

NEONATAL INFECTION: TWO DIFFERENT PATIENTS WITH A SIMILAR ONSET AND THE SAME PATHOGEN

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Background and aims:


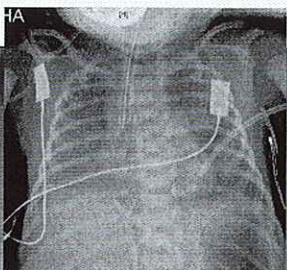
Listeria monocytogenes is an uncommon cause of neonatal infection. It usually affects to immunocompromised patients (pregnant women, newborn...), and the incidence is increasing.

The aim of this report is to describe two infections which presented in neonatal period.

Methods:

We describe two cases of early-onset listeriosis detected in the Neonatal Intensive Care Unit (NICU) of our hospital, the differences and similarities between them.

Results:

CASE 1	CASE 2
<u>Full-term (38+2 weeks)</u>	<u>Pre-term (29+2 weeks)</u>
Urgent cesarean delivery for suspected fetal distress Suspicion of maternal chorioamnionitis	
	
Meconium fluid	
Mechanical ventilation	
30 minutes of life: <u>CRP 26.5 mg/dL</u> , no leukocytosis. I/T 0.28	1 hour of life: <u>CRP 9.5 mg/dL</u> , <u>PCT 21.64 ng/mL</u> , no leukocytosis, platelets 119.000
No cerebrospinal fluid obtained Antibiotic: <u>ampicilin</u> (meningitis dose) + cefotaxime (→ gentamicin)	
Max. CRP (12 hours of life): 30 mg/dL	Max. CRP (12 hours of life): 12.5 mg/dL
<u>Fever</u>	Low fever. <u>Thrombocytopenia</u> (51.000), petechiae → transfusion
3 rd day of life: gram positive coco-bacilli (blood culture + placenta): <i>Listeria monocytogenes</i>	2 nd day of life: <i>Listeria monocytogenes</i> (placenta + surfaces culture)
Past history: <u>influenza-like syndrome</u> 1-2 weeks before delivery	Past history: febril <u>gastroenteritis</u> 2 weeks before delivery
Evolution: <u>Pulmonary hypertension</u> <u>Seizures</u>	Evolution: <u>Intraventricular haemorrhage</u>

Conclusions:

- We have to suspect listeriosis in neonatal infections with meconial fluid delivery, specially if presented in preterm infants.
- Treatment is ampicilin and gentamicin, while cephalosporins are not active against *Listeria*.

References

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