A young seaman was admitted to the Isolation Hospital with P.U.O. and vomiting. A specimen of faeces was sent to the Bacteriology Laboratory, for culture and sensitivity and to exclude cholera. The specimen was inoculated onto MacConkey, Salmonella Shigella medium and Alkaline Peptone Water at pH 9 as an enrichment medium for vibrios. The alkaline peptone water was subcultured after 6 hours onto TCBS (thiosulphate citrate bile salt, sucrose) agar medium and on the following day a pure culture of green colonies, i.e. characteristically non-sucrose fermenters, was cultivated. Other tests showed that the micro organism was a motile Gram negative rod, oxidase positive and fermentative, and did not react with Poly O subgroup 1 antiserum for Vibrio cholerae. Subsequently the microorganism was cultivated on 8% NaCl peptone water to exclude other marine vibrios.

Discussion

Vibrio parahaemolyticus is an obligate halophile with a high alkaline tolerance, typically found in estuaries at temperatures of 20 to 45°C and commonly infecting shell fish, crabs, squids, etc. It is responsible for outbreaks of summer diarrhoea in South East Asia, Europe, and around Coasts of Cornwall, but particularly, in Japan, because of take-away meal shops, the short generation time of 10 minutes, the alkaline dishes and raw fish dishes served, and the asymptomatic carriers among food handlers.

It is entero-pathogenic not because of an exotoxin but by epithelial invasion like the shigellas. The infective dose is $10^4$ to $10^9$. The pathogenicity test or Karagwa test is haemolysis of fresh blood by Vibrio parahaemolyticus but this latter test is not very reliable.

Differential Diagnosis

1. From cholera vibrios by sucrose fermentation — Vibrio cholerae (classical and El Tor) producing yellow colonies on TCBS being sucrose positive, and Vibrio para-haemolyticus producing characteristic green colonies being sucrose negative.

2. From Vibrio alginolyticus (a) by sucrose fermentation, vibrio alginolyticus being sucrose positive and therefore giving yellow colonies; (b) by growth on 10% NaCl as parahaemolyticus does not grow and (c) by the V.P. test — parahaemolyticus being V.P. negative.

3. From other marine vibrios by growth on 8% Sodium Chloride peptone water as the other marine vibrios are usually negative.

Conclusion

Relatively recently it has been realised that vibrio parahaemolyticus is an important cause of food poisoning. Its isolation does not present any difficulties but depends solely on the awareness of the microbiologist about its possibility as a cause of food poisoning.

References


MEDICAL NEWS

The Association of Surgeons and Physicians of Malta held its annual Clinical and Scientific meeting at the Medical School on 22nd January. The following papers were presented:—

Deletion of long arms of chromosome 13 —

Chromosome abnormalities in chronic myeloid leukaemia —
The Planning of a Colonoscopy Unit in Malta —
The management and prognosis in 300 Maltese patients with diverticular disease of the colon —
Pierre Robin Syndrome —

Testicular feminisation syndrome —

Hand, foot and mouth disease in a child —

Thrombophlebitis migrans and ulcerative colitis —

Pulmonary embolism in healthy young adult males —

Do myocardial infarction patients with diabetes have a worse prognosis? —

Lithium carbonate in affective disorders —

Kala-azar in adults —