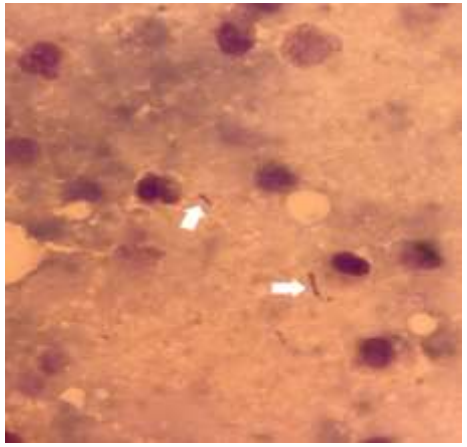
Büyük Vizit
Olgu 1

Dr. Habibe Tülin ELMASLAR MERT

09.03.2024

KLiMiK 2024

KLİMİK TÜRK KLİNİK MİKROBİYOLOJİ VE İNFEKSİYON HASTALIKLARI DERNEĞİ



Olgu

- T.P. 51 Yaş erkek
- Meriç, Edirne
- Çiftçi
- Sağ ayak altında yara, sağ kasıkta şişlik, ateş ve halsizlik

Anamnez

- Sulama kanalında balık tutarken sağ ayağına tatlı su midyesi kabuğu batmış
- Bir hafta sonra ayağında açık yara
- Sonrasında sağ kasığında şişlik ve ağrı
- Amoksisilin-klavulonat ve siprofloksasin 1 hafta
- Klinik düzelme olmaması ve üşüme titreme ile yükselen ateş

Fizik Muayene

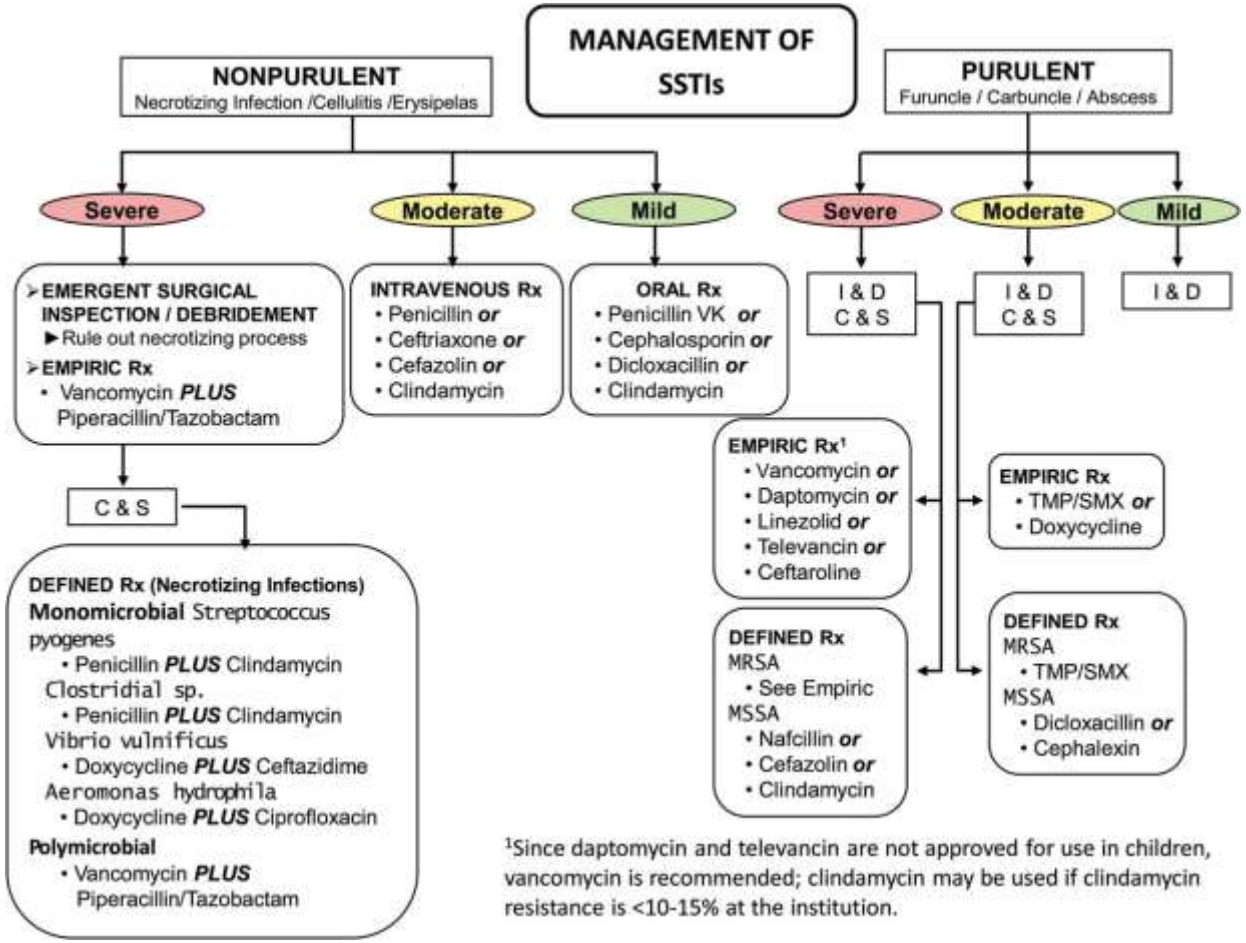
- Sağ uyluk medialinde ısı artışı, fluktuasyon veren şişlik
- Krepitasyon yok
- Debritman için açılmış olan kesiden hemopürülan gelen görüldü. Sağ ayak bileği medialde ısı artışı, ödem sağ ayak plantar yüzde açık yara saptandı

