

3rd Annual Congress on

INFECTIOUS DISEASES

August 21-23, 2017 San Francisco, USA

***Strongyloides stercoralis* causing polymicrobial bacteremia and septic arthritis in a patient with AIDS**

Jose A Gonzales Zamora
University of Miami, USA

Introduction: *Strongyloides stercoralis* is a nematode infection that is endemic in tropical latitudes of the world as well as southeastern United States. The clinical presentation of strongyloidiasis varies from an asymptomatic condition to hyperinfection syndrome in immunocompromised patients. We report a case of septic arthritis secondary to *Strongyloides stercoralis* hyperinfection in a patient with AIDS.

Case Description: 37 y/o male from Honduras with history of alcoholism was admitted after being found unconscious. He presented severe diarrhea and left hip pain. On physical exam, he had multiple bruises on his face and chest. Laboratory studies were significant for leukocytosis (14.4 K) and elevated creatinin (2.86 mg/dL). The patient was started empirically on broad-spectrum antibiotics. He also received aggressive fluid rehydration. Blood cultures taken on admission became positive for *Salmonella Group D*, *Streptococcus pneumoniae* and *Pseudomonas aeruginosa*. Stool cultures yielded *Strongyloides stercoralis*. HIV serology resulted positive (CD4 count: 24 cells/uL, HIV viral load: 543000 copies/mL). Severe pain on his left hip prompted a pelvic MRI, which revealed a gluteal abscess extending into the joint space. Percutaneous drainage of abscess was performed. Cultures were negative. Patient completed 6 weeks of cefepime and 2 weeks of ivermectin with total resolution of the infection.

Results & Discussion: *Strongyloides stercoralis* hyperinfection usually develops in the context of immunosuppression, which was caused in our patient by HIV and alcoholism. Gram-negative bacteremia is one of its most common manifestations that occur from intestinal mucosa damage secondary to filariform larvae invasion. Bacteremia may subsequently seed distal organs. We postulate that, our patient developed gluteal abscess and septic arthritis from bacterial seeding. To our knowledge, no prior cases of septic arthritis secondary to strongyloides hyperinfection have been reported. Clinicians should be aware of this complication and consider strongyloides hyperinfection in every patient with HIV that presents with polymicrobial bacteremia.

Biography

Jose A Gonzales Zamora has obtained his MD degree from Universidad Nacional Federico Villarreal in Lima, Peru. He has completed his Internal Medicine Residency at John H Stroger Hospital and Infectious Disease Fellowship at Rush University Medical Center in Chicago, Illinois, USA. He is currently an Assistant Professor and Fellowship Training Co-Director in the Division of Infectious Diseases at University of Miami, Florida, USA.

jxg1416@med.miami.edu

Notes: