ORBITAL CELLULITIS AND BACTEREMIA DUE TO EIKENELLA CORRODENS

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Introduction: Eikenella corrodens infections are usually associated with trauma, bites, and oral/upper respiratory tract disease. It's frequently isolated in co-infection with other oral pathogens. In a Pubmed review on OC and Eikenella corrodens there are only two children reported, in 1992.

Case report: A thirteen-year old boy, presented to the emergency department after three days of coryza and rapidly progressing unilateral periorbital redness and edema. On admission, he presented with fever, proptosis and exuberant inflammatory signs in the front and left orbit. Ophthalmologic examination was otherwise normal. CT-scan showed: left OC with subperiosteal abscess; maxillary, left frontal and etmoidal sinusitis. He was submitted to surgical drainage and started on ceftriaxone, clindamycin and prednisolone. Eikenella corrodens (penicillin susceptible) grew in both blood and pus cultures. Clinical resolution was confirmed by CT-scan with marked improvement on day seven. Antimicrobial therapy was adapted to amoxiclin-clavulanate that he completed for 14 days on oral formulaton.

Conclusion: Eikenella corrodens caused OC and bacteremia in an adolescent with no risk factors. The spectrum of antibiotic susceptibility is usually covered by empiric treatment used in OC. Amoxiclin-clavulanate was preferred due to the risk of polimicrobial infection. The outcome is comparable to that achieved with the usual agents responsible for OC.