Laboratuvar

- Lökosit 22400 mm3 (%90 PNL)
- CRP 157 mg/L
- Biyokimyasal tetkikler normal

- ?

Figure 1. Purulent skin and soft tissue infections (SSTIs). Mild infection: for purulent SSTI,
incision and ...



Clin Infect Dis, Volume 59, Issue 2, 15 July 2014, Pages 147–159, https://doi.org/10.1093/cid/ciu444

TABLE 1. Bacterial causes of skin, soft tissue and systemic infections following aquatic injuries and exposures

Organism	Bacteriology and epidemiology	Clinical manifestations	Diagnosis	Treatment
Aeromonas hydrophila	Gram-negative rod in fresh and brackish water; incidence increases in warm months; may follow alligator, fish, leech and snake bites; associated with near-drowning; incubation: 24–48 hr	Cellulitis, pyodermas-furuncles, necrotizing infections	Microbiologic culture	Resistant to penicillins and 1st-generation cephalosporins; most sensitive to aminoglycosides, 3rd- and 4th-generation cephalosporins, fluoroquinolones
Chromobacterium violaceum	Gram-negative rod in wet tropical soils and brackish to stagnant water; follows minor injuries and fish bites; associated with immunosuppression, especially chronic granulomatous disease; incubation: 24–48 hr	Cellulitis, pustules, ulcers with black necrotic bases and bluish purulent discharges	Microbiologic culture	Resistant to ampicillin and most cephalosporins; generally susceptible to aminoglycosides, fluoroquinolones, tetracyclines, carbapenems, trimethoprim-sulfamethoxazole
Edwardsiella tarda	Gram-negative rod in fresh and brackish water; causes disease in catfish; follows catfish spine punctures; associated with immunosuppression, especially hepatic disease; incubation: 24–48 hr	Pyodermas, necrotizing infections—myonecrosis	Microbiologic culture	Sensitive to most broad-spectrum antibiotics with gram-negative coverage, including ampicillin, cephalosporins, such as cefazolin and cefatzidime, aminoglycosides and fluoroquinolones
Erysipelothrix rhusiopathiae	Nonsporulating gram-positive rod and environmentally stable commensal living in exterior slime of fish; often follows minor wounds sustained when filleting fish; incubation: 24–48 hr	Erysipelas	Microbiologic culture	Typically resistant to sulfonamides, aminoglycosides and vancomycin; sensitive to penicillins, carbapenems, cephalosporins, fluoroquinolones, daptomycin and clindamycin
Mycobacterium fortuitum	Acid-fast, fresh and saltwater, rapidly growing mycobacterium; infections associated with footbath + pedicures and with ichthyotherapy administered by mycobacteria-colonized doctor fish; incubation: 3–12 wk	After weeks to months, lower extremity erythematous papules progress to fluctuant violaceous furuncles (boils) that either ulcerate or resolve with scarring	Microbiologic culture, HPLC; molecular PCR-based testing; antibiotic susceptibilities	Antimicrobial therapy should be guided by susceptibility testing of early isolates in most cases; usually susceptible to ciprofloxacin, clarithromycin, doxycycline or minocycline, sulfonamides and amikacin
Mycobacterium marinum	Acid-fast saltwater mycobacterium; infections associated with minor lacerations sustained cleaning saltwater aquariums (fish tank granulomas) or may follow crab bites and spine punctures by sea urchins and crustaceans sustained during handling and preparation of fresh seafood; incubation: 1 wk to months, mean 21 d	Localized red-violet verrucous raised patches with lymphadenitis, lymphadenopathy and possibly sporotrichoid nodular ulcerations along lymphatic drainage routes; deep infections may occur in untreated cases and in immunocompromised patients	Microbiologic acid-fast stains on drainage, aspirates and biopsies; acid-fact bacterial culture	Susceptible to clarithromycin, ethambutol, rifampin and trimethoprim-sulfamethoxazole (usually 2 agents in combination)

(Continued)

Review > Am J Med Sci. 2015 Mar;349(3):269-75. doi: 10.1097/MAJ.0000000000000366.

Skin, soft tissue and systemic bacterial infections following aquatic injuries and exposures

James H Diaz [1], Fred A Lopez

Affiliations + expand

PMID: 25374398 DOI: 10.1097/MAJ.0000000000000366

Abstract

: Bacterial infections following aquatic injuries occur commonly in fishermen and vacationers after freshwater and saltwater exposures. Internet search engines were queried with the key words to describe the epidemiology, clinical manifestations, diagnostic and treatment strategies and outcomes of both the superficial and the deeper invasive infections caused by more common, newly emerging and unusual aquatic bacterial pathogens. Main findings included the following: (1) aquatic injuries often result in gram-negative polymicrobial infections with marine bacteria; (2) most marine bacteria are resistant to 1st- and 2nd-generation penicillins and cephalosporins; (3) nontuberculous mycobacterial infections should be considered in late-onset, culture-negative and antibiotic-resistant marine infections; (4) superficial marine infections and pre-existing wounds exposed to seawater may result in deeply invasive infections and sepsis in immunocompromised patients. With the exception of minor marine wounds demonstrating localized cellulitis, most other marine infections and all gram-negative and mycobacterial marine infections will require therapy with antibiotic combinations.

TABLE 1. (*Continued*)

