

Staphylococcus hominis

No	著者	タイトル	掲載誌	巻、号	ページ	発行年
14	Cunha , Burke	<i>Staphylococcus hominis</i> native mitral valve bacterial endocarditis(SBE) in a patient with hypertrophic obstructive cardiomyopathy (閉塞性肥大型心筋症の患者における <i>Staphylococcus hominis</i> のヒト僧帽弁無菌性心内膜炎(SBE))	Heart & lung	36(5)	380-382	2007
15	Gómez Rodríguez N	Pyomyositis,sacroiliitis and spondylodiscitis caused by <i>Staphylococcus hominis</i> in a immunocompetent woman (免疫能力のある女性における <i>Staphylococcus hominis</i> によって引き起こされた化膿性筋炎、仙腸骨炎および脊椎椎間板炎)	Anales de medicina interna	23(12)	582-584	2006
16	Bowman R A	<i>Staphylococcus hominis</i> septicaemia in patients with cancer (癌患者における <i>Staphylococcus hominis</i> 敗血症)	Medical journal of Australia	140(1)	26-27	1984

表3 文献一覧

Methylobacterium radiotolerans

No	著者	タイトル	掲載誌	巻、号	ページ	発行年
1	de Cal M	<i>Methylobacterium radiotolerans</i> bacteremia in hemodialysis patients	Giornale italiano di nefrologia	26(5)	616-620	2009

Acinetobacter calcoaceticus

No	著者	タイトル	掲載誌	巻、号	ページ	発行年
1	Gómez Garcés J L	Clinical importance of bacteremias caused by <i>Acinetobacter calcoaceticus</i>	Enfermedades infecciosas y microbiología clínica	8(10)	622-625	1990
2	Schloesser R L	An outbreak of <i>Acinetobacter calcoaceticus</i> infection in a neonatal care unit	Infection	18(4)	230-233	1990
3	Alegre J	Non-hospital-acquired pneumonia caused by <i>Acinetobacter calcoaceticus</i>	Enfermedades infecciosas y microbiología clínica	8(5)	328-328	1990
4	Zaer F	Nosocomial infections due to <i>Acinetobacter calcoaceticus</i>	Journal of Postgraduate Medicine	35(1)	14-16	1989
5	Rolston K	<i>Acinetobacter calcoaceticus</i> septicemia in patients with cancer	Southern medical journal	78(6)	647-651	1985
6	Pal R B	<i>Acinetobacter calcoaceticus</i> -an opportunistic pathogen	Journal of Postgraduate Medicine	27(4)	218-221	1981

Brevundimonas vesicularis

No	著者	タイトル	掲載誌	巻、号	ページ	発行年
1	Lee M R	Bacteremia caused by <i>Brevundimonas</i> species at a tertiary care hospital in Taiwan,2000-2010	European journal of clinical microbiology & infectious	30(10)	1185-1191	2011
2	Pelletier , Jesse	<i>Brevundimonas vesicularis</i> keratitis after laser in situ keratomileusis	Journal of cataract and refractive surgery	36(2)	340-343	2010
3	Panasiti V	A cutaneous infection caused by <i>Brevundimonas vesicularis</i> :a case report	International journal of immunopathology	21(2)	457-461	2008
4	Yang , Mei-Li	Case report: infective endocarditis caused by <i>Brevundimonas vesicularis</i>	BMC infectious diseases	6	179-179	2006
5	Mondello , Placido	Nosocomial <i>Brevundimonas vesicularis</i> meningitis	Le Infezioni in medicina	14(4)	235-237	2006
6	Gilad J	Hospital-acquired <i>Brevundimonas vesicularis</i> septicaemia following open-heart surgery:case report and literature	Scandinavian journal of infections diseases	32(1)	90-91	2000

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No	著者	タイトル	掲載誌	巻、号	ページ	発行年
1	Cunha , Burke	<i>Staphylococcus hominis</i> native mitral valve bacterial endocarditis(SBE) in a patient with hypertrophic obstructive cardiomyopathy	Heart & lung	36(5)	380-382	2007
2	Gómez Rodríguez N	Pyomyositis,sacroiliitis and spondylodiscitis caused by <i>Staphylococcus hominis</i> in a immunocompetent woman	Anales de medicina interna	23(12)	582-584	2006
3	Bowman R A	<i>Staphylococcus hominis</i> septicaemia in patients with cancer	Medical journal of Australia	140(1)	26-27	1984

まとめ

貯水槽水から分離された菌株は、*Sphingomonas* spp.や *Methylobacterium* spp.などのグラム陰性ブドウ糖非発酵性桿菌が多く、文献調査の結果から、これらの分離株は日和見感染症の原因菌になり得る可能性が示唆された。



Display Settings: ☒ Abstract

G Ital Nefrol. 2009 Sep-Oct;26(5):616-20.

