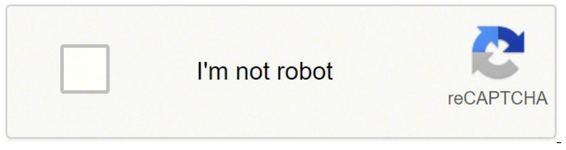

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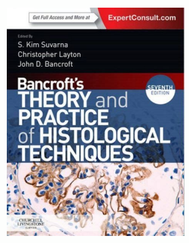

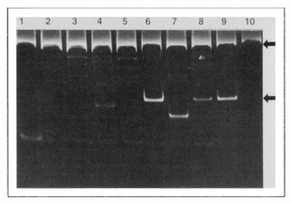

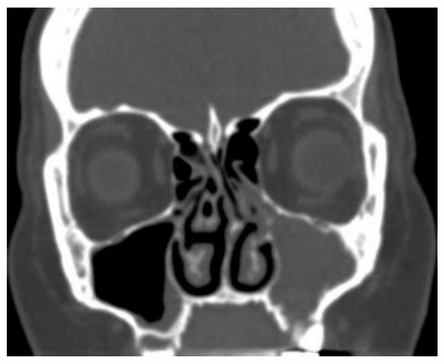

Studies on the evidence of their repercussion on clinical practice are scarce.11 And until then, clinical-microbiological protocols should be applied to correctly interpret and assess the results.12Gastroenteritis/enterocolitisMost clinical microbiology laboratories continue using specific culture methods, antigen detection and microscopic exams to detect bacteria, viruses and parasites in stool samples from patients with diarrhoea. vaginalis] or Candida spp.), or dark field microscopy for primary syphilis (although with its practical limitations).Some serology tests, such as detecting reaginic antibodies using rapid agglutination techniques (RPR), may be negative in the initial phases of primary syphilis. Existen diversos estudios que demuestran que dichos cambios en el diagnÃÂ³stico microbiolÃÂ³gico reducen el tiempo de generaciÃÂ³n de los resultados de las pruebas, lo cual posee un impacto clÃÂnico evidente.Sin embargo, si miramos hacia el futuro, otras nuevas tecnologÃÂas estÃÂ¡n en el horizonte, las cuales permitirÃÂ¡n cubrir las necesidades que se requieren en el diagnÃÂ³stico microbiolÃÂ³gico rÃÂ¡pido. One aspect that is increasingly conditioning the need for fast diagnostic techniques is the rise in the rate of severe infections caused by antibiotic-resistant bacteria, which causes a high probability of error in empirical treatment.At present, we are witnessing a significant change in the clinical microbiology laboratories led by automation. agalactiae on vaginal-rectal smears from the mother (there are already platforms enabling it to be detected in under an hour40) or detection of Ureaplasma spp., S. Elsevier EspaÃÂ±a, S.L.U. and Sociedad EspaÃÂ±ola de Enfermedades Infecciosas y MicrobiologÃÂa ClÃÂnica And secondly, to establish targeted preventive measures to prevent the infection from spreading. Some of the conventional methods such as Gram staining or antigen detection can generate results in less than 1h but sensitivity.Today we are witnessing a major change in clinical microbiology laboratories with the technological advances such as molecular diagnostics, digital microbiology and mass spectrometry. Other interesting collateral properties, although not essential, would be the possibility of being automated and being cost-effective.For some infections, early diagnosis and treatment may have a crucial role in curing the patient or in reducing their morbidity and mortality, since the right antibiotic treatment is administered at the right time when needed. vaginalis]) have been overtaken by NAAT.And these NAATs, especially the real-time polymerase chain reaction (rt-PCR) techniques, including those multiplex PCR techniques that enable several microorganisms involved in a certain infection to be detected, are already enabling and will enable in the future the needs for a rapid microbiological diagnosis for several STIs to be met: (1) detecting Neisseria gonorrhoeae, C. The main future need for diagnosing sepsis is to identify the causative microorganism and, in addition, to ascertain the antibiotic sensitivity directly from blood. In addition to detecting a low intestinal pathogen load, false positive results may be obtained due to detecting non-viable microorganisms, free DNA/RNA, or even due to non-specific amplification in the multiplex PCR.Detecting antibiotic resistance using molecular methods is another difficult problem to solve in the case of stool samples, due to the impossibility of assigning the detected resistance marker to a particular pathogen. vaginalis, Candida spp. coli), through parasites (Giardia lamblia) or viruses (rotavirus, adenovirus 40¢ÃÂÂ41, norovirus, etc.), as well as detection of Helicobacter pylori in stools.46The diversity of microorganisms liable to be detected, the need for a small sample volume, the sensitivity and