

Unusual cause of prolonged fever in a recent traveler despite appropriate antibiotic treatment: A Case Report

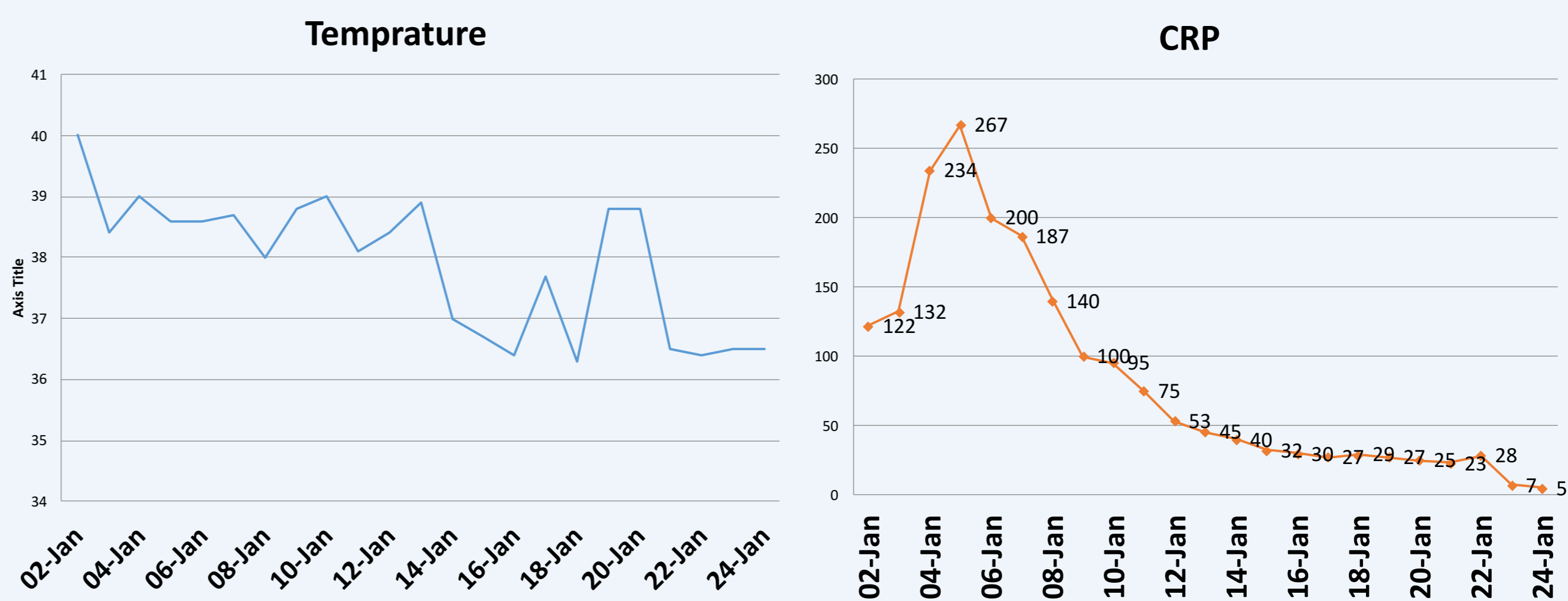
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Introduction

- Enteric fever is an infection caused by the bacteria salmonella typhi or paratyphi
- Most cases of enteric fever occurs in people returning from South Asia and other endemic countries
- Salmonella paratyphi is an uncommon cause of urinary tract infections. A handful of similar cases have been reported worldwide.

Case Summary

- A 27 year old women presented with a one week history of fevers, rigors, nausea, and headache. She had returned from India a month prior to admission and was asymptomatic while in India.
- Previous medical history included migraines, IBS and partial sight secondary to retinitis pigmentosa.
- She was started empirically on IV meropenem as she was suspected to have Enteric fever.
- Blood culture were positive for Salmonella paratyphi.
- She was switched to ceftriaxone as it was fully sensitive.
- After one week of IV treatment, CRP had come down, the patient noted signs of improvement and was switched to oral ciprofloxacin.
- She was still spiking fevers and complained of neck pain. MRI neck did not show any signs of discitis.
- She then complained of flank pain. A CTAP was done which showed pyelonephritis.
- Repeat blood culture and urine culture did not show any new organism.
- It was thought to have been due to paratyphi bacteremia that she developed this pyelonephritis.
- She was later discharged on IV ertapenem and completed 14 days of total IV carbapenem therapy by OPAT.
- The patient remained well on follow up.



