



"Pathogenesis of Bacterial Infection"

- II



Bacterial Toxins, Immunopathogenesis & Cancer Association



Exotoxins



Definition

Exotoxins are polypeptide toxins actively secreted by certain bacteria (both Gram-positive and Gram-negative) that interfere with specific host cell functions, leading to disease manifestations.



Key Characteristics

- Highly potent
- Heat-labile
- Antigenic → stimulate formation of antitoxins (IgG)
- Can be converted to toxoids (non-toxic but antigenic)

👉 Clinical Application:

Used in vaccines such as:

- Tetanus toxoid
 - Diphtheria toxoid
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⚙️ Mechanisms of Action of Exotoxins

📖 Exotoxins Acting on Extracellular Matrix

These enzymes facilitate local tissue destruction and spread of bacteria.

- Proteases
- Collagenases
- Hyaluronidases
 - "Loosen" connective tissue fibers → bacterial dissemination 🧩

Example

- *Staphylococcus aureus* Exfoliatin (epidermolytic toxin)
→ Causes Staphylococcal Scalded Skin Syndrome (SSSS) 
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② A-B Type Exotoxins

Structure

- B (Binding) subunit → attaches toxin to host cell receptor
- A (Active) subunit → enzymatic activity

Mechanism

B subunit binds

- A subunit enters cell
 - ADP-ribosylation of host proteins
 - altered cellular function
 - disease symptoms
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Important A-B Toxins

Toxin	Target / Mechanism	Result
Diphtheria toxin	ADP-ribosylates EF-2	🚫 Protein synthesis inhibited
Pseudomonas exotoxin A	ADP-ribosylates EF-2	Cell death
Cholera toxin	ADP-ribosylates Gs protein	↑ cAMP → watery diarrhea 💧
E. coli enterotoxin (LT)	ADP-ribosylates Gs protein	Secretory diarrhea
Pertussis toxin	ADP-ribosylates Gi protein	↑ cAMP → lymphocytosis, cough



Mnemonic:

"EF-2 dies, cAMP flies"

3 Toxins Inhibiting Protein Biosynthesis

- Shiga toxin - *Shigella dysenteriae*
- Shiga-like toxin - *E. coli* O157:H7

Mechanism

Bind to 28S rRNA → inhibit protein synthesis → cell death

Clinical Effects

- Bloody diarrhea
 - May cause Hemolytic-Uremic Syndrome (HUS) 🩸
(hemolytic anemia + thrombocytopenia + renal failure)
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4 Superantigens ⚠️

Superantigens bypass normal antigen processing.

Mechanism

Bind directly to:

- MHC-II on macrophages
 - T-cell receptors
- Massive, non-specific T-cell activation
- Excessive cytokine release (IL-1, IL-2, TNF- α)

🔥 Effects

- High fever
- Rash
- Hypotension
- Shock

Examples

- TSST-1 - *Staphylococcus aureus*
- Streptococcal pyrogenic exotoxin - *S. pyogenes*

Staphylococcal enterotoxin

- Acts as superantigen in gut
- Vomiting + diarrhea within 1-6 hours 🍴

📁 Neurotoxins 🧠

Toxin	Organism	Mechanism	Effect
Tetanus toxin	<i>Clostridium tetani</i>	Blocks GABA & glycine release	Spastic paralysis

Botulinum toxin	<i>Clostridium botulinum</i>	Blocks acetylcholine release at NMJ	Flaccid paralysis ⚡
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Exam Pearl:

Botulinum toxin = most potent natural toxin known.

6 Membrane-Damaging Toxins

- Act like detergents
- Disrupt host cell membranes
- Cause cell lysis

Example

- *Clostridium perfringens* α -toxin (lecithinase)
 - Cell membrane destruction
 - Gas gangrene ☠️
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Endotoxins



Definition

Endotoxins are lipopolysaccharides (LPS) present in the outer membrane of Gram-negative bacteria.

- Not secreted
 - Released only upon bacterial lysis
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Clinical Effects

- Fever
 - Hypotension
 - Septic (endotoxic) shock
 - DIC (Disseminated Intravascular Coagulation)
 - Multi-organ failure
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Mechanism of Action

Lipid A (toxic component)

→ Activates macrophages

→ Cytokine storm

Mediator Release

- $\text{TNF-}\alpha$, IL-1, NO \rightarrow fever, vasodilation, hypotension
- Complement (C3a, C5a) \rightarrow vascular leakage
- Coagulation cascade \rightarrow DIC

 Key Point:

Endotoxins are poorly antigenic, cannot form toxoids \rightarrow no vaccine available.

Comparison: Exotoxins vs Endotoxins

Property	Exotoxin	Endotoxin
Source	Gram-positive & Gram-negative	Gram-negative only
Location	Secreted extracellularly	Outer membrane (LPS)
Chemical nature	Polypeptide	Lipopolysaccharide (Lipid A)
Toxicity	Very high (μg)	Low (mg)
Mode of action	Specific enzymatic targets	Cytokine-mediated
Antigenicity	Highly antigenic	Poorly antigenic

Toxoid formation	Possible	Not possible
Heat stability	Heat-labile	Heat-stable
Diseases	Tetanus, Diphtheria	Gram-negative sepsis

Immunopathogenesis

Sometimes host immune response, not bacteria, causes tissue injury.

Rheumatic Fever

- Follows *Streptococcus pyogenes*
- Antibodies against M protein cross-react with:
 - Heart
 - Joints
 - Brain


→ Autoimmune inflammation

→ Carditis, arthritis, chorea  

Acute Glomerulonephritis

- Immune complex deposition in glomeruli
 - Complement activation
 - Renal inflammation and damage
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Bacterial Infections Associated With Cancer

Bacterium	Associated Malignancy
<i>Helicobacter pylori</i>	Gastric carcinoma, MALT lymphoma 
<i>Campylobacter jejuni</i>	Small intestinal MALT lymphoma

 Mechanism: Chronic inflammation + prolonged antigenic stimulation.

Summary Flowchart: Tissue Injury in Bacterial Infections

Bacterial infection



Toxin production or release

Exotoxins → enzyme inhibition / neural blockade /
superantigen effects

Endotoxins → cytokine storm → shock



Host immune response

→ Non-specific (inflammation, phagocytosis)

→ Specific (antibodies, T-cells)



Tissue damage



Clinical disease



Recovery / Complications / Death