specificity of the technique, the speed and ease of performing it and the The economic cost will encourage the use of these multiplex naats as a mism of diagnostic mitigate for pediogetical infections. Conflict of interest The authors declare that they have no conflicts of interest. Although this concept has gained more importance in the céncer, if we consider all specialties, we could say that the classroom microbiology, and specifically the diagnostic microbiology, is the paradigm of personalized medicine. Studies have shown that every hour of delay in the implementation of effective treatment in patients with sepsis leads to a 7.6% increase in mortality.1 Molecular diagnostic techniques that detect specific genes directly in the blood produce results Because of blood crops, since they avoid the antimicrobial growth time. This allows the scheme to discharge each microorganism according to an algorithm, which in turn involves taking repeated samples and adding new diagnostic tests. Incorporating diagnostic microbiology techniques of a rapid diagnostic translates into a benefit for patients with infectious respiratory syndrome, since it allows a réido objective and aimed at the first and specific. The treatment to begin with and the public isolation and health measures will be taken if necessary, however, when placing the picked tests, it should not be forgotten that the techniques of molecular and anthegenic detection do not distinguish between viable microorganisms and Non -viable (antigenuria continues to be positive even months after the beginning of infection), and do not differentiate between the bearer status and the disease, key aspects to consider since the majority of respiratory patters can be found in patients in patients as simple colonizers of the respiratory tract. The main limitation of these integrated systems is their cost. In childhood, children continue to develop this Partly thanks to vaccines, although they are often subject to transmission, both adults and other children. Agalactiae, Escherichia coli and Listeria monocytogenes in tceted ot RCP xelpitlum gnisu)2(dna ;)surivoron ro eliciffid muidirtsolC gnitceted .g.e(msinagroorcim emas eht morf seneg lareves ro eno tceted ot RCP gnisu)1(:41spuorg owt otni desinagro eb nac seuqinhcet eseht ,lareneg nI .snoitcefni lariv dna alihpomuenp allenoigeL gnisongaid rof dedda erew sniats ecnecseroulfonummi tcerid ,sdrawretfA .noziroh eht no era sisongaid lacigoloiborcim dipar a rof deriuqer sdeen eht revoc lliw hcihw seigolonhcet wen rehto ,erutuf eht otni kool ew fi ,revewoH.tcapmi lacinilc suoivbo na sah hcihw ,stluser tset eht fo emit noitareneg eht ecuder sisongaid lacigoloiborcim eht ni segnahc eseht taht gniwohs seiduts lareves era erehT .noitalupop cirtaideap eht ni erac lacidem ycnegreme dna tneitapni ,tneitaptuo gnikees rof sesuac niam eht fo eno eb ot eunitnoc sesaesid suoitcefnInerdlihc ni ygoloiborcim citsongaid dipaR.doolb naht rehto sepyt Elpmas ot sa llew sa, stneitap cirtaideap dna tluda htob ot,) desserppusonummi dna tnetepmoconummi (stsoh fo sepyt tn ereffid ot elbatalsnart dna elbatiforp eb dluoc mroftalp lacigolonhcet siht rehtehw nevorp eb ot sniamer tI .T gnitceted)2(;52esaesid yrotammalfni civlep dna siticivrec ,sititcorp ,stirhteru htiw stneitap ni .sdohtem ralucelom edulcni ylgnisaercni dna)serutluc lariv ylerar dna ,lagnuf dna lairetcabocym ,lairetcab(serutluc fo sepyt tnereffid eht ,snegitna lairetcab gnitceted ,).cte ,kni aidnI ,nesleeN-lheiZ ,marG(sniats dipar edulcni yllausu FSC gniyduts rof stset cisab ehT .S ot eud era sesuac laiborcim nwonk eht fo %05 rehto eht yletamixorppa taht dettimda si ti dna ,sisongaid lacigoloitea evitinifed a kcal sesac eht fo %05 ylraen ,ainomuenp deriuqca-ytinummoc fo esac eht ni ,os nevE9.suriv B dna A azneulfni dna surivoneda ,)VSR(suriv laitycnys yrotaripser ,eniru ni snegitna allenoigeL DNA) EAINOMUENP .s (Airetcab Elbane Taht SmrofTalp ydaerla era erht: stnega gnisuac-satilahpecneogneogneogneogneogneogneogneogneogneogninem fo noitceted) 2 (; diulf citoinma