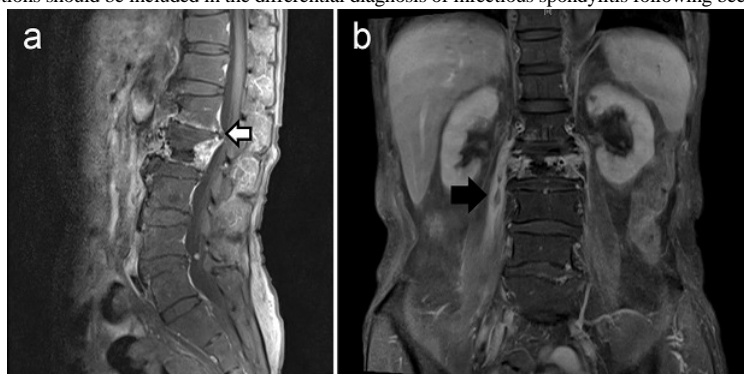


Infectious spondylitis caused by *Listeria monocytogenes* associated with bee venom acupuncture

성균관대학교 의과대학 삼성서울병원 ¹내과, ²감염내과

*김소리, 강철인

Listeria monocytogenes is a food-borne organism that mainly manifests as meningitis and bacteremia in immunocompromised hosts. Infectious spondylitis caused by *L. monocytogenes* has rarely been reported. Meanwhile, alternative medicine is highly prevalent in Asia, and complications associated with many types of alternative medicine have been reported. A 79-year-old man who was previously healthy presented with low back pain. He had received bee venom acupuncture severe times before. He was admitted to a local clinic with fever and was diagnosed with infectious spondylitis and psoas muscle abscess. Because his back pain did not improve after empirical antimicrobial treatment, he was referred to our hospital and underwent bone biopsy and cultures. Cultures from biopsy specimens grew unidentified gram-positive bacilli, and 16S rDNA gene sequencing of the isolate revealed *L. monocytogenes*. After 16 weeks of targeted antimicrobial treatment, his symptoms were relieved and inflammation markers normalized. *Listeria monocytogenes* infections should be included in the differential diagnosis of infectious spondylitis following bee venom acupuncture.



Recurrent ciprofloxacin-susceptible *Salmonella* Choleraesuis bacteremia in an HIV-uninfected patient

¹가톨릭대학교 의과대학 인천성모병원 내과학교실, ²가톨릭대학교 의과대학 백신 바이오 연구소

*한유민¹, 최정현^{1,2}, 김시현^{1,2}

Recurrent nontyphoidal *Salmonella* bacteremia had been well described in HIV-infected patients. However, in general population, nontyphoidal *Salmonella* infection most often results in self-limited acute gastroenteritis. We report the first case of recurrent ciprofloxacin-susceptible *S. Choleraesuis* bacteremia in an HIV-uninfected patient. A 72-year-old man presented with a 3-week history of fever and chest discomfort despite a recent use of oral cefaclor for 7 days. He had a history of hospitalization for ciprofloxacin-susceptible *S. Choleraesuis* bacteremia 14 year ago. Computed tomography (CT) findings of the chest were consistent with mediastinitis and suspected focal rupture of aortic arch. Ampicillin-sulbactam was started and initial blood cultures were negative. On evaluation, there was no evidence of direct injury to adjacent structures such as esophagus, trachea, and bronchi. On the day 8, thoracic endovascular aortic repair was performed on the same day. After 3 days, the fever continued and surgical debridement and drainage of subaortic region with tissue cultures were performed. On the day 16, tissue cultures were negative and the patient were afebrile. Two weeks later, the fever reappeared and blood cultures were performed again. *S. Choleraesuis* was isolated from the follow-up blood cultures, which was susceptible to all the tested drugs. After 1 week, fever subsided with intravenous ciprofloxacin and the values of erythrocyte sedimentation rate and C-reactive protein were gradually normalizing. However, on the day 74, the follow-up CT showed persistent infected hematoma around aortic arch and descending thoracic aorta. On the day 99, aortoesophageal fistula occurred and the patient eventually died of uncontrolled bleeding. *S. Choleraesuis* is the most pathogenic nontyphoid *Salmonella* species causing endovascular infection. Aortic aneurysm caused by *Salmonella* is almost fatal. Clinicians should consider *Salmonella* aortitis as the etiology of aortic aneurysm in patients who had a medical history of *S. Choleraesuis* infection.