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[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](#).

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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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[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](#)

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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

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Heart 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]

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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 (Pntevadra).

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

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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]

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