



## ***CHLAMYDIA***

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### **Chlamydia**

Order: Chlamydiales      Family Chlamydiaceae.

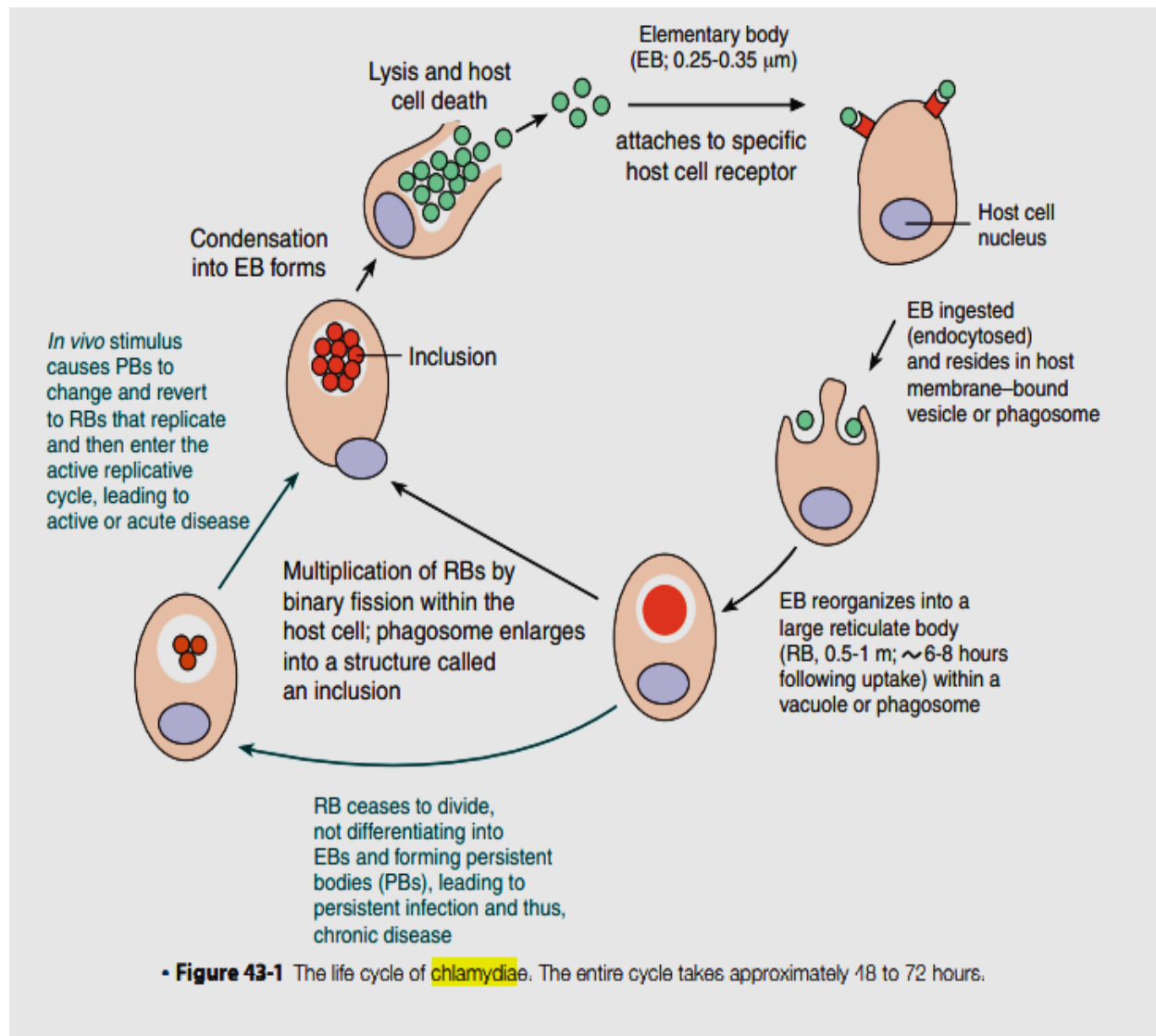
They are:

