

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Medical Imaging Quiz – Case 34

An 89-year-old male was admitted to the emergency department with a constant chest pain radiating to the back, with a 24 hours' duration. The patient had a history of hypertension, hypothyroidism, angina and partial colectomy (polyps exertion). On his first day in the hospital, the patient presented fever with shaking chills.

Laboratory findings included ECG with no signs of ischemia, negative troponin test, SGOT 120 IU/L, SGPT 246 IU/L, LDH 474 IU/L, Na 131 mEq/L and Ca 7.7 mg/dL.

The patient started antibiotic treatment with amoxicillin and clavulanic acid, but did not respond to the therapy. An abdominal and pelvic CT showed a low density lesion (4.5×5×8 cm) above the left kidney with displacement of splenic vessels (fig. 1) and another low density lesion (5.8×3.2×10.4 cm) with calcifications on the wall along the rectus abdominis muscle (fig. 2), findings indicating abscesses formations considering the clinical condition of the patient.

Blood cultures were taken and a strain of *Cedecea* spp was isolated as the predominant organism. The cardioulttrasound showed no signs of infection. The organism was susceptible to cephalosporins (b, c, d), aminoglycosides, quinolone and penems. The antibiotics were changed to cefuroxime intravenously, and the patient recovered and was discharged from the hospital on day 20.

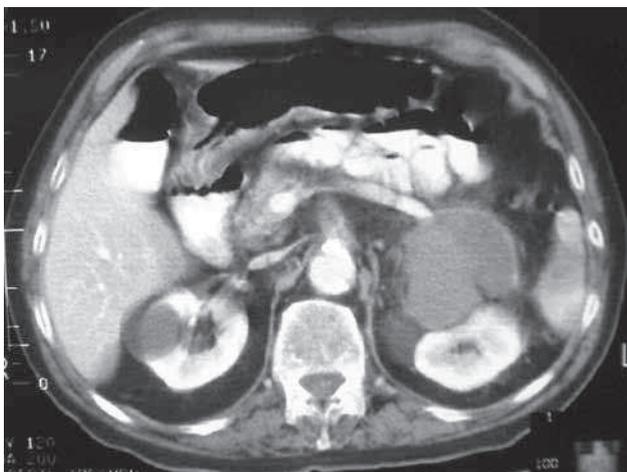


Figure 1. CT scan showing a low density lesion above the left kidney with displacement of splenic vessels.

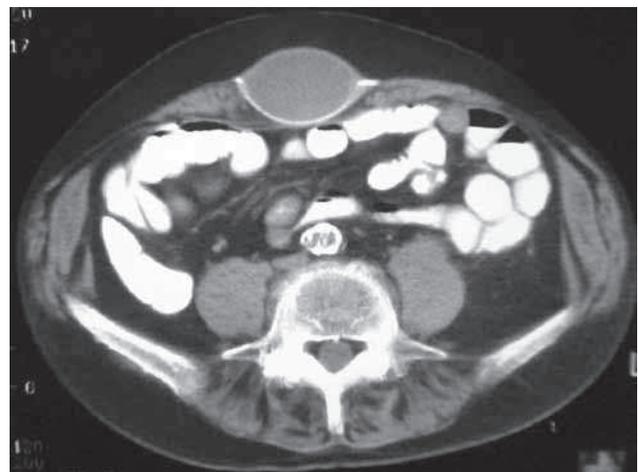


Figure 2. An abscess with calcifications on the wall along the rectus abdominis muscle shown in the abdominal computed tomography.

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2014, 31(1):111–112

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Comment

Cedecea spp represent a new member of the Enterobacteriaceae family, and although they are commonly described, they have rarely been reported as causes of invasive infection.

The name of the genus was derived from the Centers for Disease Control where the initial members of the genus were discovered. This group resembles no other group of Enterobacteriaceae. The strains of *Cedecea* appear to be similar to those of *Serratia*. They are lipase positive and resistant to colistin and cephalothin and unable to hydrolyze gelatin or DNA. At this time, six species have been identified.

These species mostly caused bacteremia in patients presenting diabetes mellitus, chronic heart disease, such as valvular heart disease, chronic obstructive pulmonary disease and systemic lupus erythematosus.

Cedecea strains are rarely isolated from the environment or living human tissues. However, strains have been isolated from the

following of human specimen: sputum, blood, skin wounds, gall-bladder, urine and lung tissue. These specimens were collected from a handful of patients who were elderly, medically compromised or immunocompromised. The species' inherent resistance to antibiotics makes their management extremely challenging.

Even though these strains have been isolated, their role in disease and clinical significance is yet to be discovered.

References

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