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## Bacteria in blood

Bacterial or fungal infection for the systemic immune response to bacterial infection in the blood, see Sepsis. Medical conditions Infections from pettyAlside ribbons Built-in infection, Infection in toxemia, BacteriamiamiamiaspeciallyInfectect disease. Sanguine flow infections (BSIS), which include bacalemia when infections are bacterial and fungemia when infections are fungal, they are infections in the blood. [1] The blood is normally a sterile environment, [2], therefore the detection of microbes in the blood (most commonly completed by blood cultures [3]) is always abnormal. A bloodstream infection is different from the sepsis, which is the host response to bacteria. [4] Bacteria can enter the bloodstream as a serious complication of infections (such as pneumonia or meningitis), during surgery (especially when they involve mucous membranes such as the gastrointestinal tract), or due to catheters and other foreign bodies entering into arteries or veins (included during intravenous drug abuse). [5] Transitional bacteremia can be entered into dental procedures or teeth brushing, [6] Bacteremia can have several important health consequences. The immune response to bacteria can cause septic sepsis and shock, which has a high mortality rate. [7] Bacteria can also spread through blood in other parts of the body (which is called hematogen spread), causing infections away from the original site of infection, such as endocarditis or osteomyelitis. Treatment [necessary quote] for bacterias is with antibiotics and prevention with antibiotic prophylaxis can be supplied in high-risk situations [8]. The presentation bacteremia is typically transient and is quickly removed from the blood from the immune system. [6] Bacteremia frequently evokes a response from the immune system called Sepsis, which consists of symptoms such as fever, chills and hypotension. [9] Grave immune responses to batlemia can cause a septic shock and a multiple organ dysfunction syndrome. [9] which are potentially fatal. Causes Bacteria can enter the bloodstream into a number of different ways. However, for any severe bacteria classification (negative gram, positive or anaerobic gram) there are sources or entry routes in the bloodstream that lead to bacteremia. The causes of bacteremia can also be divided into health care (acquired during the process of receipt of assistance in a health structure) or acquired Community (acquired outside a healthcare structure, often before hospitalization). [Necessary quote] Gram positive Bacteria Gram The positive bacteria are an increasingly important cause of bacterias. [10] Staphylococcus, Streptococcus and Enterococcus Species are the most important and most common species of gram-positive bacteria that can enter the bloodstream. These bacteria are normally found on the skin or in the gastrointestinal tract. [Necessary quote] Staphylococcus aureus is the most common cause of healthcare associates in North and South America and is also an important cause of the bacterias acquired by the Community. [11] The ulceration of the skin or wounds, respiratory traits and drug use IV are the most important causes of Stafaf Aureus Aureus bacterias acquired by the Community. In health settings, intravenous catheters, urinary tract catheters and surgical procedures are the most common causes of Staphiluule Aureus bacterias. [12] There are many different types of streptococcus species that can cause bacteremia. Streptococcus group (gas) generally causes bacteremia from the skin and soft tissue infections. [13] Group B Streptococcus is an important cause of bacterias in newborns, often After birth [14]. Viridanes The streptococci species are normal bacterial flora of the mouth. Viridans Strep can cause temporary bacterias after eating, toothbrush or dental floss. [14] The most severe bacteria can occur following dental procedures or in patients receiving chemotherapy. [14] Finally, Streptococcus Bovis is a common cause of bacterias in patients with Colon Colon Indorchocho are an important cause of the associated healthcare bacterias. These bacteria commonly live in the gastrointestinal tract and in the femia genital tract. Intravenous catheters, urinary tract infections and surgical wounds are all risk factors for the development of bacterias by enterococcal species. [16] The resistant enterococche species can cause bacterias in patients who had a long hospital remains or frequent use of antibiotic in the past (see improper antibiotic use). [17] The Gram Gram Gram negative bacterial species are responsible for about 24% of all cases of bacteremia associated with health care and 45% of all cases of Community acquired bacterias. [18] [19] In general, negative Gram bacteria enter the bloodstream from infections in the respiratory tract, from the parent resort, from the gastrointestinal tract or from the hepatobiliary system. Gram-negative bacteriamism takes place more frequently in elderly populations (65 years or more) and is associated with greater