

PICCs can be associated with T. pulmonis bacteremia, and fourth generation cephalosporins may be effective treatment” Suzuki et al (2017).

Abstract;

BACKGROUND: Tsukamurella pulmonis is an aerobic gram-positive and rod-shaped organism that causes central catheter-related bloodstream infections in immunocompromised hosts. However, peripherally inserted central catheter (PICC)-related bloodstream infections due to this organism have not been reported.

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CASE PRESENTATION: We describe a case of a 48-year-old man with acquired immunodeficiency syndrome and diffuse large B cell lymphoma who received five courses of chemotherapy including rituximab , cyclophosphamide , doxorubicin hydrochloride , vincristine , and prednisone via a PICC. Five days after the last chemotherapy course, he presented with a high fever and shaking chills. His absolute neutrophil count was 4200/ μ L. Cultures obtained from blood and PICC culture revealed T. pulmonis. The colony count of T. pulmonis grown from PICC culture was 103 colony-forming units. Therefore, he was diagnosed with T. pulmonis bacteremia resulting from PICC-related bloodstream infection. The patient’s condition improved and he became afebrile within 48 h after intravenous administration of cefozopran hydrochloride, which is a fourth generation cephalosporin.

CONCLUSIONS: PICCs can be associated with T. pulmonis bacteremia, and fourth generation cephalosporins may be effective treatment.

Full Text

Reference:

Suzuki, J., Sasahara, T., Toshima, M. and Morisawa, Y. (2017) Peripherally inserted central catheter-related bloodstream infection due to Tsukamurella pulmonis: a case report and



literature review. BMC Infectious Diseases. 17(1), p.677.

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