

中文題目:罕見之皮下感染源 -*streptococcus dysgalactiae* subspecies *equisimilis*

英文題目:Rare bacteremia from cellulitis-*streptococcus dysgalactiae* subspecies *equisimilis*

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Case report: A 88-year-old female was hospitalized due to short of breath and lower extremities erythema and edema with acute infection .As we know she was Old CVA and cervical cancer s/p R/T Comitantatly CXR and Pelvis CT with contrast enhancement were confirmed her swelling of both thighs.For pyogenic spiking fever and persist dyspnea, blood culture was done and *Streptococcus dysgalactiae* subspecies *equisimilis* was isolated from patient.Symptoms resolved after specific antibiotic therapy with intravenous administration with Ceftriaxone 2GM every 24 hours for 14 days.

Introduction: *Streptococcus dysgalactiae* subspecies *equisimilis* (*S. dysgalactiae* subsp. *equisimilis*) as significant pathogen has recently been better recognized. *S. dysgalactiae* subsp. *equisimilis* disease can range in severity from milder skin and soft-tissue conditions such as wound infection, erysipelas, and cellulitis,to life-threatening necrotizing fasciitis and streptococcal toxic shock syndrome, sharing the clinical picture with *S. pyogenes*. The most common clinical manifestation of bacteremia is cellulitis. An increase in the incidence of *S. dysgalactiae* subsp. *equisimilis* bacteremia has been recognized. Invasive forms of this infection are most commonly found in elderly patients with underlying comorbidities and skin breakdown. The case fatality in bacteremia has been reported to be 20 %. As far as we know, this is one of few reports of soft tissue diffuse infection in Taiwan.In conclusion, we report a case of lower extremities infection caused by *Streptococcus dysgalactiae* subspecies *equisimilis*. Antibiotic susceptibility testing for using ceftriaxone be effective for this organism.

Discussion: Cellulitis may be the sequel of a variety of g infections that are either inadequately treated or not treated at all. *S. dysgalactiae* subsp. *equisimilis* bacteremia caused by rare types than in those with bacteremia caused by common types. The reason for this finding is not so clear. One explanation for this might be that patients contract certain prevailing bacterial strains (so-called common types) more often and a prior antigen challenge and subsequent response may play a role. More severe disease was also caused more often by rare types than by common types. We found association between a common type and cellulitis as a clinical manifestation; the common types were also associated with skin and soft tissue infections.Therefore, definite isolation and identification, and accurate studies of susceptibility to antibiotics are critical for predicting the spread of strains, improving therapeutic measures and facilitating our understanding of the epidemiology of rare pathogens.