Blocks release of inhibitory neurotransmitters

Hyperactivity of motor neurons

Continuous muscle contraction

(spastic paralysis)

# **Therapeutic function of toxins**

**Vaccines - Formaldehyde treated toxoid preparations**

**Chimeric immunotoxins - For cancer therapy**

**Toxin bound to a targeting sequence specific for cancer cells**

**DT-IL-2 toxin (FDA approved) for treatment of cutaneous T-cell lymphoma**

**Cosmetic purposes - Botulinum toxin, nerve blocking, muscle relaxing activity**



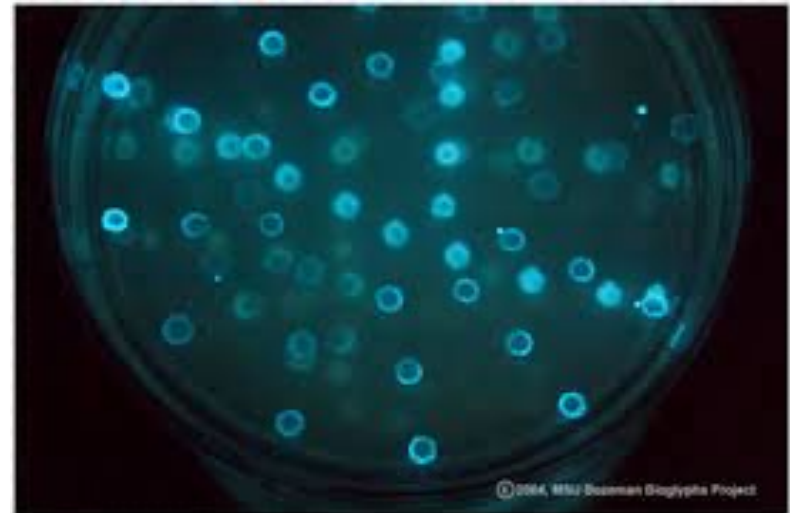
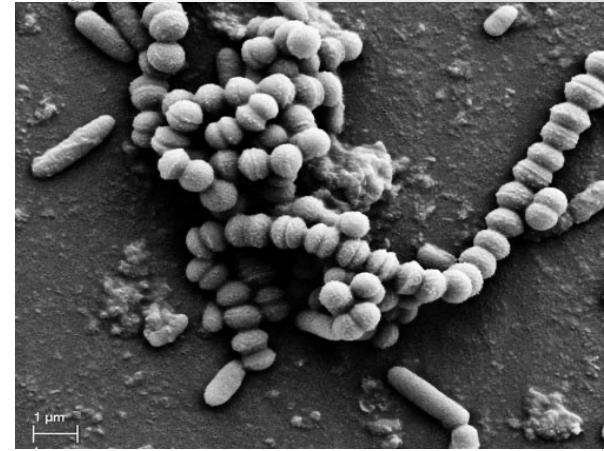
# Quorum sensing in bacteria

Quorum sensing - Ability of bacteria to initiate the transcription of certain genes only when a certain population density is reached

