IMAGES

Pasteurella multocida infection

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This patient was a 49 year-old woman with a history of HIV infection, liver disease due to HCV, autoimmune hemolytic anemia and rheumatoid arthritis. She lived alone with 2 dogs. The patient consulted the ED for fever of 39ºC with chills and malaise without any apparent infectious focus. Physical examination revealed erythematous scratches and sores on both legs (Figure 1). Blood test showed platelets 58.000/µL, CRP 34 mg / L, total bilirubin 77 mmol / L (conjugate 49 mmol / L), ALT (GPT) 34 U / L, GGT 92U / L, LDH 228 U / L, leukocytes 4.63 µL. Urine sediment was negative and chest X-ray was normal. She remained febrile and had severe pain in the abductor magnus of the left thigh abductor. TCT scan of the right leg showed an abscess of 14 cm in the adductor magnus. It was then that blood culture reported positive for Pastereulla multocida. We completed the study with lumbar puncture and transesophageal echocardiogram, with negative results. The patient was treated with ceftriaxone 2 g / day and for 5 days associated with gentamicin 250 mg / day. Surgical drainage of the abscess was performed, with favorable evolution.

Pasteurella multocida is a gram negative coccobacillus that forms part of the flora of the respiratory tract and oral cavity of domestic animals (cats, dogs, etc.). In 66-90% of cases, this is the most common organism in skin and soft tissue infection caused by scratches, bites or licks (as in the present case). It can cause bacteremia with severe infections such as septic arthritis, osteomyelitis, sepsis and meningitis, especially in immunocompromised or cirrhotic patients. Other complications include peritonitis or appendicitis and, rarely, endocarditis.

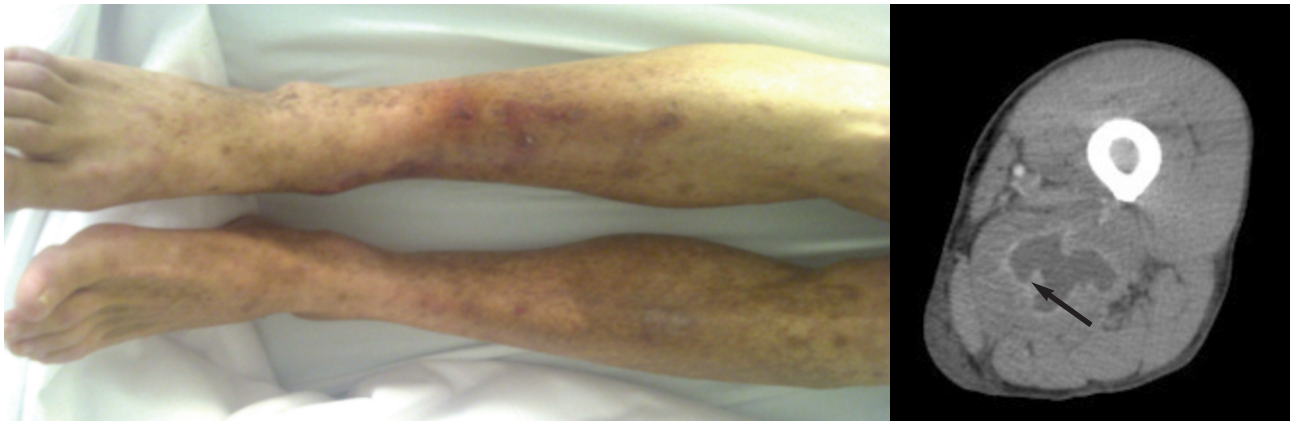

Figure 1. Erythematous lesions and purplish scars on the legs (left). Intramuscular wall thickened liquid collection in the left thigh adductor magnus (arrow, right).

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