中文題目:Capnocytophaga sputigena 於一位糖尿病及胃癌病人造成肺炎及菌血症之案例討論

英文題目: Capnocytophaga sputigena pneumonia and bacteremia in a patient with diabetes and gastric cancer

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Introduction

Capnocytophaga sputigena is one member of Capnocytophaga species, which are gram-negative bacilli with facultative, anaerobic, capnophilic characteristics. Capnocytophaga species are few reported, and species-level biochemical identification is difficult; thus, case reports of C. sputigena infection are rare. Herein, we reported a 84-year-old male with diabetes mellitus and gastric cancer presented with pneumonia and bacteremia by C. sputigena.

Case Presentation

A 84 years old male with multi-organ disorders, including diapletic seizure, old infarcts at the bilateral basal ganglia, left corona radiata, right thalamus, gastric cancer, type 2 Diabetic mellitus, hypertension, and benign prostatic hyperplasia. He just discharged from the hospital due to pneumonia 20 days ago. He presented with chest tightness with fever and for 1 day, and was sent to emergency department of a medical center. After survey at ED, bilateral pneumonia with pleural effusion was diagnosed by chest X-ray with leukocytosis (WBC 18180/ul), thrombocytopenia (Platelet 10800/ul), and C-reactive protein 55.4 mg/L. Two sets of blood culture collected from emergency department showed *C. sputigena*, which identified by MALTI-TOF score value 2.032. He was treated with piperacillin/tazobactam, and the pneumonia improved after treatment.

Discussion

There are 9 species in genus *Capnocytophaga*, and the infections caused by these species are frequently related to periodontal problem or animal bites. Both immunocompetent and immunocompromised hosts are potential patients infected with these species. This pathogen could cause various types of human infections, including abscesses, bacteremia, chorioamnionitis, empyema, endocarditis, osteomyelitis, pleuropneumonitis, sinusitis, and septic abortion. *Capnocytophaga* spp. is found to be susceptible to a large number of antibiotics, such as the penicillins, clindamycin, macrolides, broad-spectrum cephalosporins, and quinolones. But no interpretation criteria on susceptibility have not been setup till now. There is rare cases report about infection caused by *Capnocytophaga* species, and till now there is no report about *C. sputigena* related both bacteremia and pneumonia in Taiwan. *C. sputigena* is known to be present in normal oral flora. Therefore, we assume that the oral cavity flora is the more likely source of infection.

References

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