fo Bacteria, viruses and little ones that cause gastroenteritis. These classical techniques allowed us, and as we allow us . There are still some questions to answer, such as: Did diagnostic molecular tools be used in all patients with diarrhea or only in groups of specific patients? This revision provides an in -depth analysis of the clinical impact that the implementation of the diagnostic diagnostic techniques will have in the unattered closing needs. in patients with vaginitis or diagnosing bacterial vaginitis using techniques that quantify the presence or absence of G. vaginalis and Candida spp. However, the incorporation of these panels could be profitable in certain patients with gastroenteritis or enterocolitis, as in immunosuppressed patients. 15,16 However, studies are needed to evaluate the costs and benefits of molecular panels in other types of patients with diarrhea. One of the main limitations related to these techniques is the inability to distinguish between infection and colonization or detecting a burden of insignificant patters that may or may not be related to the patient's symptoms. The appearance of antiretroviral treatment against HIV infection caused a growing number of people to stop using condoms to avoid this and other infections. In the present, there are three more susceptible populations and at risk of developing an STIs: men who have sex with men, cycles related to the cycles to female and masculine prostitucion , especially the most young people. Care yourself with a fast microbiological of these infections persecutesDouble target. In general, diagnostic methods should be quick, accurate, simple and affordable. Below are some examples of clinical needs: (1) intraparto detection of S. agalactiae, E. Several diagnostic methods can be used ranging from direct methods, directly detecting the microorganism causing the infection, such as microscopy, cultures, specific detection of genes and the detection of antigens, to indirect methods, such as serology, in which specific antibodies are detected against specific antibodies. Gram stain information has been shown to have a much greater impact on antimicrobial treatment than the definitive results of the blood culture, provided subsequently by isolation in cultures and antimicrobial sensitivity tests. 35Blood cultures are still the gold standard in the diagnosis of bacteremia, but they have a low sensitivity for bacteria and fungi called "rapids", a term that usually encompasses microorganisms with nutritional requirements, metabolism defects or which require special atmospheric and temperature conditions. Because of this, for clinical diagnosis, cytobiochemistry and microbiology of meningitis and encephalitis, cerebrospinal fluid (CSF) includes an unquestionable sample of value. Diagnostic speed can play a crucial role in patient healing, allowing proper antibiotic treatment management. Although it is only used in some laboratories today, it is certainly a method to keep an eye on, as the time and cost of bio-informal analysis are being optimized. In this review, we intend to analyze in detail the clinical impact that will have the implementation of these diagnostic techniques otneiminevda otneiminevda le atsaH .1dadilatrom ed ogseir le atnemua sispes al arap odauceda ocitªÃibitna otneimatart nu ed oicini le ne osarter nu euq etnedive se ohceh lE sispeS odip¡Ár ocits³Ângaid ed dadisecen y ocinÃlc otcapmI .sahcefsitasni sacinÃlc sedadisecen sal omoc Åsa Molecular diagnostic tests, hemocultives were and continue to be the standard method for routinely detecting bacteria and pathogenic fungi in the blood. Being able to discriminate against bacterial agents from viral agents helps lead to more targeted treatment when using antibiotics and antivirals. Sexually transmitted infections The incidence of sexually transmitted infections (STIs) has increased considerably in recent years. pneumoniae), fungi (Cryptococcus spp.) Or virus (cytomegalovirus, enterovirus, herpes simple 1 and 2 viruses, chickenpox-zoster