- **obligate intracellular bacteria** (like viruses)
- require biochemical resources of eukaryotic host cells to fuel their metabolism for growth and replication.
- *Chlamydia* spp. are similar to Gram-negative bacilli in that they have **lipopolysaccharide** (LPS) as a component of the cell wall. The chlamydial LPS, however, has little endotoxic activity.
- They have a major outer membrane protein (MOMP) that is very **diverse**.
- Chlamydiae have a unique developmental **life cycle**,
  - ✓ an **intracellular, replicative form**, the **reticulate body** (RB),
  - ✓ an **extracellular, metabolically inert, infective form**, the **elementary body** (EB).

The EB **cannot live** long periods of time outside of a host cell. The EB **transforms** into an RB after infecting a host cell. **Within vacuoles**, the RB divides via **binary fission**. The vacuole **enlarges** and becomes an **intracytoplasmic inclusion** as the number of RB rises. The RB then **transform back** into EB, which are then discharged from the host cell **48 to 72** hours after infection. There is evidence that, in addition to the replicative cycle associated with acute chlamydial infections, *Chlamydia* can persist in **vitro** in an abnormal form.



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**Table-1: Differential Characteristics Among Chlamydiae That Cause Human Disease**

Property	<i>Chlamydia trachomatis</i>	<i>Chlamydia psittaci</i>	<i>Chlamydia pneumoniae</i>
Host range	Humans (except one biovar that causes mouse pneumonitis)	Birds, lower mammals, humans (rare)	Humans
Elementary body morphology	Round	Round	Pear-shaped
Inclusion morphology	Round, vacuolar	Variable, dense	Round, dense
Glycogen-containing inclusions	Yes	No	No
Plasmid DNA	Yes	Yes	No
Susceptibility to sulfonamides	Yes	No	No

DNA, Deoxyribonucleic acid.

### *Chlamydia trachomatis*

**General Characteristics** *C. trachomatis* infects humans almost exclusively and is responsible for various clinical syndromes. Based on major outer membrane protein (MOMP) antigenic differences, *C. trachomatis* is divided into **18** different **serovars** that are associated with different primary clinical syndromes.

### Spectrum of Disease

- **Trachoma** is manifested by a **chronic inflammation** of the **conjunctiva** and remains a major cause of preventable blindness worldwide.
- **Lymphogranuloma venereum (LGV)** is a sexually transmitted disease.
- **Oculo-genital Infections** *C. trachomatis* can cause acute inclusion conjunctivitis in adults and newborns. The organism is acquired when contaminated genital



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secretions get into the eyes via fingers or during passage of the neonate through the birth canal.

- **Perinatal Infections** Approximately one fourth to one half of infants born to females infected with *C. trachomatis* develop inclusion conjunctivitis. Usually, the incubation period is 5 to 12 days after birth, but it may be as long as 6 weeks

### **Laboratory Diagnosis**

**1. Indirect method: Culture:** Several different **cell lines** have been used to isolate *C. trachomatis* in cell culture, including **McCoy, HeLa, and monkey kidney** cells; **cycloheximide**-treated McCoy cells are commonly used. After shaking the clinical specimens with 5-mm glass beads, centrifugation of the specimen onto the cell monolayer (usually growing on a coverslip in the bottom of a vial, commonly called a “shell vial”) facilitates adherence of elementary bodies. After 48 to 72 hours of incubation, monolayers are stained with a fluorescein labeled monoclonal antibody.

### **2. Direct Detection Methods**

- **Cytologic Examination.** Cytologic examination of cell scrapings from the conjunctiva of newborns or persons with ocular trachoma can be used to detect *C. trachomatis* inclusions, usually after Giemsa staining.
- **Antigen Detection and Nucleic Acid Hybridization.** To circumvent the shortcomings of cell culture, antigen detection methods are commercially available.