

■ S-501 ■

Case of bloodstream infection by *Granulicatella adjacens* and *Candida lusitanae* in a patient with neutropenic fever

Department of Internal Medicine, Chung-Ang University College of Medicine

*Jee Eun Kwon, Hwang In Gyu, Joung Soon Jang, Sang Jae Lee, Eun Kyung Park

Systemic infection due to *Granulicatella* (formerly *Abiotrophia*), a species of nutrition-deficient gram-positive cocci, is rare. *Candida lusitanae* is also known as a rare cause of fungemia, but recently it has been identified as an emerging nosocomial pathogen, particularly in immunocompromised patient. We present a case of bloodstream infection by *Granulicatella adjacens* and *Candida lusitanae* in a 65-year-old man diagnosed as relapsed acute myeloid leukemia. On day 10, neutropenia developed and on day 13 empirical antibiotic was started for neutropenic fever. Both organism were isolated by blood culture during neutropenic phase. He recovered successfully after treatment with meropenem, vancomycin, amphotericin B and caspofungin. Antibiotics and antifungal susceptibility testing of both organism revealed sensitivity to all tested agents. When isolated from a patient with neutropenic fever, both *Granulicatella adjacens* and *Candida lusitanae* should be considered an opportunistic pathogen. Difficulties of the treatment with *Granulicatella adjacens* due to its slow and fastidious growth characteristics and its increased resistance and tolerance to antibiotics should be aware. Though initial susceptibility testing of *Candida lusitanae* shows sensitivity to amphotericin B, poor clinical response may indicate changing antifungal agent to azole or echinocandin agent.

■ S-502 ■

A case of eosinophilia by scabies skin infection in sanatorium female patient

Department of Internal Medicine, Chosun University College of Medicine, Gwangju, Korea

*Seok Won Kim, M.D., Sang Gon Park, M.D., Choon Hae Chung, M.D., Chi Young Park, M.D

Eosinophilia is the presence of $>500/\mu\text{L}$ of peripheral blood and common cause are parasite infection, allergic reaction to drug, and allergic disorder. Eosinophilia in excess of $1500/\mu\text{L}$ persisting for longer than 6 months with idiopathic etiology and organ involvement is termed idiopathic hypereosinophilic syndrome and this entities need to treatment. Scabies is one of medically important arthropods. They are recently wide outbreaks in socially disadvantages population and local sanatorium in Korea. A 82 years old female had been admitted sanatorium and she was complained for severe itching sensation with multiple popular skin lesion in axillar, buttock, interdigital area and gradually, increased eosinophil count upto $4900/\mu\text{L}$ preceeding 2month duration. Parasite and allergen exam was all negative and there was not history of new drug and herb medication. The patient performed skin biopsy and we diagnosed eosinophilia with scabies skin infection and treated by only topical agent such as lindane, eosinophilia, itching sensation and skin lesion was improved. Here we present a case of rare cause hypereosinophilia by scabies skin infection, and successful treatment only using topical agent