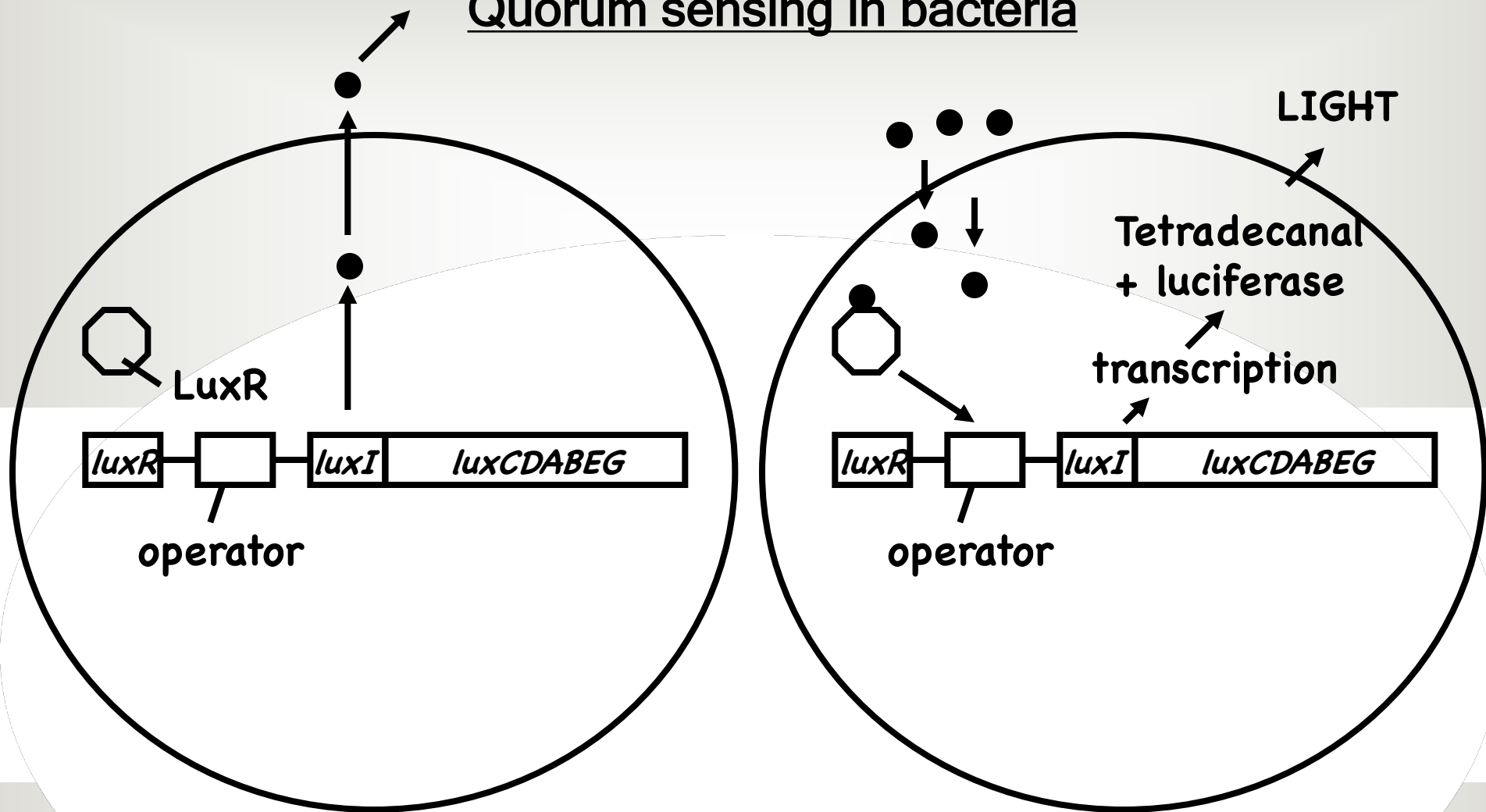
e.g. Production of luciferase by *Vibrio fischeri*

Auto inducer is a small molecule OHHL  
(N-3-oxohexanoyl-L-homoserine lactone)

Threshold concentration required - 10 nM  
Synthesis of luciferase genes, tetradecanal



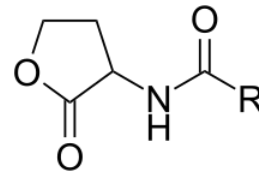
# Quorum sensing in bacteria



*luxI* = Autoinducer (OHHL)