morbidity and mortality in this population. [20] E.Coli is the most common cause of Community acquired bacteremia which represents about 75% of cases. [21] E.coli Batteriamo is usually the result of an infection of the urinary tract. Other bodies that can cause community acquired bacteremia include pseudomonas aeruginosa, klebsiella pneumoniae and proteus mirabilis. Infection from Salmonella, despite being mainly with consequent gastroenteritis in the developed world, is a common cause of bacterias in Africa. [22] It mainly includes children who lack antibodies in Salmonella and HIV + patients of all ages. Among the cases associated with health care assistance, negative Gram bodies are an important cause of bacterias in the ICU. [23] The catheters in the veins, arteries or urinary tract can create a way for negative gram bacteria to enter the bloodstream. [13] The surgical procedures of the parent tract, of the intestinal tract or of the hepatobiliary section can also lead to negative bacteria gram. [13] Pseudomonas and Enterobacter species are the most important causes of negative gram bacterias in the ICU. [23] Bacteremia risk factors There are several risk factors that increase the probability of developing bacterias from any type of bacteria [10] [24]. These include: HIV infection diabetes chronic hemodialysis solid transplant transplant cell transplant transplantation with glucocorticoids hepatic fault aslenia [25] bacteremia mechanism can travel through blood flow on blood sites in the body and cause infections (hematogen spread). The hematogenic diffusion of bacteria is part of the pathophysiology of some heart infections (endocarditis), structures around the brain (meningitis) and tuberculosis of the spine (Pott's disease). The hematogenous diffusion of bacteria is responsible for many bone infections (osteomyelitis). [26] Prosthetic cardiac plants (eg artificial valves of the heart) are particularly vulnerable to infections from bacteremia. [27] Before the widespread use of vaccines, occult bacteremia has been an important consideration in febrile children who belong otherwise well. [28] Diagnosis bacterias is more commonly diagnosed by blood culture, in which a blood sample towed by the needle puncture is authorized to incubate with a means that promotes bacterial growth. [29] If the bacteria are present in the bloodstream at the time the sample is obtained, the bacteria will multiply and can therefore be detected. Even all the bacteria that end up incidentally the means of culture will multiply. For example, if the skin is not properly clean before the needle puncture, contamination of the of blood with normal bacteria that lives on the surface of the skin may occur [30]. For this reason, blood cultures must be drawn with great attention to the sterile process. The presence of some bacteria in blood culture, such as Staphylococcus aureus, streptococcus pneumoniae, and Escherichia coli almost never represent a sample contamination. On the other hand, contamination contamination Be more highly suspicious if organisms like Staphylococcus Epidermidis or Acnes Cutibacterium grow in blood culture. Two blood crops taken from distinct body sites are often sufficient to diagnose bacterias. [30] Two of two cultures grow the same type of bacteria usually represents a real bacteremia, particularly if the growing body is not a common contaminant. [30] One in two positive crops usually require a repetition series of blood crops to be drawn to confirm if there is a contaminant or a real bacteremia. [30] The patient's skin is typically clean with a alcohol-based product before a blood sampling to avoid contamination. [30] Blood crops can be repeated at intervals to determine if a persistent rather than transient A e Battery is present. [30] Before elaboration blood cultures, a complete patient history must be taken with particular regard to the presence of both fever and chills, other focal signs of infection as in skin or soft tissues, a state of immunosuppression, or any recent invasive procedures. [29] Ultrasound of the heart is recommended in all those with Bacteremia from Staphylococcus aureus to exclude infectious endocarditis. [31] Battery definition is the presence of bacteria in the blood that are alive and can reproduce. It is a type of blood infection. [32] Battery is defined as a primary or secondary process. In primary bacteria, bacteria were introduced directly into the bloodstream. [33] Drug injection can lead to primary bacterias. In a hospital environment, use of catheter blood vessels contaminated by bacteria can also lead to primary bacterias. [34] Secondary Bacterias occurs when the bacteria entered the body in another site, such as skin cuts, or lung mucous membranes (respiratory tract), mouth or intestine (gastrointestinal tract), bladder ( Urinary tract), or genitals. [35] The bacteria that infected the body in these sites can then spread into the system and the lymphatic gain access to the bloodstream, in which it could be further diffusion. [36] Batterias can also be defined since the time of