

Cystitis and bacteremia due to salmonella paratyphi A

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Abstract: This is a case of paratyphi A cystitis..But on further examination patient also had salmonella paratyphi A in blood.This 20 yrs old male could be a case of paratyphoid carrier as he was completely asymptomatic before this episode of cystitis.

Key-words:S.paratyphi A,Carrier

Key Messages: Introduction:Salmonella paratyphi A is not very commonly isolated in urine.Here we present a case who had salmonella paratyphi A both in urine and blood.Only because of symptoms of cystitis his bacteremia was identified otherwise he could have acted like a chronic carrier of salmonella paratyphoid A.

Case History:

A 20 yrs old patient came to the OPD with severe pain in abdomen and burning micturition. on examination his vitals were normal. A urine culture was sent immediately and patient was empirically started on Nitrofurantoin. In Microbiology lab urine culture grew salmonella paratyphi A Which was sensitive to most antibiotics.BACTEC 9050 and VITEK2 COMPACT were the instruments used.It was a significant growth with more than 100000 colonies per ml. Based on culture report patient was started on cefuroxime. After discussion with the clinician a blood culture was also asked from the patient as it is very rare for salmonella paratyphi A to cause urinary tract infection. A blood culture was collected and kept in BACTEC 9050 FOR incubation. Within 24 hours the bottle came positive and with VITEK 2 COMPACT the organism was identified as salmonella paratyphi A with the same antibiogram as in urine. Patient was treated with ceftriaxone for five days.Later a negative blood culture was obtained from the patient.

Discussion:

Although it is known that salmonella is excreted in urine in 4 th week of infection it is not very commonly detected in urine. This person was completely asymptomatic till he got a urinary tract infection. He had no history of fever. He had no urinary tract abnormality for which a sonography was done.Usually parathphi infects people with urinary tract abnormality or immunocompromised people(1)(2).He was also not diabetic,HIV negative or taking any drugs. No schistosomias in urine routine examination.as sometimes schistosomiasis is a risk factor for paratyphi in urine.no history of travelling in recent past. No history of contact with paratyphoid patient.no history of eating shellfish. No hepatosplenomegaly clinically. He was not vaccinated for typhoid.but there is no vaccine available for paratyphoid fever.(3) But if the blood culture would not have been done he would have acted as a paratyphoid carrier. Hence it is important to keep in mind that there could be paratyphoid carriers around us and the microbiology laboratory should be alert about it. This case report asserts the importance of it.

References

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