*luxR* = Transcriptional activator

*luxR* + *luxI* = activation of gene expression



# **Main therapy against pathogenic bacteria - antibiotics**

**Discovery of first antibiotic was an accident**

**No new discovery for several decades**

**Modification of old antibiotics**

**New drug discovery takes ~ 10-15 years, millions of \$\$\$**

# Antibiotics and their role

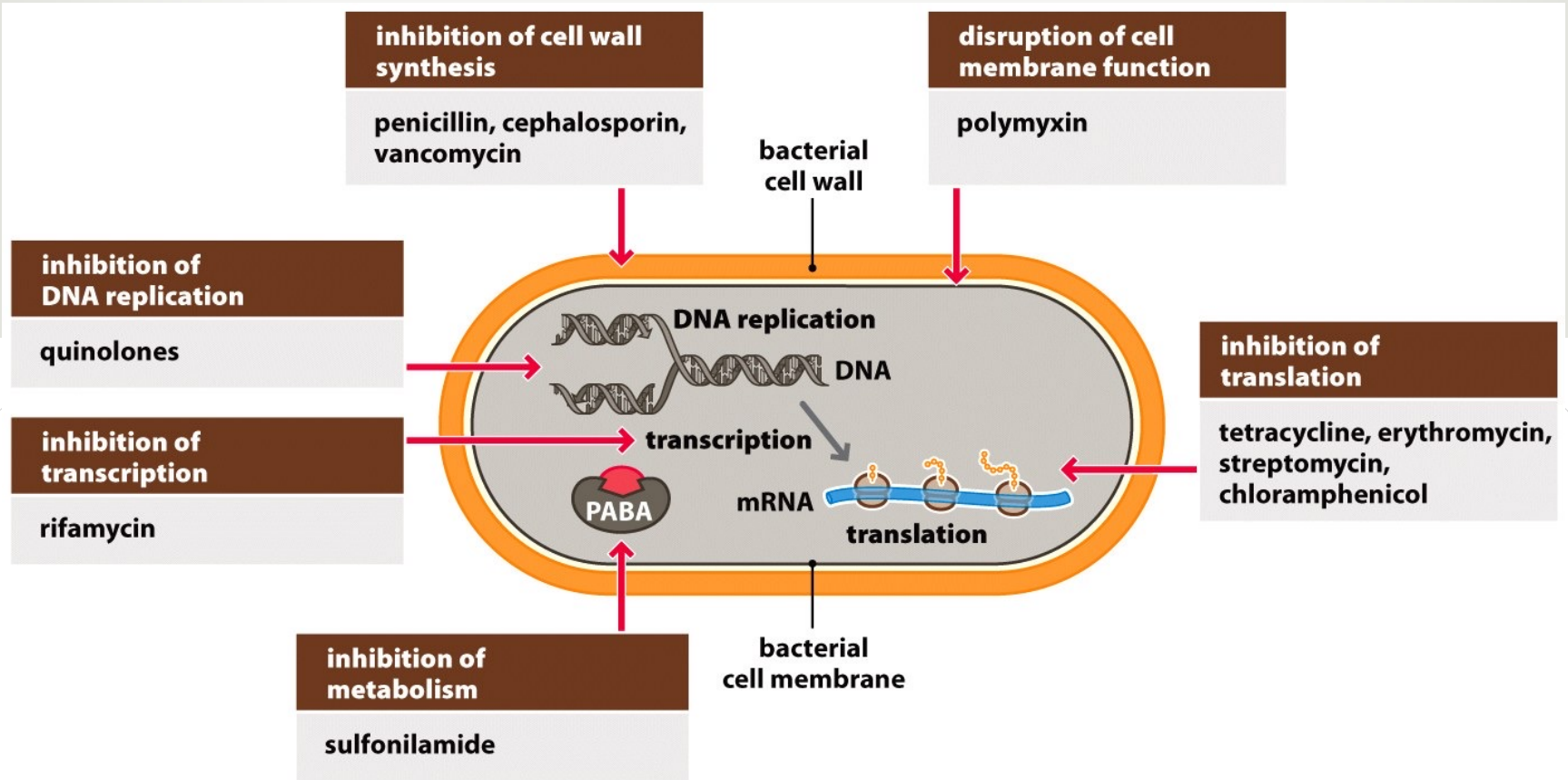


Figure 19.4 Microbiology: A Clinical Approach (© Garland Science)

Naturally produced antibiotics results of secondary metabolic processes

Semi-synthetic antibiotics - broader spectrum, increased efficiency

# **Antibiotics and their role**

**Antibiotics can be toxic!**

**Testing through animal studies, proper dosage**

**Toxicity, mutagenicity, carcinogenicity, allergic effects**

**Selective toxicity essential**

# **Bacteria and antibiotic resistance**

## **Reasons for antibiotic resistance:**

**Indiscriminate use -**

**Longer or shorter periods**

**Broad spectrum vs. narrow spectrum**

**Prescribed for “other” infections**

**Spread through veterinary medicine practices**

**Incorrect practices at hospitals**

# Bacteria and antibiotic resistance



## How Antibiotic Resistance Happens

**1.**

Lots of germs.  
A few are drug resistant.



**2.**

Antibiotics kill  
bacteria causing the illness,  
as well as good bacteria  
protecting the body from  
infection.



**3.**

The drug-resistant  
bacteria are now allowed to  
grow and take over.



