

中文題目：*Ochrobactrum pseudogrignonense* 膽道感染個案報告

英文題目：Case report: *Ochrobactrum pseudogrignonense* biliary tract infection after cholecystectomy

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Introduction: *Ochrobactrum* has been recognized as an emerging pathogen in immunodeficient and immunocompetent patients. Most *Ochrobactrum* infections are catheter-related, such as central venous vein catheters, drainage tubes and intraperitoneal catheters, because of the ability of the pathogen to adhere to silicone. *O. pseudogrignonense* is a gram-negative, non-motile, non-spore-forming and oxidase-positive rod-shaped bacterium. It is a naturally occurring environmental organism found in water and soil. We reported a case of *O. pseudogrignonense* infection in VGHTC.

Case presentation: An 86-year-old male patient presented to hospital with fever and abdominal pain. He was diagnosed with gallstone-related acute cholecystitis and was admitted to the ward for laparoscopic cholecystectomy. Bile leakage developed after operation and bile culture yielded *O. anthropi* identified by MALDI-TOF. Whole genome sequencing re-identified the isolate as *O. pseudogrignonense*. Antimicrobial susceptibility testing showed that the isolate was sensitive to imipenem, colistin, tigecycline, amikacin and trimethoprim-sulfamethoxazole, but resistant to gentamicin, ampicillin-sulbactam, ceftazidime, cefepime, ceftriaxone, ciprofloxacin and piperacillin-tazobactam. He received biliary drainage and intravenous tigecycline for 7 day. He was discharged on admission day 14.

Discussion: The literature search was conducted in February 2020 using Pubmed and the keywords "*Ochrobactrum*" and "*Ochrobactrum pseudogrignonense*". Case reports of infections related to *Ochrobactrum* species included endocarditis, meningitis, brain abscess, peritonitis, endophthalmitis, osteomyelitis, prostatitis, septic arthritis, urosepsis, soft tissue infection, pancreatic abscess, biliary sepsis, liver abscess and pneumonia. Most human infection cases were associated with *O. anthropi*. Most patients with *Ochrobactrum* infection had underlying chronic illness or malignancy. Indwelling catheter and previous procedure were reported in most of cases. Most *Ochrobactrum* species are resistant to most β -lactams and sensitive to carbapenem, ciprofloxacin, trimethoprim/sulfamethoxazole or aminoglycoside.

Conclusion: *O. pseudogrignonense* is an emerging pathogen in immunodeficient and immunocompetent patients. Clinical isolates exhibit wide-spectrum β -lactam resistance. Empirical treatment with carbapenem, trimethoprim/sulfamethoxazole and aminoglycoside and catheter removal are the reasonable strategy for infection control.