[**Methylobacterium radiotolerans** bacteremia in hemodialysis patients].

[Article in Italian]

de Cal M, Cazzavillan S, Cruz D, Nalesso F, Brendolan A, Rassu M, Ronco C.

Dipartimento di Nefrologia, Dialisi e Trapianto, Ospedale San Bortolo, Vicenza, Italy. mammo00@libero.it

Abstract

Central venous catheters (CVCs) play an important role in replacement therapy for patients with acute and chronic renal failure. Secondary infections due to central venous access are responsible for 48-73% of bacteremia in hemodialysis patients and are an important cause of morbidity and increased health costs for these patients. Episodes of unexplained fever were noted in hemodialysis patients in our center starting in October 2006. An investigation for causative microorganisms was conducted from October 2006 to April 2007. Bacterial DNA was extracted and amplified using universal primers for bacterial 16S. Amplification by multiple PCR was performed on the samples and the subsequent sequencing led to the identification of the microorganism of interest as belonging to **Methylobacterium radiotolerans**. We report the largest cluster of dialysis catheter-related bloodstream infections caused by *M. radiotolerans*, and describe the difficulties in the prompt and correct identification of these bacteria. Thirty-seven patients had positive cultures for *M. radiotolerans* from blood (2.7%) or CVC (29.7%) or both (67.6%). After removal and replacement of CVCs and antibiotic therapy and the strict application of an infection management protocol, there were no more fever episodes or cultures positive for *M. radiotolerans*.

PMID: 19802807 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources



Display Settings: Abstract

Enferm Infecc Microbiol Clin. 1990 Dec;8(10):622-5.

[Clinical importance of bacteremias caused by *Acinetobacter calcoaceticus*].

[Article in Spanish]

Gómez Garcés JL, Fernández Guerrero ML.

Servicio de Microbiología Clínica, Fundación Jiménez Díaz, Madrid.

Abstract

Clinical data from patients with *Acinetobacter calcoaceticus* bacteremia observed during a period of 10 years were retrospectively reviewed. These bacteremias represent the 0.66% of the total number of positive blood cultures observed during the same period of time. The type anitratus was the most common (79.4%) although there were no significant differences in epidemiology, sensitivity, or clinical significance between both types. Only in 55.8% of the cases bacteremia was considered of clinical relevance. Multiple intravenous catheters represented the most important risk factor for bacteremia and site of infection origin (42%). Mortality in this series was about 30% of the cases. Contributions to the high mortality rate were the impossibility to establish an appropriate antimicrobial treatment in most of the cases and the existence of severe underlying diseases. The presence of immunosuppressive therapy or the existence of polymicrobial sepsis did not alter the prognosis. We conclude that once the presence of a blood culture positive to *A. calcoaceticus* is detected, antimicrobial treatment should be immediately established and investigation on the origin sites should be directed to the existing intravascular catheters.

PMID: 2098121 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources



Display Settings: ☒ Abstract

Infection. 1990 Jul-Aug;18(4):230-3.

An outbreak of *Acinetobacter calcoaceticus* infection in a neonatal care unit.

Schloesser RL, Laufkoetter EA, Lehners T, Mietens C.

Universitätskinderklinik, Ruhr-Universität Bochum, FR Germany.

Abstract

Between January and December 1988, 383 neonates were admitted to our neonatal intensive care unit. 1,991 swabs and blood cultures were tested bacteriologically. Among them 90 specimens obtained from 41 patients were positive for ***Acinetobacter calcoaceticus***. During this period we discovered and treated three cases with ***A. calcoaceticus*** sepsis. Three additional cases had blood cultures positive for this bacterium without demonstrating any clinical signs of infection. There is good evidence that contaminated warm air humidifiers were the source of infection. A review of microbiological data for several months preceding the outbreak showed a definite increase in the presence of ***A. calcoaceticus***. The affected neonates required specific antibiotic therapy and intensive care. All of them survived. Conditions favoring the spread of these generally non-pathogenic bacteria and modes of preventive measures are discussed. The necessity of continuous bacteriological surveillance and careful disinfection of intensive care equipment is emphasized.