bacteria in the blood: transient, intermittent or persistent. In transient bacteromimia, the bacteria are present in the blood for a few minutes at a few hours before being eliminated from the body, and the result is usually harmless in healthy people. [37] This can occur after handling of body parts normally colonized by bacteria, such as oral mucous surfaces during brushing teeth, dental floss, or dental procedures, [38] or the bladder instrumentation or colon. [32] Intermittent bacteriamism is characterized by periodic sowing of the same bacteria in the blood from an existing infection other parts of the body, such as an abscess, pneumonia, or bone infection, followed by the compensation of that bacteria from the bloodstream. This cycle will often be repeated until the existing infection is successfully treated. [32] Persistent bacterias is characterized by the continuous presence of bacteria in the blood. [32] Usually the result of an infected cardiac valve, an associated line central blood infection (CLabsi), an infected blood clot (suppurative thrombophlebitis), or an infected blood vessel graft. [32] Persistent bacteriamm can also occur as part of the process of thyoid fever infection, brucellosis and bacterial meningitis. Untreated, conditions that cause persistent bacteremia can be potentially fatal. [14] Battery is clinically separated by Sepsis, which is a condition in which blood flow infection is associated with an inflammatory body response, often causing bodily temperature anomalies, heart rate, respiratory rate, respiratory rate, Sanguine, and count of white blood cells. [39] Treatment The presence of bacteria in the blood almost always requires treatment with antibiotics. This is because there are high mortality rates from progression to a If antibiotics are late [23] Bacteremia treatment should start with empirical antibiotic coverage. Any patient with signs or symptoms of bacterias or a positive blood culture should be started on intravenous antibiotics. [20] The choice of antibiotic is determined by the most probable source of the infection and characteristic bodies that generally cause such infection. Other important considerations include the patient's past history of antibiotic use, the gravity of presentation symptoms and any allergies to antibiotics. [40] Empirical antibiotics should be restricted, preferably to a single antibiotic, once the blood culture returns with a particular bacterium that has been isolated [40]. Gram Bacteremia Positive The company of infectious disease of America (IDSA) recommends treating the meticilin resistant bacteremia without complication of the aureus meticulin (MRSA) with a 14-day course of intravenous Vancomycin. [41] Uncomplicated bacteremia is defined as having positive blood cultures for MRSA, but not having endocarditis tests, no implanted prostheses, negative blood cultures after 2 - 4 days of treatment and signs of clinical improvement after 72 hours. [41] The antibiotic treatment of choice for streptococcal and enterainment infections differs from the species. However, it is important to watch the antibiotic resistance model for every kind of blood culture to better treat infections caused by resistant organisms. [10] Even the negative bacteria of the gram The treatment of negative bacteremia Gram is very dependent on the causal body. Empirical antibiotic therapy should be guided by the most probable source of the patient's passing and exposure to health facilities [42]. In particular, a recent history of exposure to a health setting can request the need for antibiotics with the coverage of pseudomonas aeruginosa or a broader coverage for resistant organisms. [42] Extended generation cephalosporins such as Ceftriaxone or Beta Lattam / Antibiotics inhibitors of the Beta Lattamas as Piperacilina-Tazobactam are frequently used for the treatment of negative bacteremia Gram. [42] Infections associated with catheter for healthcare bacteremia due to intravenous catheters, IDSA has published guidelines for catheter removal. Short-term catheters (in position 14 days) should be removed if the patient is developing signs or symptoms of sepsis or endocarditis, or if blood cultures remain positive for more than 72 hours. [43] See also Prophylaxis Antibiotic Prophylaxis Prophylaxis Prophylaxis Fungemia Viremia References ^ Visulation, C (2 April 2016). "Blood flow infections: the peak of the iceberg". Virulence. 7 (3): 248 A e á, ~ "51. doi: 10.1080 / 21505594.2016.1152440. Pmc á, 4871637. pmdA, 26890622. ^ ochei; etA e a. " Pus Abscess and drain of iron ". Laboratory science Doctor: Theory and Practice. Tata McGraw-Hill Education, 2000. P.Á, 622. ^ Doeria, Gary (September 13, 2016). "Blood cultures for the detection of bacteremia". uptodate.com. uptodate.com. Recovered December 1, 2016. ^ Fan, Shu-Ling; Miller, Nancy S; Lee, John; Richick, Daniel G. (2016-09-01). "Diagnose sepsis - The role of laboratory medicine". Chemical clinic Acta; International Journal of Clinical Chemistry. 460: 203 A e á, ~ "210. 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