Organism	Bacteriology and epidemiology	Clinical manifestations	Diagnosis	Treatment
Shewanella putrefaciens	Gram-negative rod in saltwater; contaminates shellfish, especially clams; associated with near-drowning, ingestion of raw shellfish, exposures of pre-existing wounds or dermatoses to saltwater, especially in the immunocompromised patients; incubation: 4–24 wk	Cellulitis, pyodermas, deep ulcers, necrotizing fasciitis and compartment syndromes	Microbiologic culture, PCR	Resistant to penicillins and 1st- and 2nd- generation cephalosporins; sensitive to aminoglycosides, 3rd- and 4th- generation cephalosporins, carbapenems and fluoroquinolones
Streptococcus iniae	Gram-positive beta-hemolytic streptococcus in fresh and brackish water; commensal colonization of fish surfaces; associated with minor wounds sustained during preparation of fresh fish, especially farm-raised tilapia	Impetigo and cellulitis	Microbiologic culture	Susceptible to many antibiotics with gram positive coverage, including penicillin, cephalosporins, macrolides and trimethoprim-sulfamethoxazole
Vibrio vulnificus	Curved gram-negative bacilli that thrive in warm saltwater, especially in the Gulf of Mexico; associated with puncture wounds sustained in saltwater and ingestion of raw/undercooked oysters, especially by males with chronic liver diseases (alcoholic cirrhosis); incubation: 3–7 d	Cellulitis, hemorrhagic bullae, ulcers, necrotizing infections with fasciitis and compartment syndromes; ecthyma gangrenosum and septicemia with high case fatality	Microbiologic culture of wound drainage, aspirates, biopsies; blood cultures	Sensitive to 3rd-generation cephalosporins, such as ceftazidime, ceftriaxone or cefotaxime, doxycycline and fluoroquinolones

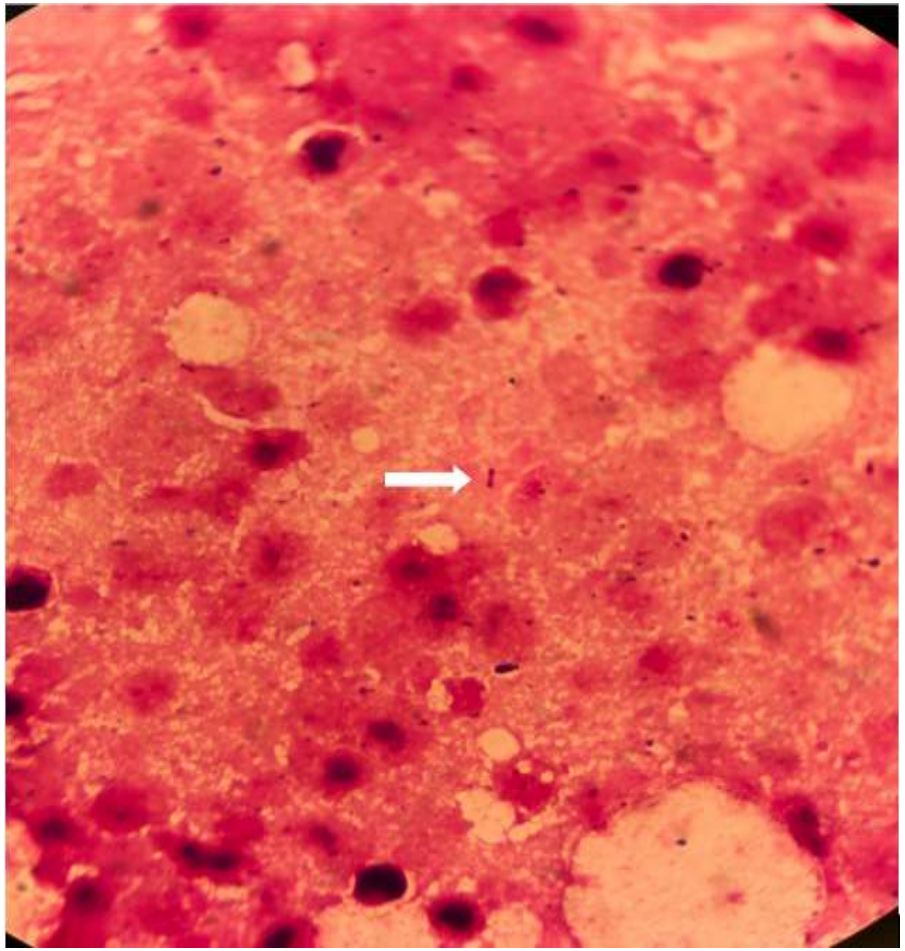
PCR, polymerase chain reaction; HPLC, high-pressure liquid chromatography.