PMID: 2210855 [PubMed - indexed for MEDLINE]

MeSH Terms

LinkOut - more resources



Display Settings: ☒ Abstract

Enferm Infecc Microbiol Clin. 1990 May;8(5):328.

[Non-hospital-acquired pneumonia caused by *Acinetobacter calcoaceticus*].

[Article in Spanish]

Alegre J, Fernández de Sevilla T, Falcó V, Farré A, Martínez-Vázquez JM.

PMID: 2128612 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources



Display Settings: ☒ Abstract

J Postgrad Med. 1989 Jan;35(1):14-6.

Nosocomial infections due to *Acinetobacter calcoaceticus*.

Zaer F, Deodhar L.

Abstract

Fifty four isolates of *Acinetobacter calcoaceticus* were studied in a period of 6 months. Maximum isolates were from burns cases and environmental sampling from burns ward also grew the same organism, indicating their role as nosocomial pathogen. *Acinetobacter* may initially be mistaken for *Neisseria* species. As the organisms show multidrug resistance to commonly used antibiotics their correct identification is important.

PMID: 2585331 [PubMed - indexed for MEDLINE] [Free full text](#)

MeSH Terms

LinkOut - more resources



Display Settings: Abstract

South Med J. 1985 Jun;78(6):647-51.

Acinetobacter calcoaceticus septicemia in patients with cancer.

Rolston K, Guan Z, Bodey GP, Elting L.

Abstract

At our institution, 95 cases of **Acinetobacter** septicemia occurred over a ten-year period (1973 to 1982) in patients being treated for cancer. In 24 patients the infection was polymicrobial, while **Acinetobacter** ssp was the only offending pathogen in 71 patients. In 76 patients (80%), the infection was related to an indwelling central venous catheter (CVC). A sharp increase in the frequency of **Acinetobacter** septicemia was noticed in the years 1981 and 1982 and coincided with a marked increase in the number of indwelling CVCs in use. Acute leukemia and breast cancer were the malignancies most commonly associated with **Acinetobacter** septicemia. The isolates of **Acinetobacter calcoaceticus** from the patients in this study were highly susceptible to the aminoglycosides and moderately susceptible to trimethoprim-sulfamethoxazole (TMP-SMX), carbenicillin, and tetracycline. Seventy-nine patients recovered from their infection with removal of the CVC and antimicrobial chemotherapy. **Acinetobacter** sp was the cause of death in none of the 16 patients who died. A **calcoaceticus** is an important nosocomial pathogen causing infections predominantly in immune compromised patients and frequently associated with indwelling catheters.

PMID: 4001997 [PubMed - indexed for MEDLINE]

[MeSH Terms, Substances](#)

[LinkOut - more resources](#)



Display Settings: ☒ Abstract

J Postgrad Med. 1981 Oct;27(4):218-21.

Acinetobacter calcoaceticus-an opportunistic pathogen.

Pal RB, Kale VV.

PMID: 7338827 [PubMed - indexed for MEDLINE] [Free full text](#)

[MeSH Terms, Substances](#)

[LinkOut - more resources](#)



Display Settings: Abstract

Eur J Clin Microbiol Infect Dis. 2011 Oct;30(10):1185-91. doi: 10.1007/s10096-011-1210-5. Epub 2011 Apr 3.

Bacteremia caused by *Brevundimonas* species at a tertiary care hospital in Taiwan, 2000-2010.

Lee MR, Huang YT, Liao CH, Chuang TY, Lin CK, Lee SW, Lai CC, Yu CJ, Hsueh PR.

Department of Internal Medicine, National Taiwan University Hospital, National Taiwan University College of Medicine, Taipei, Taiwan.

Abstract

We investigated clinical and microbiological characteristics of 30 patients with *Brevundimonas* bacteremia treated at a tertiary care hospital in Taiwan during 2000-2010. All the 30 bacteria isolates were confirmed to the species level by 16S rRNA sequencing analysis. Minimum inhibitory concentrations (MICs) of 11 antimicrobial agents against these isolates were determined by the agar dilution method. Seventeen (57%) patients had underlying malignancy, 12 (40%) had undergone central catheter placement, and 13 (43%) had received chemotherapy within the previous three months. Eight (27%) patients had community-acquired bacteremia and the remaining 22 patients (73%) had healthcare-associated bacteremia. The overall 14-day and 30-day mortality rates were 13% and 17%, respectively. Among the 30 isolates, *B. vesicularis* constituted most commonly ($n = 22$, 63%), followed by *B. nasdae* ($n = 5$) and *B. diminuta* ($n = 3$). All isolates were susceptible to piperacillin-tazobactam and amikacin, while all were resistant to ciprofloxacin and colistin. Tigecycline (MICs at which 90% of isolates are inhibited [MIC(90)] was 0.12 mg/L) and doripenem (MIC(90) of 1 mg/L) both possessed good in vitro activities. In conclusions, *Brevundimonas* should be considered a pathogen that can cause bacteremia in immunocompromised hosts. Piperacillin-tazobactam, amikacin, doripenem, and tigecycline exhibit good in vitro activities against these ciprofloxacin- and colistin-resistant *Brevundimonas* species.