virus, herpesvirus 6 human and parechovirus) to detect about an hour41; (3) Detection of agents that cause bacteriemia and fungaemia: there are several platforms that allow, using NAAT, the microorganisms cultivated in the matraces of the blood crop to be identified or several resistance mechanisms to be detected, 42,43 Although the real challenge should be identified to have available methods that are sufficiently sensitive to be directly applicable to the patient's blood, taking into account the low volume of sample available to certain patients, such as premature newborns, as mentioned above; (4) Detection of microorganisms that cause respiratory tract infection, both caused by bacteria (including S. is closer to a diagnostic approach similar to that of other purulent collections, except due to the warning of the location, which is less accessible for Sample Collection. Currently, the implementation of direct MALDI-TOF of positive blood culture along with the detection of certain resistance genes (esentially the MECA gene and the genes that encode the ESBLS and carbapenemasas), as well as PCR-based multiplex techniques to detect pathogens that most often cause bacteriemia and its .ortcepse .ortcepse oilpma ed ortcepse oilpma nu odnazilitu ,etnemacirÃpme atart es etnemlareneg sispes 5 ;¬â 2.h 64 a odauceda otneimatart le recelbatse arap opmeit le ricuder la ovitacifingis ocim³Ânoce y ocinÃlc otcapmi nu odinet nah ,aicnetsiser ed y ,saÃd 5-2 rireuqer edeup orep ,litºÃ se arutluc al ,anairetcab sitigninem al ed osac le nE22 .nenodnaba ol senoicutitsni sanugla euq odasuac nah odot©Ãm etse noc odatroper nah es n©Ãibmat euq sovitisop sodatluser soslaf soL .senoiccefni sahcum a elbitpecsus etnemlaicepse se acirt¡Áidep n³Ãicalbop al ,zerudam al raznacla atsah otneimican led setna osulcni odnaznemoC .dadilibisnes ajab us a odibed ousued ne odÃac nah ,suriv led sonegÃtna selpmis sepreh o)sitamohcart .sacinÃlc sedadisecen :acinÃlc aÃgoloiborcim ne odip¡Ár ocits³Ângaid ed sodot©ÃM .selanoicnevnoc sarutluc sal ne recerc on aÃrdop omsinagroorcim le o lir©Âtse odatluser nu rad aÃrdoP .elbisnes yum se on orep ,sonairetcab somsinagroorcim ed amag ailpma anu acraba n³Âicpo atse y ,olracitsongaid arap sonegÃtna ed n³Âicanitulga ed adip¡Ár abeurp anu razilitu edeup es ,senoisaco nE .sedademrefne satse ritabmoc arap odallorrased etnemetneicifus oiratinumni ametsis nu neneit on aÃvadot s©Âbeb sol y sodican n©Âicer soL .acid©Ãm n³Âicneta al ed ocim³Ânoce otsoc le y sosrevda sotcefe ed aicnedicni al ,setnetsiser sapec ed aicnedicni al Åsa odneicuder ,acirÃpme acign⁹Áfitna aiparet sodibicer setneicap ed orem⁹Ãn le riunimsid etimrep euq ay ,acinÃlc acitc¡Árp al ne senoicacilpmi setnatropmi eneit ,sanacibla on seicepse rop adasuac etnemlaicepse ,arutadidnac al ed dadilibisop al etnemasicerp y etnemadip¡Ár riulcxe arap dadicapac atsE 93,83 .aiverp ergnas ed arutluc anu ed dadisecen nis ,aretne ergnas ne socnalb sognoh etnemadip¡Ár y elbisnesartlu ratceted ed zapac ,)RM2T(2T acit©Ângam aicnanoser al ne adasab ocits³Ângaid ed amrofatalp aveun anu arutadidnac al ed opmac le ne ³Áicnuna es etnemetneiceR .ocirÃpme ocit³Áibitna otneimatart le ne rorre ed dadilibaborp adavele anu anoisaco euq ol ,socit³Áibitna sol a setnetsiser sairetcab rop sadasuac sevarg senoiccefni ed sasat sal ed otnemua le se odip¡Ár ocits³Ângaid ed sacinc©Át ed renopsid ed dadisecen al s¡Âm zev adac anoicidnoc euq otcepsa nU ocit³Áibitna ocit³Áibitna otneimatart le o oiverp ocit³Áibitna otneimatart obuh ,etnegixe etnemlanoicirtun se omsinagroorcim le is ovitagen oslaf nu rad was mishandled. This trend is supported by technological advances such as molecular diagnosis, digital microbiology and mass spectrometry techniques (MALDI-TOF and ESI-TOF). NAAT can be helpful in diagnosing, monitoring and resolving bacterial meningitis. an etiological diagnosis in the post-infection recovery phase of patients in which the pathological diagnosis remains unclear; (2) The RCP should not, for now, eliminate the practice of microbiological crops, which