- Tedavi?

- Su kaynaklı mikroorganizma ?
- Kan kültürü alındı
- Piperaslin tazobaktam 3x4,5 gr intravenöz ve siprofloksasin 2x750 mg oral tedavi başlandı

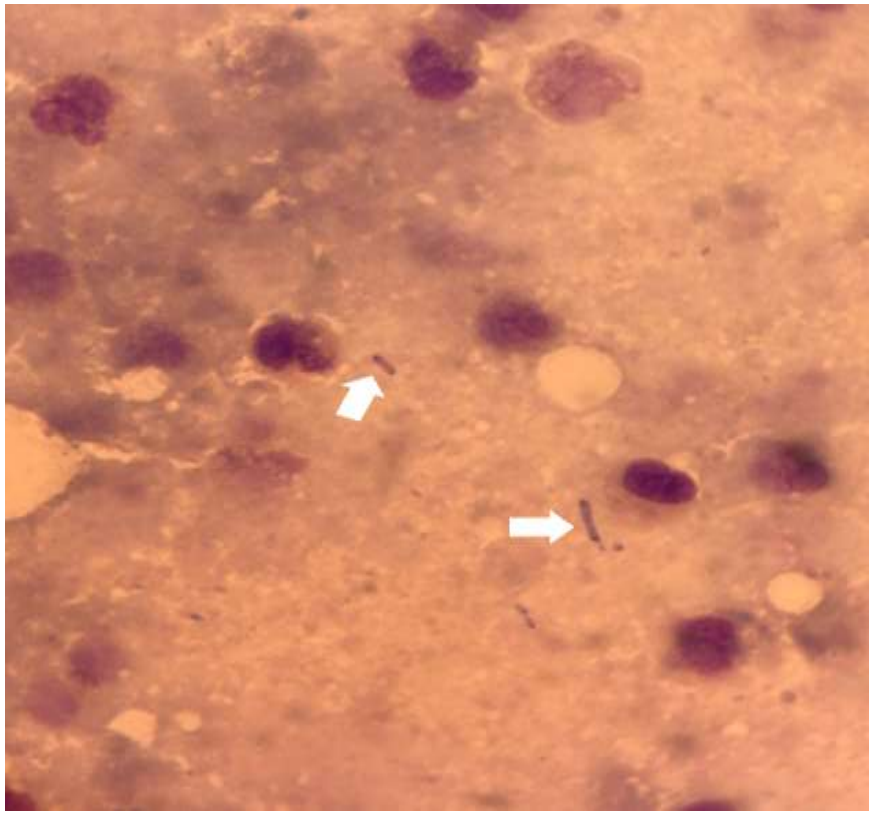
Mikrobiyoloji

- Tıbbi Mikrobiyoloji Laboratuvarı'nda yara sürüntüsü olarak gönderilen numuneden Gram boyamasında bol sayıda PNL (x10'da her alanda 25'den fazla), eritrositler, seyrek sayıda bipolar boyanan Gram (-) basillller (x100'de her alanda 1-5) görüldü



Mikrobiyoloji

- Giemsa boyamasında da bipolar boyanan basiller



- Olası etken?

Mikrobiyoloji

- VITEK-2 (bioMérieux, Fransa) ile %50 *Yersinia enterocolitica*, %50 *Yersinia frederiksenii*
- Ramnoz ve sitrat testlerinin negatif olması üzerine *Yersinia enterocolitica* olarak adlandırıldı, köken Türkiye Halk Sağlığı Referans laboratuvarına gönderildi

- Tedavi?

Case Reports › Clin Infect Dis. 1993 Sep;17(3):405-10. doi: 10.1093/clinids/17.3.405.

