

MYCOPLASMA PNEUMONIAE

CLINICAL MANIFESTATION

M. pneumoniae is the infective agent responsible for 5-10% of atypical pneumonia, 80% of trachea-bronchitis and 10-20% of serious breathing apparatus infection. The most frequent symptoms are rhinitis, pharyngitis, tonsillitis, cough and fever. The majority of infections appears in children and in young adults. Complications due to an infection of M. pneumoniae are myocarditis or pericarditis, arthritis and other neurological manifestations.

M. pneumoniae is an intracellular pathogen. It doesn't possess a cell wall, so, for what regards antibiotic treatment, such as penicillin and cephalosporin are not active. It's necessary to use antibiotics which can penetrate and get efficient concentrations inside cells, such as macrolide and tetracycline.

EPIDEMIOLOGY

Mycoplasma pneumoniae was described in 1942 from Eaton, and it was firstly considered a viral agent. Just in the 60s it was recognized as a bacterium, which means that it was sensible to antibiotic therapy.

Epidemics provoked by M. pneumoniae appear about every 4-7 years. The infection can appear during every period of the year, without a particular seasonal incidence. The infection of M. pneumoniae is not highly contagious. It's true that it's necessary a close and long contact to be infected. Very frequent are epidemics in particular communities: prisons, hospitals, etc. The incubation period is about 14-21 days.

TEST

The PCR is nowadays the most rapid and sensible method to highlight the bacterium. The amplification allows to highlight a highly conserved region of the gene P1, an adhesion protein.

SAMPLE TAKING

Naso-pharynx smear, expectorate, naso-pharynx secretion, broncho-alveolar washing, etc.

EXECUTION

Daily.

COST

According to the federal charge rate of the analyses (3456.00) TP 180.

Laboratorio
di diagnostica
molecolare

Further information or bibliographic references can be asked to the laboratory.