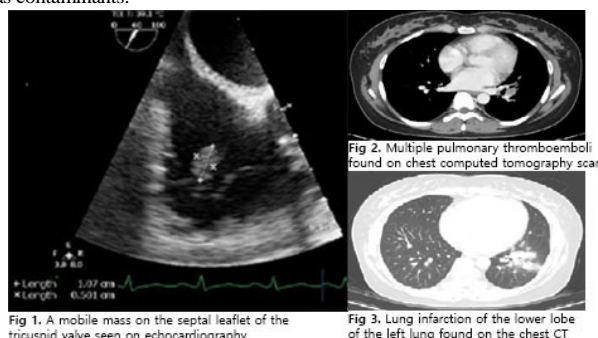


# Native valve endocarditis caused by *Corynebacterium striatum* after a cesarean section

서울대학교병원

\*장의진, 전강일, 김남중

**Introduction:** *Corynebacterium* species are normal inhabitants of the skin and mucous membranes and usually considered contaminants when detected in blood cultures. *Corynebacterium striatum* has been reported to cause septic arthritis, vertebral osteomyelitis, lung abscess, and infective endocarditis (rarely). Here, we report a case of native valve endocarditis caused by *C. striatum* after a cesarean section. **Case:** A 36-year-old pregnant woman with post-menstrual age 34 + 0 weeks and a history of 12 missed abortions due to a uterine anomaly visited the obstetric department of Seoul National University Hospital because of labor pain. Emergency cesarean section was done. On the 4th day after the surgery, she had a peak fever of 38.5°C with chilling. Gram-positive rods were grown from 2 pairs of blood culture samples, and intravenous cefotetan (1 g twice daily) was administered on the 5th day after surgery. The gram-positive rods from blood cultures were finally identified as a *C. striatum* on matrix-assisted laser desorption/ionization time-of-flight mass spectrometry (Bruker, Billerica, MA, USA). Cefotetan was replaced with intravenous vancomycin (1 g twice daily) on the 11th day after surgery. Transthoracic and transesophageal echocardiography were performed, which revealed a mobile mass (11 mm X 7.8 mm) compatible with a vegetation on the septal leaflet of the tricuspid valve with trivial tricuspid regurgitation. On the 22nd day, the patient complained of fever, chilling, and chest pain. A chest computed tomography scan revealed multiple pulmonary thromboemboli and infarction of the lower lobe of the left lung, which were presumed to be embolic complications of right-sided infective endocarditis. Intravenous vancomycin was administered for 4 weeks, and a decrease in patchy opacities of the left lung field was observed. The patient was discharged from the hospital on the 39th day after the surgery without any other symptoms. **Conclusion:** Native valve endocarditis caused by *C. striatum* is rare. However, as it can occur in patients without comorbidities, *C. striatum* detected from 2 or more blood cultures should not be concluded as contaminants.



# A case of vertebral osteomyelitis and necrotizing fasciitis caused by non-O1,non-O139 *Vibrio cholerae*

<sup>1</sup>전남대학교 의과대학 감염내과, <sup>2</sup>경상대학교 건강과학연구원, 경상대학교 의과대학

\*김진원<sup>1</sup>, 배인규<sup>2</sup>, 정영곤<sup>1</sup>, 오태훈<sup>1</sup>, 김성은<sup>1</sup>, 김어진<sup>1</sup>, 강승지<sup>1</sup>, 정숙인<sup>1</sup>, 박경화<sup>1</sup>

The clinical disease spectrum of *Vibrio* species is well-defined. Non-O1, non-O139 *Vibrio cholerae* often causes sporadic diarrhea and can cause extra-intestinal invasive infections in patients with major underlying diseases. Osteomyelitis caused by *Vibrio* species is extremely rare, and osteomyelitis associated with an adjacent soft-tissue infection by *Vibrio vulnificus* had been reported. We report the first case of hematogenous vertebral osteomyelitis combined with necrotizing fasciitis due to non-O1, non-O139 *V. cholerae* in a patient with liver cirrhosis. A 49 year-old man was referred to emergency department in August, 2017 for erythematous swelling and pain of both lower leg. He had alcoholic liver cirrhosis. The patient presented fever and diarrhea for five days before admission and presented both leg swelling with hemorrhagic bullous skin change after two days from fever. We considered necrotizing fasciitis by *V. vulnificus*, so we underwent on emergency fasciotomy for left foot. Cefotaxime and ciprofloxacin combination therapy were administered. On day 5, non-O1, non-O139 *V. cholerae* grew in blood cultures, bullae aspirate and tissue cultures. On day 11, we found motor weakness of left lower leg and spinal tenderness on lumbar area. Lumbar spine MRI and cervico-thoracic MRI was checked and we found epidural soft tissue thickening of L4-S1 with 0.5cm sized epidural abscess at L4, and L4-5, T11-12, C6-7 vertebral osteomyelitis. We continued cefotaxime plus ciprofloxacin combination therapy and since day 14 of admission, fever was subsided and motor weakness improved gradually. He discharged on day 39 without sequelae. In conclusion, although rarely encountered, *Vibrio* species including non-O1, non-O139 *Vibrio cholerae* should be considered in the differential diagnosis of necrotizing skin and soft tissue infections in patients with underlying illness and epidemiologic risk factors. Clinician also should maintain alertness for hematogenous bone infection as well as necrotizing soft-tissue infection in these patients.