Antibiotic treatment of Yersinia enterocolitica septicemia: a retrospective review of 43 cases

M Gayraud [1], M R Scavizzi, H H Mollaret, L Guillevin, M J Hornstein

Affiliations + expand

PMID: 8218681 DOI: 10.1093/clinids/17.3.405

Abstract

Of 53 documented cases of Yersinia enterocolitica septicemia reported to the French national registry between 1985 and 1991, 43 files contained sufficient information on antibiotic treatment to be analyzed retrospectively. All patients had at least two positive cultures of blood collected before the initiation of treatment. All strains were susceptible in vitro to the antibiotics that are usually active against gram-negative rods except for older beta-lactam agents (i.e., aminopenicillins and first-generation cephalosporins). No multiresistant strain was isolated. Only four (7.5%) of the 53 patients died. Aminopenicillins, first-generation cephalosporins, and--when prescribed alone--amoxicillin/clavulanate were not effective. Third-generation cephalosporins, most often used in combination with other antibiotics, were successful in 85% of cases. Fluoroquinolones--alone or in combination--cured all of 15 infections, with patients improving rapidly and becoming apyretic within 1-4 days. These agents therefore seem to constitute the best treatment.

› Med Dosw Mikrobiol. 2009;61(4):311-9.

[Antimicrobial susceptibility of Yersinia enterocolitica and Yersinia pseudotuberculosis strains isolated from humans in Poland during 2004-2009]

[Article in Polish]

