

中文題目：罕見玫瑰單胞菌屬雙側肺炎及菌血症感染經可樂必妥[®]治癒

英文題目：Rare *Roseomonas mucosa* bacteremia with bilateral pneumonia cured by Levofloxacin[®]

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Background: The clinical cases with severe *Roseomonas* bacteremia have been reported in the immunocompromised patients and central line infections. A 51-year-old female Taiwanese patient came to the emergency room with the bilateral pneumonia, spiking fever, shortness of breath, and sepsis infected by *Roseomonas mucosa*. The *R. mucosa* is rarely reported clinically as an infectious human pathogen in Taiwan.

Methods: Proper patient's skin antisepsis with 2% tincture of chlorhexidine gluconate had been performed at the emergency room. Three sets of aerobic and anaerobic BACTEC[®] blood cultures were collected in 30-minute intervals between samples via the peripheral venipuncture. *R. mucosa* was isolated from one of these culture bottles, and confirmed by 16S rRNA gene sequencing. The drug-susceptibility tests of *R. mucosa* isolate were done in the clinical laboratory.

Results: The female patient had suffered from the pulmonary infection and sepsis. She had a history of asthmatic bronchitis and gastroesophageal reflux symptoms without any prior treatment. Bilateral pneumonia had been diagnosed by the chest CT scan. The laboratory test results of patient's blood culture revealed a possible infection with *Roseomonas* species. The 16S rRNA gene sequencing confirmed the bacterial strain to be *Roseomonas mucosa*. The preliminary drug-susceptibility test of *R. mucosa* isolate was shown to be resistant to ertapenem. We further determined the MIC (minimum inhibitory concentration) of various antibiotics to simulate the *pseudomonas aeruginosa* species according to CLSI (Clinical and Laboratory Standards Institutes) standard. The results confirmed the isolated *R. mucosa* is susceptible to levofloxacin 25 ($\geq 17 \mu\text{g/mL}$), ciprofloxacin 25 ($\geq 21 \mu\text{g/mL}$), amikacin 40 ($\geq 17 \mu\text{g/mL}$), gentamicin 43 ($\geq 15 \mu\text{g/mL}$), and piperacillin 22 ($\geq 21 \mu\text{g/mL}$). Her sepsis had been cured by the administration with a 750 mg Levofloxacin[®] daily for 14 days.

Conclusion: Clinically, *Roseomonas mucosa* can cause bacteremia and clinical pneumonia in human although it is very rare. We should not neglect the blood culture report from the laboratory test. The clinical pulmonary and blood stream infection can be severe and can be cured by Levofloxacin[®] treatment.