

A rare case of *Acinetobacter Iwoffii* infective endocarditis

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Acinetobacter Iwoffii is a non-fermentative aerobic gram-negative bacillus which has been regarded as being ubiquitous in the environment. However, there have been emerging reports of infections caused by *A. Iwoffii* recently. Here, we report a rare case of *A. Iwoffii* infective endocarditis. A 59-year-old man with a history of diabetes mellitus for 20 years presented to the hospital for persistent cough and fever of 1 month with acutely worsening sore throat of 2 days. On physical examination, he was febrile (38°C) with palatine tonsillar hypertrophy. The laboratory investigation revealed positive rheumatic factor (RF) (26 IU/mL), anemia, and leukocytosis [hemoglobin 7.3g/dL and leukocytes count 95500/uL (immature cell 84%)]. Based on the laboratory results, hematologic malignancy was suspected, and he underwent a bone marrow biopsy. At that time, an admission blood culture showed positive growth of *A. Iwoffii*, which was sensitive to various antibiotics, including cefepime, piperacillin-tazobactam, ampicillin-sulbactam, and meropenem. He was placed on piperacillin-tazobactam. Additional evaluations of transthoracic echocardiogram revealed a floating density at the mitral valve and subsequent transesophageal echocardiogram (TEE) showed an echogenic material attached on anterior leaflet of the mitral valve, consistent with vegetation. Therefore, based on the Duke criteria (1 major: positive echocardiography, 3 minor: fever, positive RF, positive blood culture), clinical diagnosis of *A. Iwoffii* infective endocarditis was made, and he was maintained on the antibiotic treatment. His bone marrow biopsy confirmed the diagnosis of acute myeloid leukemia, and he was treated with induction chemotherapy. His hospital course was complicated with neutropenic fever. Thus, his antibiotic therapy was modified to cefepime followed by meropenem. After 8 weeks of antibiotic treatment, repeat TEE was performed, and it showed a resolution of vegetation. To our knowledge, this is the first case of *A. Iwoffii* infective endocarditis in South Korea. Close monitoring needs to be considered for *A. Iwoffii* infection, especially in immunocompromised patients.

