

Preface

Kingella kingae was first isolated in the 1960s from blood, joint fluid, bone exudates, and respiratory secretions by Elizabeth O. King, a bacteriologist at the US Centers for Disease Control. Dr. King's initial studies suggested to her that this organism was a novel *Moraxella* species. Analysis by S.D. Henriksen and K. Bovre at the University of Oslo, Norway, confirmed Dr. King's initial impressions and resulted in a publication describing the new species, which they named *Moraxella kingii* in honor of King. Additional studies examining biochemical properties, fatty acid composition, and genetic characteristics established significant differences between *M. kingii* and other members of the *Moraxella* genus and led to reclassification as a novel genus in the Neisseriaceae family and renaming as *K. kingae* in 1976.

Over the next two decades, *K. kingae* was largely ignored as a human pathogen because of its uncommon recovery from patients with disease. However, in recent years *K. kingae* has been increasingly recognized as a clinically important pathogen in young children, reflecting improvements in culture techniques and DNA-based detection methods that have resulted in more frequent identification of this organism. Currently, *K. kingae* is recognized as the leading cause of osteoarticular infections in young children in a growing number of countries. As sensitive culture techniques and molecular methods to identify this fastidious organism are adopted more routinely, the clinical spectrum of *K. kingae* disease will likely continue to evolve. Research into this organism has grown tremendously over the past 15 years, resulting in a better appreciation of the importance of *K. kingae* in pediatric patients and of the molecular mechanisms of disease.

This book describes the growing body of information on the epidemiology, clinical manifestations, transmission, pathogenesis, diagnosis, and treatment of *K. kingae* infections in young children. In addition, it covers experimental methods that have been developed to study the microbiology, genetics, and virulence factors of *K. kingae*, information that provides the foundation for new approaches to treatment and prevention of *K. kingae* disease. With this content in mind, excerpts from the book will hopefully have relevance for clinicians who care for pediatric

patients, for clinical microbiologists who are involved in detecting organisms in clinical specimens, and for scientists who are studying *K. kingae* in an effort to develop novel targets for antimicrobial therapy and new approaches to prevention.

Philadelphia, PA, USA

Joseph W. St. Geme, III

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