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## Detection of *Shigella sonnei* in a respiratory specimen in a patient with subacute atypical pneumonia

Hiwa Nahid

Kantonsspital Sankt Gallen, Switzerland

We describe a case of pneumonia in an immunocompetent, previously healthy middle-aged man from Switzerland without relevant travel history which was presumably caused by *Shigella sonnei*. He was originally admitted for suspected lung cancer, with the typical “red flags” of a subacute worsening of a chronic cough over the last couple of weeks, a purulent non-bloody sputum production, weight loss of 4 kg within the past four months and a smoking history of cumulative 30 pack years. Computer tomography of the chest was performed prior to hospital admission and showed a suspicious mass causing occlusion of the right posterior upper lobe bronchus segment with peribronchial infiltrates and hilar lymphadenopathy. The classical presentation of bacillary dysentery would consist of high fever, colicky abdominal pain, tenderness and high volume watery or bloody, mucoid diarrhoea. Personal history of our patient revealed that he had suffered from a myocardial infarction 15 years ago that was treated with PTCA with stenting but he didn't recall any diarrhoeal episode in the recent month or years. The malignancy clinical work up was extended to a PET-CT, where the mass lesion showed a high glucose metabolic activity. Bronchoscopy revealed exophytic growth in the entire right main bronchus and intermediate bronchus up to the carina. The histological examination of several tissue biopsies demonstrated chronic inflammation, but no evidence of malignancy. Under the assumption of a post-stenotic pneumonia, antibiotic therapy with amoxicillin clavulanate was initiated. In the meantime surprisingly all samples obtained were consistently positive for *Shigella sonnei*. A repeated computer tomography of the chest six months later showed a partial regression of the mass lesions and the previously reactive lymphadenopathy. It is an uncommon presentation of shigellosis in an immunocompetent person without underlying severe predisposing conditions.

Hiwa.Nahid@klinik.ch