

NEONATAL LEGIONELLA INFECTION: A CASE REPORT AND LITERATURE REVIEW

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Objective

Legionella infection is rare, somehow lethal in neonatal group. We report one case presented with atypical pneumonia in a medical center in and reviewed the literature of neonatal legionellosis . A 9-day-old male baby admitted via ER with the chief complaint of intermittent high fever and progressed tachypnea for 2 days. The clinical course progressed to ARDS and shock soon after admission. The laboratory data showed leukocytosis with left shift and increased CRP. The Image study showed wildspread consolidation in the beginning and multiple cavitation days later. Empiric antibiotics with meropenem, vancomycin, and erythromycine were given. Culture from both the bronchila washings and the blood culture yield Legionella pneumonia serogroup 1. The baby improved slowly. The same serogroup of L. pneumonia was isolated form the water supply system in the day care center via environmental investigation. The literature related to neonatal Legionella infection is rare, possible related to the paucity of case observed in this group. Awareness of legionella as a potential cause of neonatal pneumonia is of particular important since most empiric antimicrobial therapy often used in infants is not effective against legionella.

CONCURRENT BLOODSTREAM INFECTIONS ASSOCIATED WITH NECROTIZING ENTEROCOLITIS IN TAIWAN – TEN YEARS EXPERIENCE IN SINGLE CENTER

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Objective

To evaluate the association of late-onset bloodstream infections (BSIs) concurrent with necrotizing enterocolitis (NEC).

Methods

We performed a retrospective chart review study in a single center from January 2003 to December 2012. All patients with diagnosis of NEC were included. BSI associated with NEC was defined if it occurred within 72 hours of episode and “post-NEC” defined BSI occurred more than 72 hours after episode. Demographic data, clinical characteristics, morbidities and mortality rate were collected. Microbiologic data of BSI were analyzed.

Results

A total 44 infants with diagnosis of NEC were studied. The mean gestational age and birth body weight was 27.5 weeks and 949grams, respectively. BSIs occurred in 19 infants; 9(47%) with BSIs associated with NEC and 10(53%) with post-NEC BSIs. There were no significant differences of morbidities and mortality between these two groups. Gram-negative bacteria were the most common pathogen in BSIs associated with NEC (62%) compared with post-NEC BSIs (35%). Higher mortality rate was noted in NEC with concurrent BSIs compared with NEC without BSI.

Conclusions

Gram-negative bacteria were the most commonly identified organisms in infants with NEC-associated BSIs. No significant differences were observed in BSIs concurrent with NEC and post-NEC BSIs. Infants with NEC-associated BSIs had higher incidence of severe IVH, ventilator use and death than NEC without BSIs.