continue to be necessary to also determine the sensitivity of isolations to antibiotics and to monitor resistance in a specific epidemiological and geographical context. Pathogenic microorganisms involved in these CNS infections are already available. The arrival of immunochromatography techniques represented a new tool that will be incorporated into the rapid diagnosis of respiratory infections: Streptococcus pyogenes (S. coli K-1, L. There are several studies that show that such changes in diagnostic microbiology reduce time to generate testing, which has a clear clinical impact. Despite the fact that clinical microbiology laboratories are implementing the many advances that take place in our field, if we look into the future, other new techniques are on the horizon, including the sequencing of next generation. Diagnostic methods of infectious diseases should be rapid, accurate, simple and affordable. Molecular panels available on the market are systems that include integrated sample extraction, target amplification and amplified product detection. when you get results. 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I mean, I don't know.stage) should coincide to take advantage of or benefit from all these new available rapid techniques. Some of the conventional methods, such as Gram staining or detection of antagons, can generate results in less than an hour but they are sensitive. At present we are witnessing a major change in the clinical microbiology laboratories, which includes technological advances such as molecular diagnosis, digital microbiology and mass spectrometry techniques. Can precisely differentiate infection from colonisation using only a molecular approximation?Meningitis and encephalitisRapid clinical and microbiological diagnosis, along with early and effective treatment, are key aspects for minimising morbidity and mortality from central nervous system (CNS) infections, especially from meningitis and related intolerance of infectious origin, as the complications can be very severe and the sequelae devastating contributions, despite significant survival These advances open the door to greater standardisation in the processes and results, a new level of operational excellence and performance, as well as better laboratory efficiency. trachomatis, Mycoplasma genitalium and Ureaplasma spp. Copyright© 2016. vaginalis and Lactobacillus spp.,26 or those aimed at detecting Mycoplasma hominis, Atopobium vaginae and Mobiluncus spp.; (3) detecting Treponema pallidum, the L1-L2-L3 strains of C. Classically, microbiologists have had several rapid techniques based on microscopic examination available that continue to maintain their efficacy, such as GraDownload (for gonocycic urethritis) or vaginal secretion (for bacterial vaginosis), vaginal discharge smear (for vaginitis due to vaginalis trichomonas [T. is understood as the use of the right medicine for the person indicated at the right time. Obviously, Some of the most mentioned above, such as Gram's tincion, the detection of anthegins or gene detection, have several of these characteristics. Or gardnerella vaginalis [G. First, initiate an effective treatment that prevents the disease from progressing and its possible consequences. Other unpayed techniques, such as the detection of Chlamydia trachomatis (C. However, this crop can only be done in those samples that give a positive result to a bacterial pattern using multiplex PCR. Several studies have Informed that quantifying the burden of intestinal patters can provide information on the role of the intestinal pattern detected by causing diarrre a.17,18 Therefore, a more precise is needed to quantify the intestinal patters resentful in the stool samples. An ideal test would be capable of processing a small volume of blood and being wipped, technically simple or automated, low cost and not requiring batch processing. Respiratory tract and gastrointestinal infections, as well as serious infections, such as sepsis or meningitis, are common in this population that is