

GPC- NOF, NEF, NVF, skin	<i>Peptostreptococcus anaerobius</i>	<i>Peptoniphilus indolicus</i>	<i>Schleiferella (Peptoniphilus) asacharolytica</i>
SPS	sensitive/susceptible	resistant	resistant
Indole	negative	positive	positive
Nitrate	negative	positive	negative
Catalase	negative		
Coagulase		positive	
Definitive ID: gas chromatography - analysis of metabolic fatty acids			
Presumptive ID: Rapid ID systems & PID testing			

GNC	<i>Veillonella parvula</i>
Normal flora	fecal (GI)
Nitrate	positive
KAN	susceptible
Colistin	susceptible
Vancomycin	resistant
Bile	inhibited/sensitive
Infections	rare

GPR - Spore Formers	<i>Clostridium tetani</i>	<i>Clostridium perfringens</i>	<i>Clostridium perfringens</i> Type A	<i>Clostridium septicum</i>	<i>Clostridium botulinium</i>	<i>Clostridium difficile</i>
Spore location	terminal	subterminal	subterminal	subterminal	subterminal	subterminal
Microscopic morphology	drumstick, tennis racket	box-car				
Macroscopic morphology	swarming			swarming, Medusa head		yellow, ground glass on CCFA; "horse stable" odor
Hemolysis		double zone		negative		chartreuse fluor.
CAMP		reverse				
Vanamycin	susceptible	susceptible	susceptible	susceptible	susceptible	susceptible
Kanamycin	variable	variable	variable	variable	variable	variable
Colistin	resistant	resistant	resistant	resistant	resistant	resistant
Indole	positive					
Lecithinase		positive		negative	variable	
Lipase		negative		negative	positive	
Nagler test		positive				
Esculin hydrolysis				positive		
Motility				positive		
Incubation	usu. 7 days - can be 1-54 days		8 - 12 hours			
Toxin	neurotoxin - tetanospasmin	6 types: A-E	enterotoxin		neurotoxin - BoNT	Toxin A - enterotoxin; Type B - cytotoxin
Infection	lock jaw	myonecrosis	mild, self limiting GI tract illness - food poisoning	nontraumatic, spontaneous myonecrosis; associated w/malignancy	foodborne, infant: ingestion of spores, colonize colon, in vivo toxin prod; wound contaminate wound w/endospores, in	antibiotic associated diarrhea; pseudomembranous colitis - blood diarrhea w/GI mucosa necrosis
Diagnosis	clinical presentation				BoNT toxin	EIA, cytotoxicity test
Therapy	anti-toxin, muscle relaxants		fluid replacement		foodborne- anti-toxin; infant - no anti-toxin; wound- penicillin	

Myenocrosis: *C. perfringens*, *C. histolyticum*, *C. septicum*, *C. novyi*, *C. bifermentas*; bullae, pain & swelling, discoloration & tissue necrosis, gas in tissues, exotoxins, therapy: surgical debridement, antibiotics, hyperbaric oxygen