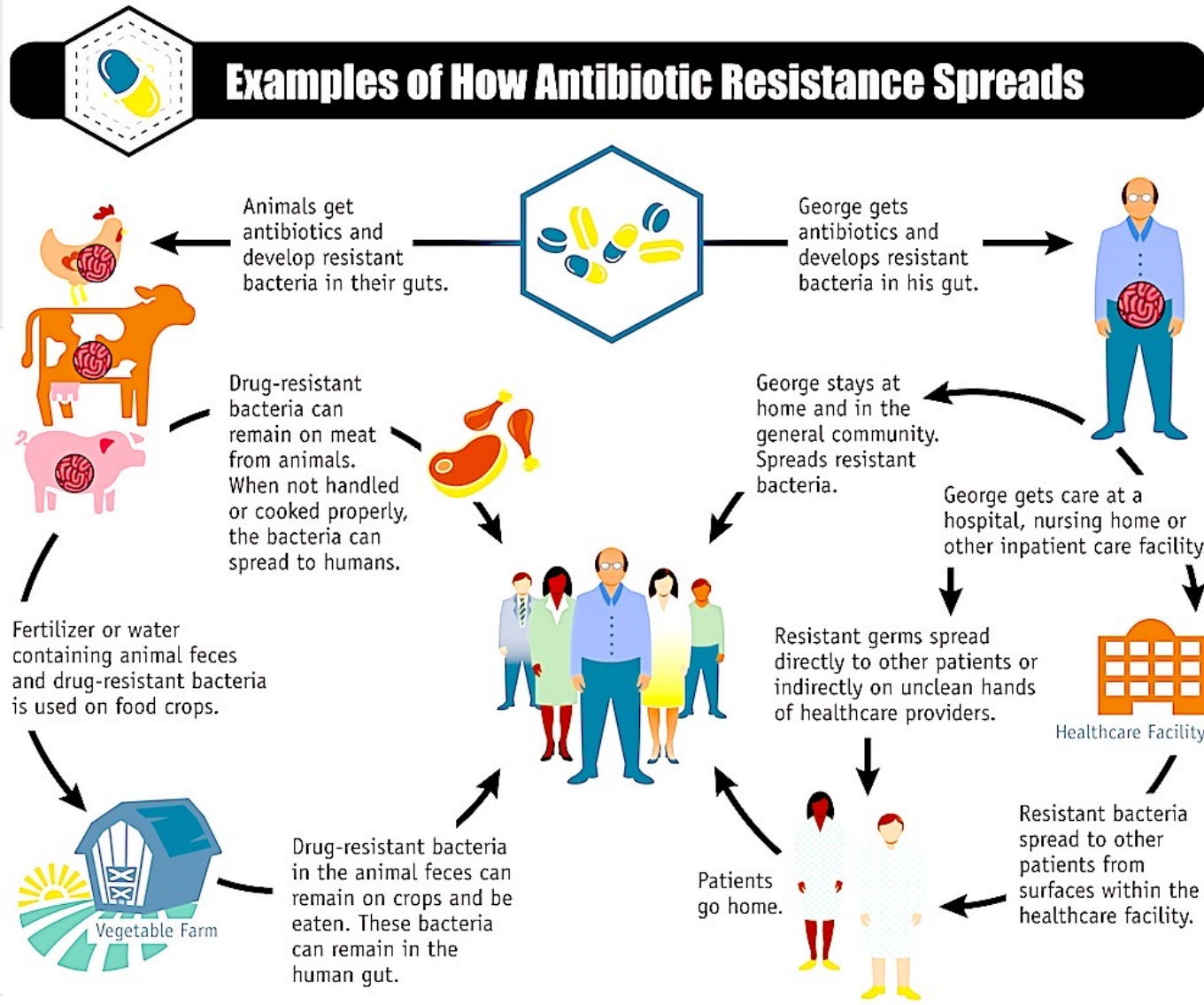
**4.**

Some bacteria give  
their drug-resistance to  
other bacteria, causing  
more problems.





# Bacteria and antibiotic resistance



Simply using antibiotics creates resistance. These drugs should only be used to treat infections.



# Mechanisms for antibiotic resistance

Naturally occurring resistance (Penicillinase first discovered)

Blocking access: Blocking porins, thickened cell walls, vancomycin resistant *Staphylococcus aureus*

Blocking accumulation: Drug efflux pumps, *E.coli* against tetracyclines

Inactivation of antibiotic: beta-lactamases inactivate antibiotics with beta-lactam rings

Alteration of target site/reduction in binding capacity/modification of metabolic pathways: mutations in RNA polymerase (rifampicin resistance), gyrase (quinolone resistance)

# Mechanisms for antibiotic resistance

Medscape

