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A case of bacteremic cholangitis due to *Raoultella planticola* infection complicating intrahepatic bile duct stricture 5 years post laparoscopic cholecystectomy

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A 31-year-old female was admitted via the emergency department on October 26, 2017 with sudden onset of abdominal pain, fever, chills, and malaise. She had a history of laparoscopic cholecystectomy in 2008 and post operatively developed a bile leak requiring biliary stents. Three years later, she developed hepatic cysts which were surgically extirpated in 2011 and 2012. She remained asymptomatic with occasional mild right upper quadrant pain without fevers until the current presentation. Importantly, she had no history of any previously reported risk factors for *R. planticola* infection, a rarely reported pathogen of gastrointestinal origin, including solid organ, hematologic malignancy, chemotherapy, transplantation neutropenia, cirrhosis, seafood ingestion, nor proton pump inhibitor use. Physical examination revealed she was afebrile, anicteric, had slight diffuse abdominal tenderness on palpation, and showed signs of moderate distress with abdominal pain. Computer tomography and magnetic resonance cholangiopancreatography (MRCP) showed dilated right intrahepatic biliary ducts with evidence of a surgically absent gall bladder. Biliary sepsis and bacteremia due to intrahepatic duct stricture were suspected and piperacillin/tazobactam therapy was started. Blood cultures reported positive and the isolate was reported as *R. planticola* on the third hospital day. The isolate was resistant to ampicillin and piperacillin. Therapy was changed to ceftriaxone 2 grams parenterally. She quickly improved clinically and was discharged on home therapy with referral for subsequent evaluation and treatment of the intrahepatic duct strictures.

Recent Publications:

1. Gillespie *et al.,* (2005) Principles and practice of clinical bacteriology. Clinical Bacteriology 379.
2. Huynh *et al.,* (2017) Identification of pathogenic factors in *Klebsiella pneumoniae* using impedimetric sensor equipped with biomimetic surfaces. Sensors 17(6).
3. Knight *et al.,* (2009) Structure, function, and assembly of type 1 fimbriae. Top Curr Chem. 288:67-107.
4. Puerta Fernandez *et al.,* (2013) *Raoultella planticola* bacteraemia secondary to gastroenteritis. Clinical Microbiology and Infection 19(5):E236–E237.
5. Thornton *et al.,* (2011) Multi-species bacterial biofilm and intracellular infection in otitis media. BMC Pediatr. DOI: 10.1186/1471-2431-11-94.

Biography

David Blihar accepted his BS in the fields of Human Biology and Chemistry from the University of Wisconsin – Green Bay (UWGB). He is currently a second term medical student at Saint George University – Grenada. He is also a member of the Medical Student Research Institute (MSRI) where he currently works under Dr. Kotelnikova researching case studies of rarely reported microbiological pathogens and associated virulence factors. He has actively been involved in private education with UWGB and Tutor Doctor since 2012 and 2015, respectively, and sat on various safety and training councils within ThedaCare and HSHS hospital systems.

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