

Annals of Case Reports

Case Report

Jean-Hubert D, et al. Ann Case Rep: ACRT-212.

DOI: 10.29011/2574-7754/100212

Pets, Not Always Your Best Friends: A Case Report

Dieu Jean-Hubert1*, Pinto Pereira Joao2, Horlait Geoffrey1

¹Intensive Care Unit, Catholic University of Louvain, Belgium

²Internal Medicine, Catholic University of Louvain, Belgium

*Corresponding author: Dieu Jean-Hubert, Intensive Care Unit, Catholic University of Louvain, CHU UCL Namur, Avenue du Docteur G. Therasse 1, 5530 Yvoir, Belgium. Tel: +32-81422353; Fax: +32-81423862; Email: jhdieu@gmail.com

Citation: Jean-Hubert D, Joao PP, Geoffrey H (2019) Pets, Not Always Your Best Friends: A Case Report. Ann Case Rep: ACRT-212. DOI: 10.29011/2574-7754/100212

Received date: 31 December 2018; Accepted Date: 24 January 2019; Published Date: 01 February 2019

Abstract

Capnocytophaga is a rare cause of severe septic shock which is often deadly. We report a case of a young patient with no evidence of dog bite and we recall the two main risk factors known to date.

Keywords: Capnocytophagacanimorsus; Dog Bite; Purpurafulminans; Septic Shock; Splenectomy

Case Report

A 32-year-old man consults the emergency department with a history of a rapid deterioration of his health status in the last 2 days. He complains of abdominal pain, fever with chills, vomiting and diarrhea. He had a history of alcohol abuse and a recent (6 weeks) splenectomy after a traffic accident. He was rapidly admitted to the intensive care unit for septic shock with multiple organs failure, metabolic acidosis and disseminated intravascular coagulation. Despite aggressive management combining inotropic and pressure support, mechanical ventilation, continuous venovenous hemofiltration and a parenteral antibiotherapy combining ceftriaxone (6grams per day in three injections) and ampicillin (12grams per day in six injections), his condition rapidly worsened. He developed a diffuse purpura extended over his body (Figures 1,2). He died less than 48 hours after his admission in the intensive care unit.



Volume 2019; Issue 01

ISSN: 2574-7754

Citation: Jean-Hubert D, Joao PP, Geoffrey H (2019) Pets, Not Always Your Best Friends: A Case Report. Ann Case Rep: ACRT-212. DOI: 10.29011/2574-7754/100212



Three days after his death, the microbiology laboratory will confirm the presence of a CapnocytophagaCanimorsus in the blood cultures. His family will confirm the presence of a dog at the patient's home, but there was no evidence for a dog bite or scratch recently. CapnocytophagaCanimorsus is a commensal Gram negative microorganism of dogs and cat's oral flora [1]. He often causes severe sepsis and his mortality rate is around 30 percent in the cases described in the literature [2,3]. It's very slow growth in the usual culture medium makes it difficult to identify. Therefore, if a Capnocytophaga infection is suspected, it's necessary to request a direct microscopic examination and to extend the duration of blood cultures [4]. The two main risk factors found in most cases are alcohol abuse and splenectomy (or immunocompromised patient) [5,6]. Therefore, in the presence of a dog (or cat) bite of scratch, these two risk factors must be systematically targeted and a preventive antibiotic therapy should be started [7].

Financial Disclosure Summary

All authors have completed the ICMJE uniform disclosure and declare: no support from any organization for the submitted

work; no financial relationships with any organizations that might have an interest in the submitted work in the previous three years; no other relationships or activities that could appear to have influenced the submitted work.

Conflict of Interest

No conflict of interest as conditions mentioned in the above statement. This study was conducted in accordance with the Declaration of Helsinki.

References

- Brenner DJ, Hollis DG, Fanning GR, Weaver RE (1989) Capnocytophagacanimorsus sp. nov. (formerly CDC group DF-2), a cause of septicemia following dog bite, and C. cynodegmi sp. nov., a cause of localized wound infection following dog bite. J ClinMicrobiol 27: 231-235.
- van Dam AP, Jansz A (2011) Capnocytophagacanimorsus infections in the Netherlands: a nationwide survey. ClinMicrobiol Infect 17: 312-315.
- Pers C, Gahm-Hansen B, Frederiksen W (1996) Capnocytophagacanimorsus septicemia in Denmark, 1982-1995: review of 39 cases. Clin Infect Dis 23: 71-75.
- Janda JM, Graves MH, Lindquist D, Probert WS (2006) Diagnosing Capnocytophagacanimorsus infections. Emerg Infect Dis 12: 340-342.
- Martone WJ, Zuehl RW, Minson GE, Scheld WM (1980) Post splenectomy sepsis with DF-2: report of a case with isolation of the organism from the patient's dog. Ann Intern Med 93: 457-458.
- Chiappa V, Chang CY, Sellas MI, Pierce VM, Kradin RL (2014) Case records of the Massachusetts General Hospital. Case 10-2014. A 45year-old man with a rash. N Engl J Med 370: 1238-1248.
- Stevens DL, Bisno AL, Chambers HF, Dellinger EP, Goldstein EJ, et al. (2014) Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. Clin Infect Dis 59: 10-52.

Volume 2019; Issue 01