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Clinical ID: Infection in the immunocompromised host and transplant recipients

***Campylobacter fetus* infections, review of 21 cases**

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Objectives: *Campylobacter fetus* infections occur in patients with significant underlying diseases such as diabetes mellitus, hematological malignancies or cancer. In comparison to other *Campylobacter*, they are rarely involved in digestive infections but they frequently cause bacteremia and systemic manifestation such as vascular or cutaneous diseases. Therapeutic management is not well known and fluoroquinolone resistance is progressively increasing.

Methods: We conducted a retrospective study from January 2007 to August 2013 at the Limoges teaching hospital, including all the patients with a positive culture with *C. fetus*, whatever was the origin of the sample.

Results: Twenty patients were included with a mean age of 73 years. Most of them had a significant underlying disease (19/20) such as diabetes mellitus (25%) or cancer (80%); 12 of them presented a solid cancer and 9 an hematologic malignancy. There was an important number of the urinary tract cancer (11/12) comparing to other studies; even if intra-abdominal and skin cancers were also represented (4 patients had more than 1 cancer). The main clinical presentation was temperature with isolated bacteremia (9 patients). The others symptoms were cellulitis (3 patients), septic arthritis (3 patients), peritonitis (2 patients), kidney abscess (1 patient), subdural hematoma infection (1 patient) and pulmonary symptoms (probably more due to the sepsis than a localization of the infection). Diagnosis was made thanks to blood cultures in 17 patients. Twenty percent of the isolates were resistant to amoxicillin and 30% to fluoroquinolones. Our patients received various antibiotic regimens, as well as for the treatment duration (from 5 to 51 days). We noted mono, dual and triple therapy with penicillin, third-generation cephalosporin, macrolides, fluoroquinolones and aminoglycosides. Four patients had a relapse: one with a subdural hematoma infection and 3 with a medical device infection. These 3 patients were totally cured after the removal of the catheter. One patient died.

Conclusions: *C. fetus* infection occurs mainly in immunocompromised patients, particularly in case of urinary tract cancer in our study, contrary to the literature where digestive cancer are the most frequent. Amoxicillin-clavulanate and aminoglycosides are the first line treatment. Fluoroquinolones and macrolides must not be used without susceptibility testing because of an increasing rate of resistance. Medical devices must be removed in case of bacteremia, in order to avoid relapses.