

EV0587

ePoster Viewing

Emerging infectious diseases

***Elizabethkingia meningoseptica* empyema in a renal transplant recipient**

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*Elizabethkingia meningoseptica* is a ubiquitous Gram negative bacteria which is paradoxically susceptible to antibacterials for Gram positive bacteria. Though found in diverse environments, it does not constitute human microflora and is an emerging multiresistant pathogen known to cause a multitude of infections especially in immunodeficient hosts.

*Elizabethkingia meningoseptica* was isolated from the pleural fluid of a renal allograft recipient who developed a left moderate multiloculated pleural effusion along with precarinal, preaortic and paraaortic lymphadenopathy; two years after transplantation. Kirby-Bauer disk diffusion revealed inducible clindamycin resistance. Coexistent ESBL, AmpC and MBL alongwith resistance to polymyxins and tigecycline were observed. Paradoxical susceptibility to sulfamethoxazole-trimethoprim (SXT) and cefoperazone-sulbactam facilitated treatment.

Multiresistant *Elizabethkingia* infections are known to occur under aggressive Gram negative antimicrobial cover and can be potentially untreatable. Alternative prolonged combination therapy with SXT, rifampicin, quinolones, piperacillin-tazobactam, minocycline, macrolides, clindamycin and novobiocin is dependent on paradoxical susceptibility. Antimicrobial susceptibility testing is difficult as these drugs are neither routinely considered for Gram negative organisms nor they are available in automated system panels. Further, no CLSI guidelines exist for testing and interpretation. Dedicated efforts targeted at early diagnosis and surveillance are required to optimize management and control of *Elizabethkingia* infections.