PMID: 21461849 [PubMed - indexed for MEDLINE]

MeSH Terms, Substances

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J Cataract Refract Surg. 2010 Feb;36(2):340-3. doi: 10.1016/j.jcrs.2009.07.050.

Brevundimonas vesicularis keratitis after laser in situ keratomileusis.

Pelletier JS, Ide T, Yoo SH.

Bascom Palmer Eye Institute, Miami, Florida, USA. jessepelletier@yahoo.com

Abstract

A 45-year-old woman developed a corneal infiltrate 14 months after laser in situ keratomileusis (LASIK) enhancement in the left eye. The LASIK flap was lifted, scraped, and irrigated with fortified vancomycin and ceftazidime. Scraped samples were cultured and grew **Brevundimonas vesicularis**. The patient remained on topical ceftazidime until improvement was noted and was then switched to topical levofloxacin. The keratitis resolved on antibiotic agents with strong gram-negative coverage and a steroid. To our knowledge, this is the first report of a **B vesicularis** ocular infection.

Published by Elsevier Inc.

PMID: 20152619 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources



Display Settings: Abstract

Int J Immunopathol Pharmacol. 2008 Apr-Jun;21(2):457-61.

A cutaneous infection caused by *Brevundimonas vesicularis*: a case report.

Panasiti V, Devirgiliis V, Mancini M, Curzio M, Rossi M, Fioriti D, Pietropaolo V, Nicosia R, Gallinelli C, Chiarini F, Pecorini G, Calvieri S.

Abstract

Brevundimonas vesicularis is a non-fermenting gram-negative bacillus, aerobic and motile. This microorganism is ubiquitous in the environment and has rarely been implicated in human infections. We present the second case of cutaneous infection caused by *B. vesicularis* in an immunocompetent patient.

PMID: 18547490 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources



Display Settings: ☒ Abstract

BMC Infect Dis. 2006 Dec 29;6:179.

Case report: infective endocarditis caused by *Brevundimonas vesicularis*.

Yang ML, Chen YH, Chen TC, Lin WR, Lin CY, Lu PL.

Department of Internal Medicine, Kaohsiung Medical University Hospital, Taiwan. 940424@ms.kmuh.org.tw

Abstract

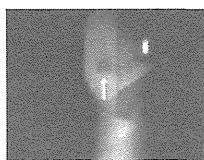
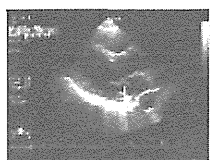
BACKGROUND: There are few reports in the literature of invasive infection caused by *Brevundimonas vesicularis* in patients without immunosuppression or other predisposing factors. The choice of antimicrobial therapy for bacteremia caused by the pathogen requires more case experience to be determined.

CASE PRESENTATION: The case of a 40-year-old previously healthy man with subacute endocarditis proposed to be contributed from an occult dental abscess is described. The infection was found to be caused by *B. vesicularis* on blood culture results. The patient recovered without sequelae after treatment with ceftriaxone followed by subsequent ciprofloxacin therapy owing to an allergic reaction to ceftriaxone and treatment failure with ampicillin/sulbactam.

CONCLUSION: To our knowledge, this is the first report of *B. vesicularis* as a cause of infective endocarditis. According to an overview of the literature and our experience, we suggest that third-generation cephalosporins, piperacillin/tazobactam, and ciprofloxacin are effective in treating invasive *B. vesicularis* infections, while the efficacy of ampicillin-sulbactam needs further evaluation.

PMID: 17194310 [PubMed - indexed for MEDLINE] PMCID: PMC1780062 [Free PMC Article](#)

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Publication Types, MeSH Terms, Substances

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Infez Med. 2006 Dec;14(4):235-7.

Nosocomial *Brevundimonas vesicularis* meningitis.

Mondello P, Ferrari L, Carnevale G.