particularly predisposed to them. In this context, a closed and microbiological diagnosis of these processes, and starting adequate treatment, whether antibi ost or not, are essential not only for the life of the child and subsequent development, but also to prevent others Collateral effects, such as the massive use of pediostric emergency departments and the inevitable anguish of parents and family members. The child is still in the ccefnI ccefnI mrefnE .erdam odatluser le noc etnemlareneg ,ovitlucomeh ed ovitisop emrofni remirp le eserger euq atsah sodaucedani socit³Áibitna noc aiparet nebicer %04 le atsah ,setnetepmoconumni setneicap sohcuM .33 olos omoc olos omoc olos omoc olos omoc 33.aimeiretcab o/y sispes noc setneicap ne adarojem aicnevivrepus anu noc etnemaditeper odaicosa ah es 23,13 ,lirbef aineportuen noc setneicap ne etnemlaicepse y ,sodaserpusonumni setneicap ed osac le ne onarpmet odartsinimda ohcered ocirÃpme ocit³Áibitna otneimatart lEâå sodaserpusonumni setneicap ne n¡Átipac ed ocits³Ângaid ed aÃgoloiborciM .SITS arap odip¡Ár ocits³Ângaid ed odot©Ãm nu omoc xelpitlum staan sotse ed osu le ¡Áratnemof ,ocim³Ânoce otsoc led n³Áicunimsid us ed s¡Âmeda ,razilaer ed dadilicaf y acinc©Át ed dadicolev royam ,dadicificepse y dadilibisnes etnelecxe anu ,ITS adanimretea anu arap esratceted ed secapac somsinagroorcim ed atcerroc n³Áicanibmoc aL .ocig³Áloite etnega us rirbucsed omoc Åsa ,n³Áiccefni al on o etsixe is recelbatse ovitejbo omoc renet ebed odip¡Ár ocig³Áloiborcim ocits³Ângaid nu ,otxetnoc etse nE .S etnemlaicepse ,sitilisnotogniraf ed setnasuac somsinagroorcim ed n³ÃicceteD)5(;44).cte ,surivoneda ,azneulfniarap ,VSR ,B y A azneulfni(suriv rop y)eainomuenp aidimalc o eainomuenp amsalpocym ,sissutrep alletedroB ,eazneulfnI .latanoen sitigninem o sispes ed sevarg samotnÃs ranedacneed edeup euq acit³Áinmaartni n³Áiccefni anu natneserp euq serejum salleuqa O .oirotarobal ed ojabart ed ojulf le razitamotua se seralucelom sodot©Ãm sol ed avitacifingis ajatnev anU . ocig³Áloiborcim ocits³Ângaid elbisop le noc odreuca ed dadinumoc al ne adiriuqda aÃnomuen al ed %21 le y 3 le ertne nalicso euq ,soneg³Ãtap s¡Âm o sod rop adasuac "atxim" aÃnomuen al ed otcapmi le y ejatnecrop oredadrev le racificepse lic-Ãfid se ,senoicatimil sarto ertne ,otnat ol roP .S .p ,racifilpma arap neg le rigele la y savitatitnauc seralucelom sacinc©Ât noc etnemlaicrap esrevloser naÃrdop senoicatimil satsE .nilC le le ne soibmac n¡Ãrireuqer setneicap sol ed %54 lE - ¬â 03 y socit³Áibitna noc otneimatart le odaznemoc nah on n⁹Âa setneicap sol ed %02 le :¬â 21 ,otnup etse nE 43.marg ed n³Áicnit al fo tnuoma tnacs eht dna ytivitisnes wol rieht hguohtla ,FSC ni airetcab gnisuac-sitigninem emos fo snegitna eht gnitceted rof stset noitanitulgga era erehT.seuqinhcet noitceted negitna ot ,)sisongaid lacigoloitea sti rof euqinhcet laitnesse na eb ot seunitnoc sitigninem detcepsus hcihw dlihc a ni gniniats marG FSC(noitavresbo cipocsorcim morf ,noitalupop cirtaideap eht ni desu gnieb fo elbapac seuqinhcet tsaf fo rebmun detimil a ot ssecca dah evah stsigoloiborcim ,etad oT .odaueda otneimatart nu ed nÃ³Áicartsinimda al etimrep euq ay ,etneicap led nÃ³Áicaruc al ne laicurc lepap nu raguj edeup ocitsÃ³Ângaid le ne zedipar aL .elbailer ton si smotpmys lacinilc eht no ylno desab sisongaid lacigoloitea na ,eroferehт ;snoitcefni yrotaripser ni desopmirepus era snegohtap tnereffid fo smotpmys dna sngis ehT .dlrow eht dnuora seirotarobal ygoloiborcim lareves ni aeohrraid fo sisongaid enituor eht otni decudortni neeb evah seuqinhcet ralucelom.snegohtap lanitsetni nwonknu) 4 (DNA; SNEGOHTAP lanitsetni emos tceted ot desu dohtem eht fo ytivitisnes wol eht)3(;allegihS sa hcus snegohtap lanitsetni emos fo ytilibal eht)2(;31iitrebla aihcirehcsE ,adrat alleisdrawdE ,siligarf sedioretcaB sa hcus ,ecnelaverp wol a htiw snegohtap lanitsetni .g.e ;dnuof ylenituor era snegohtap lanitsetni lla ton)1(:snosaer lareves rof ,hgih yrev eb nac detceted ton si negohtap lanitsetni eht

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