

**Hospital: Willapa**

**Presenter: Shelly Lev**

Question/case summary:

We have a patient with positive blood culture that grew out Streptococcus alactolyticus, oxacillin resistant.

She had travel to Paris five months ago for a two week vacation, language barrier. current therapy is now vanco, was levaquin for pylo.
Please help

**UW TASP Recommendations:**

65 yo F febrile with 2 sets of blood cultures growing S. alactolyticus

This organism falls into the group “D strep”, which are enterococcus-like (the enterococci used to be considered Group D strep). These organisms are generally located in the colon of animals and occasionally in humans. They very rarely cause infection in humans (data are limited to case reports). It is worth asking the lab to confirm this organism identification as it is an very unusual pathogen and the oxacillin resistance is atypical for streptococcus species.

In terms of antimicrobial susceptibilities there is very little known. We have to defer to the microbiology lab for final sensitivities to determine defined antibiotic therapy. Most of us would start therapy with vancomycin +/- ceftriaxone in the interim. It is worth asking the lab to perform a Kirby-Bauer test to evaluate susceptibilities for penicillin and ceftriaxone and/or to run susceptibilities as the CLSI recommends for viridans-group streptococci.

Note: Organisms with similar characteristics (e.g. *S. bovis*) are associated with colon disease, particularly colon cancer. We recommend evaluation of colon health and consideration of a colonoscopy in this patient. Also consider further work up of liver disease and evaluating for hepatocellular carcinoma given cirrhosis and hepatic lesions, potentially with a specific contrast-enhanced CT.

Reference laboratories are available to confirm the pathogen identity and susceptibilities. University of Washington is a reference lab option. Please follow-up and let us know your approach to treatment and how the patient progresses.

On behalf of the UW TASP Specialist Team:

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