Salmonella paratyphi A (Blood Culture) (MALDI 99.9%)

Sensitive with increased exposure : cefuroxime.

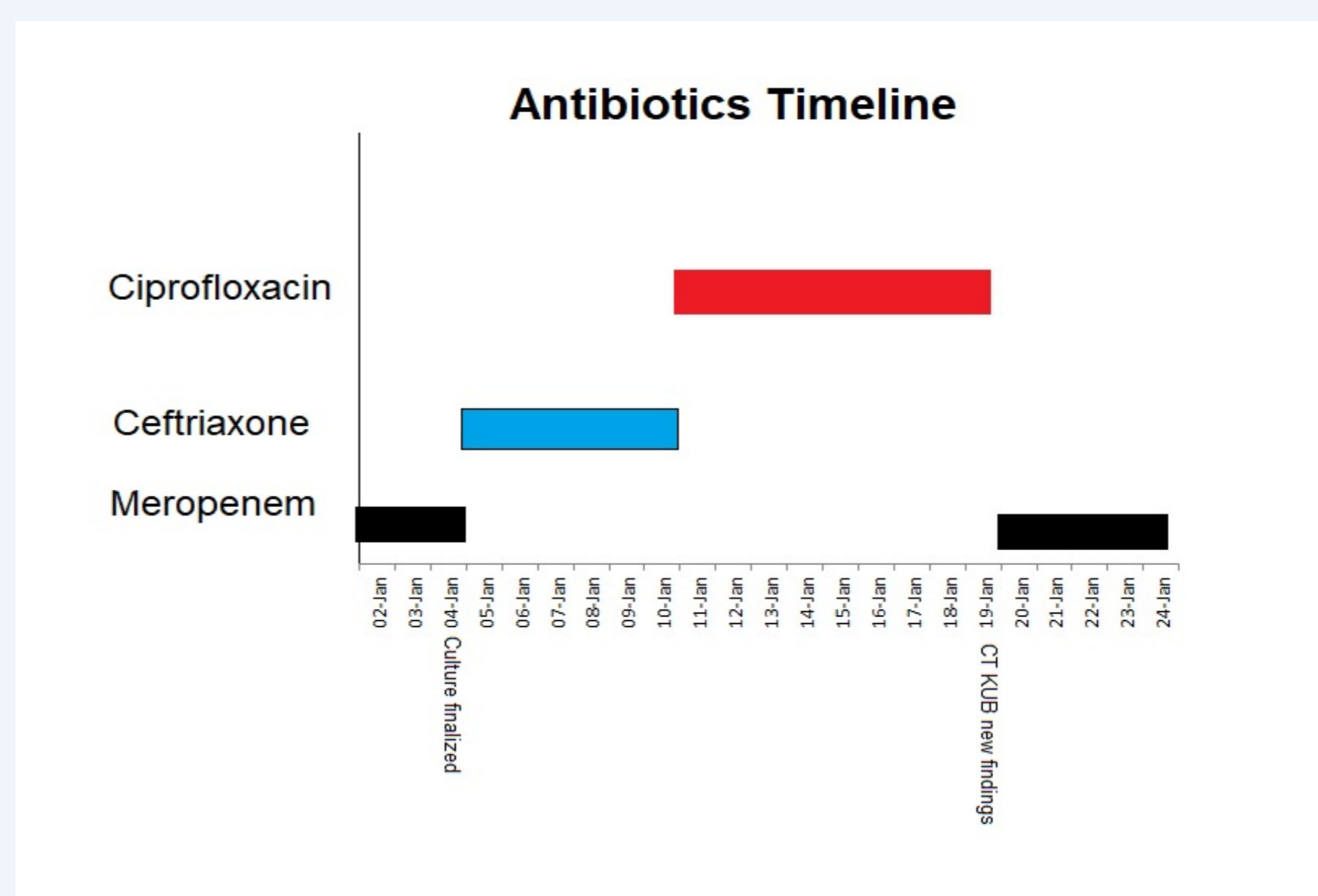
Sensitive : amikacin, amoxicillin, co-amoxiclav, ceftazidime, chloramphenicol, ciprofloxacin, ceftriaxone, ertapenem, gentamicin, meropenem, trimethoprim, piperacillin/azobactam.

WGS Identification

Identification: Salmonella Paratyphi A

Subspecies: I ST 129 EBG: 11

SNP address: 1.1.1.1.1.332.825



CT KUB with Left kidney Pyelonephritis

Conclusion

This case report illustrates the importance of keeping UTIs as a differentials in the management of enteric fever if fever does not settle.