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| **INFECTIOUS DISEASES / MICROBIOLOGY REVIEW** | |
| **Consult reason** | Positive blood cultures |
| **\*Diagnosis\*\*** | E coli bacteraemia, presumed urinary source |
| **Background** | Diabetes Hypertension BPH -- long term catheter |
| **Presentation & Clinical Progress** | Admitted 26/2 with lower abdo pain and fever |
| **Antibiotic history** | 26/2 → co-amox iv |
| **Vital signs rules** | New fever in the last 24 hours, 40.1掳C.  Unstable concerning HR, 137 bpm.  SBP low, 99 mmHG. |
| **Vital signs ds** | "New fever in the last 24 hours, 37.8°C.  Unstable concerning HR, 137 bpm. SBP low, 99 mmHg." |
| **Physical exam** | Abdo soft and non tender |
| **Micro results** | 11/12 – MRSA SCREEN – \*\*Negative\*\*  Summary: No MRSA isolated.  11/12 – CPE SCREEN – \*\*Negative\*\*  Summary: No CPE organisms detected.  10/12 – BLC – PICC LINE NO GROWTH AFTER 5 DAYS  09/12 – LINE TIPS CULTURE – \*\*No clear Result\*\*  Summary: Criteria for culturing IV line tips based on blood cultures.  08/12 – TB CULTURE – EARLY MORNING URINE (EMU) MYCOBACTERIAL CULTURE: NO GROWTH AFTER 8 WEEKS  08/12 – TB CULTURE – LYMPH NODE MYCOBACTERIAL CULTURE: NO GROWTH AFTER 8 WEEKS  08/12 – NOCARDIA CULTURE – \*\*Negative\*\*  Summary: Culture negative for Nocardia.  08/12 – REF POSACONAZOLE LEVEL – \*\*No clear Result\*\* +  Summary: No result provided for Posaconazole Level.  08/12 – ANAEROBIC CULTURE – \*\*Negative\*\*  Summary: No anaerobes isolated.  08/12 – PCR FOR MTB COMPLEX – \*\*Positive\*\*  Summary: MTB complex detected, no Rifampicin resistance.  08/12 – MICROSCOPY – \*\*Negative\*\*  Summary: No cells or organisms seen.  08/12 – FUNGUS CULTURE – \*\*Negative\*\*  Summary: Fungal cultures negative.  08/12 – PUS MICRO / CULTURE – LYMPH NODE NO GROWTH  08/12 – TB MICROSCOPY – \*\*Negative\*\*  Summary: No mycobacteria seen.  07/12 – UNITS/ML – \*\*Positive\*\*  Summary: 2.94Log(10)IU/mL viral load detected.  07/12 – SYPHILIS/TREPONEMA AB – Negative  07/12 – CMV DNA – Positive  06/12 – BLC – PICC LINE NO GROWTH AFTER 5 DAYS  --------Previous result (1 year)--------  30/08 – CMV DNA – Positive  19/08 – COMMENTS: – \*\*No clear Result\*\* + \*\*Summary:\*\* Not tested for toxoplasma (IgG negative).  \*\*Explanation\*\*: The microbiology test for toxoplasma was not performed due to a prior negative IgG result in serum. Since no direct microbiological analysis (e.g., culture, PCR) for toxoplasma was conducted, there is no definitive pathogen–specific finding to classify as Positive/Negative.  08/08 – TB CULTURE – \*\*Positive\*\*  \*\*Summary:\*\* Acid–fast bacillus isolated (previously noted).  08/08 – CMV DNA – Positive  08/08 – FUNGUS CULTURE – \*\*Positive\*\*  \*\*Summary:\*\* Candida albicans isolated.  08/08 – EBV VCA IgG – Positive  08/08 – RESP. CULT AND MICRO – \*\*Positive\*\*  \*\*Summary:\*\* Streptococcus viridans 10^4 – 10^5 orgs/mL.  07/08 – URINE CULTURE – \*\*Positive\*\*  \*\*Summary:\*\* Candida species isolated (10^4 – 10^5 CFU/mL).  06/08 – HEPATITIS A IgG – Positive  06/08 – VZV IgG – Positive  06/08 – CMV IgG – Positive  06/08 – PCR FOR MTB COMPLEX – \*\*Positive\*\*  \*\*Summary:\*\* MTB complex detected, no Rifampicin resistance.  06/08 – TB CULTURE – \*\*Positive\*\*  \*\*Summary:\*\* Mycobacterium tuberculosis complex identified.  06/08 – PCR FOR MTB COMPLEX – \*\*Positive\*\*  \*\*Summary:\*\* MTB detected, no Rifampicin resistance.  06/08 – TB CULTURE – \*\*Positive\*\*  \*\*Summary:\*\* Acid–alcohol fast bacillus isolated.  06/08 – HIV 1 RNA – Positive  06/08 – TB CULTURE – \*\*Positive\*\*  \*\*Summary:\*\* Mycobacterium tuberculosis complex identified.  06/08 – COPIES/ML – \*\*Positive\*\*  \*\*Summary:\*\* 6.47Log(10)copies/mL HIV viral load. |
| **Blood results** | 28/2 WCC 14 (falling, from 20 on 26/2); CRP 150 (from 300 on 26/2) |
| **Imaging** |  |
| **Discussion** | With team F1, David |
| **\*\*Advice\*\*** | Continue current antibiotics Consider changing catheter while on antibiotics If remains febrile consider ultrasound of urinary tract We will review with final microbiology results |
| **Signed** | David Eyre, Consultant in Infection |
| **Responsible consultant** | David Eyre |