Unità Operativa di Malattie Infettive, Istituti Ospitalieri di Cremona, Cremona, Italy.

Abstract

Brevundimonas vesicularis infrequently causes human infections. We describe a case of meningitis due to ***Brevundimonas vesicularis***, resistant to piperacillin, gentamicin and amikacin as well as to cephalosporins, aztreonam, imipenem and meropenem. The meningitis was acquired in hospital by a patient operated for astrocytoma and represents a classical hospital infection.

PMID: 17380092 [PubMed - indexed for MEDLINE] [Free full text](#)

Publication Types, MeSH Terms

LinkOut - more resources



Display Settings: Abstract

Scand J Infect Dis. 2000;32(1):90-1.

Hospital-acquired *brevundimonas vesicularis* septicaemia following open-heart surgery: case report and literature review.

Gilad J, Borer A, Peled N, Riesenbergr K, Tager S, Appelbaum A, Schlaeffer F.

Infectious Disease Institute, Soroka Medical Center and the Ben-Gurion University of the Negev, Beer-Sheva, Israel.

Abstract

Brevundimonas vesicularis (*B. vesicularis*) is a pseudomonad rarely encountered in human infection. A case of nosocomial septicaemia with this organism following open-heart surgery is presented, with a review of the literature. The isolate demonstrated resistance to ciprofloxacin and aztreonam, which has not yet been reported. Treatment with piperacillin/tazobactam resulted in full recovery. A review of the literature reveals that *B. vesicularis* is a virulent organism involved in serious infections such as central nervous system infection or bacteraemia, some of which are nosocomial. Meanwhile, empiric therapy for *B. vesicularis* infection should include a broad-spectrum antimicrobial agent until susceptibility results are known.

PMID: 10716085 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

Display Settings: ☒ AbstractHeart Lung. 2007 Sep-Oct;36(5):380-2.**Staphylococcus hominis native mitral valve bacterial endocarditis (SBE) in a patient with hypertrophic obstructive cardiomyopathy.**Cunha BA, Esrick MD, Larusso M.

Winthrop-University Hospital, Mineola, New York; State University of New York School of Medicine, Stony Brook, New York, USA.

Abstract

There are several species of coagulase-negative Staphylococci (CoNS) that are part of the normal skin flora and are relatively noninvasive/low virulence organisms. CoNS are important pathogens in patients with prosthetic devices and are the most common pathogen associated with prosthetic valve endocarditis. CoNS native valve infective endocarditis (IE) is rare. Patients with hypertrophic obstructive cardiomyopathy and an outflow pressure gradient greater than 30 mm Hg are predisposed to IE. There has been only one reported case of non-mitral valve IE due to CoNS in a patient with hypertrophic obstructive cardiomyopathy. To the best of our knowledge, we report the first case of Staphylococcal *hominis* mitral valve endocarditis in a patient with hypertrophic obstructive cardiomyopathy.

PMID: 17845885 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms**LinkOut - more resources**



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An Med Interna. 2006 Dec;23(12):582-4.

[Pyomyositis, sacroiliitis and spondylodiscitis caused by *Staphylococcus hominis* in a immunocompetent woman].

[Article in Spanish]

Gómez Rodríguez N, Durán Muñoz O.

Servicios de Reumatología, Hospital POVISA, Vigo (Pntevdra).

Abstract

In absence of risk factors, osteoarticular infections by coagulase-negative staphylococci are very infrequent. We described the case of a immunocompetent 73-year-old-woman that suffered pyomyositis, left sacroiliitis and spondylodiscitis involving the first and second thoracic vertebrae by ***Staphylococcus hominis***. This multifocal infection occurred five-weeks after intramuscular administration of NSAI for treatment of low back pain associated with a herniated disc L4-L5. This is the first know case of a multifocal muscle skeletal infection by ***Staphylococcus hominis*** in a patient immunocompetent.

PMID: 17371146 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources



Display Settings: ☒ Abstract

Med J Aust. 1984 Jan 7;140(1):26-7.

Staphylococcus hominis septicaemia in patients with cancer.

Bowman RA, Buck M.

Abstract

We report two cases of **Staphylococcus hominis** septicaemia associated with the use of intravenous catheters. Both patients had advanced malignant disease, but infection was eliminated rapidly with antibiotic treatment administered via the catheters. This report confirms the pathogenicity of Staph. **hominis**, particularly in immunocompromised patients. We recommend the wider use of an effective scheme for the correct identification of blood culture isolates of coagulase-negative staphylococci.

PMID: 6749006 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

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