Jolanta Szych [1], Aleksandra Jakubczak, Sebastian Wardak, Grzegorz Madajczak

Affiliations + expand

PMID: 20201320

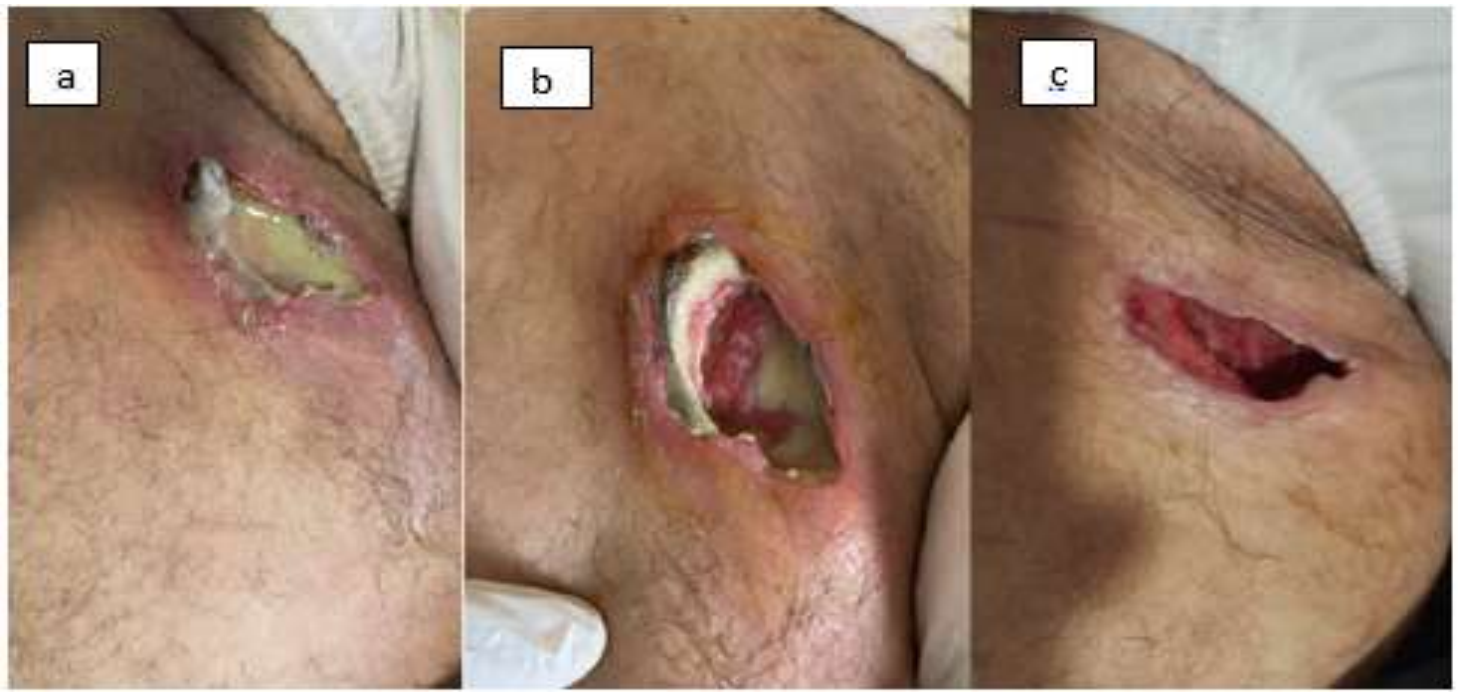
Abstract

The number of yersiniosis has increased in the last few years in Poland, especially an increase of Yersinia enterocolitica bioserotype 1B/O:8 infections was observed. From 2004 to 2009 265 of Y. enterocolitica 4/O:3, 108 of Y. enterocolitica 1B/O:8, 8 of Y. enterocolitica 2/O:9 and 4 of Y. pseudotuberculosis clinical isolates were collected. To obtain basic data for resistance monitoring purpose 385 Yersinia strains were tested by standard disc diffusion method for their susceptibilities to 12 antimicrobial agents. In addition beta-lactamase (enzyme A) inhibition assays were undertaken with ticarcillin and clavulanic acid and beta-lactamase (enzyme B) induction tests were perfonned with imipenem as the inducer for 135 strains. The present study demonstrated a high susceptibility of clinical strains to most of the tested antibiotics with the exception of ampicillin, ticarcillin and streptomycin. No strains were resistant to third-generation cephalosporins, fluoroquinolones, gentamicin and tetracyclin. Less than 10% isolates were resistant to amoxicillin with clavulanic acid (except--all Y. enterocolitica 2/O:9 strains were resistant), sulfonamide, trimetoprim/sulfamethoxazole and chloramphenicol. Four isolates of Y. enterocolitica 4/O:3 and one Y. enterocolitica 2/O:9 was