

中文題目：一位免疫功能正常女性罹患 *Achromobacter xylosoxidans* 感染所導致的菌血症：病例報告與文獻回顧

英文題目：An Immunocompetent Woman with *Achromobacter xylosoxidans*

Bacteremia: A Case Report and Review of the Literature

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Introduction: *Achromobacter xylosoxidans* is an aerobic, motile, gram-negative bacilli, first reported in 1971 by Yabuuchi and Ohyama in patients with chronic, purulent otitis media. It rarely causes infection in humans. In the limited English literature, *A. xylosoxidans* infects immunosuppressed patients, including those with malignancy, hypogammaglobulinemia, acquired immune deficiency syndrome, or organ transplant. We report here an immunocompetent woman with *A. xylosoxidans* bacteremia.

Case report: A 63-year-old woman was in good health, except intermittent attacks of Meniere's disease. She was brought to ER, due to high fever and chills for one day. She also complained of dizziness, nausea, vomiting, diarrhea and upper abdominal pain. At ER, BP was 99/47mmHg; temperature: 41.1°C; pulse rate: 77bpm; respiration rate: 18tpm. Lab data showed WBC:1420/ul; Hb: 13.6g/dl; seg.:81%; platelet: 122000/ul; procalcitonin test: 4.63ng/ml. Abdomen CT scan revealed acute inflammatory changes with minimal fluid collection, retroperitoneal cavities. Two sets of blood cultures yielded *A. xylosoxidans*. Tienam (Imipenem/Cilastatin) were administered for 10 days, followed by Morcasin(Sulfamethoxazole/Trimethoprim) and Zithromax (Azithromycin) for 3 days. She was discharged from our hospital and is currently doing well.

Discussion: *A. Xylosoxidans* typically causes otitis media, skin infections, intravenous catheter infections, and surgical-site infections. It has a high resistance against antibiotics, but is sensitive to imipenem, piperacillin-tazobactam, ceftazidime, and trimethoprim-sulfamethoxazole. We report the findings and clinical course of this case along with a literature review.