multidrug resistant (MDR). Detection of enzyme A by disc diffusion in all tested strains, with the exception of the three Y. pseudotubeculosis I isolates, was highly reliable but results of enzyme B detection by the disc diffusion test were, especially for Y. enterocolitica 1B/O:8, faced with the difficulties.

Antibiyogramda

- Ampisilin ve amoksisilin-klavulonat dirençli
- Piperasilin-tazobaktam, seftazidim, seftriakson, sefepim, imipenem, meropenem, ertapenem, siprofloksasin, amikasin ve trimetoprim sulfametoksazol duyarlı

- Klinik ve laboratuvar düzelme görülen hasta tedavinin 14. günü oral siprofloksasin ile taburcu edildi



Antimikrobiyal tedavi altında yaranın seyri a- İkinci gün, b- yedinci gün, c- 14. gün

- Toplam antibiyoterapi süresi üç haftaya tamamlanan hastanın açık yarası plastik cerrahi tarafından sütüre edildi

- Türkiye Halk Sağlığı Referans laboratuvarından gelen sonuç

Yersinia enterocolitica O:8

Ampisilin dirençli,

Trimetoprim Sülfametaksazol duyarlı, Siprofloksasin duyarlı

Kapama operasyonu sonrası

Dünya Kadınlar Günü ya da Dünya Emekçi Kadınlar Günü her yıl 8 Mart'ta kutlanan ve Birleşmiş Milletler tarafından tanımlanmış uluslararası bir gündür. İnsan hakları temelinde kadınların siyasi ve sosyal bilincinin geliştirilmesine, ekonomik, siyasi ve sosyal başarılarının kutlanmasına ayrılmaktadır.Türkiye'de ise 8 Mart Dünya Emekçi Kadınlar Günü ilk kez 1921 yılında "Emekçi Kadınlar Günü" olarak kutlanmaya başlandı .