

***Staphylococcus xylosus* Meningitis Following Dog-bite**

After animal bites, commensals present in the oral cavity of animals can cause serious infections. A 9-year-old boy presented with history of dog-bite 8 days ago, fever for 6 days, and headache and giddiness for 4 days. He had a dog-bite on right forearm and thigh with bleeding from the wound site. He was treated at a local hospital where he received two doses of rabies vaccines three days apart along with wound care. Anti-rabies serum was not given. After 48 hours of bite, he started having fever, headache and giddiness. At presentation, child was conscious but irritable, with presence of meningeal signs and up-going plantars. There was no aerophobia or hydrophobia. A differential diagnosis of rabies and aseptic/pyogenic meningitis was considered and child was empirically started on intravenous ceftriaxone and acyclovir.

His hemogram showed total leukocyte count of 4.91×10^9 with 62% neutrophils: C-reactive protein was 56.1 mg/L. CSF examination showed 20 cells/ μ L with 75% lymphocytes and 25% polymorphs. CSF sugar was 100.1 mg/dL against blood sugar of 145 mg/dL and protein was 23.2 mg/dL. CSF gram stain was unremarkable. The CSF culture (Bactec) showed growth after 48 hours of incubation. On subculture, the growth showed non-hemolytic, catalase positive, coagulase negative, gram positive cocci in clusters. Further processing was done by Vitek 2C systems (Biomérieux, France). Growth was identified as *Staphylococcus xylosus*, sensitive to oxacillin, gentamicin, ciprofloxacin, levofloxacin, clindamycin, teicoplanin, vancomycin, tetracycline, tigecycline and trimethoprim-sulpha-methoxazole, and

resistant to penicillin and erythromycin. The child became asymptomatic on antibiotics within three days and these were continued for a total of 10 days.

After dog-bite, meningitis due to commensals present in dog's oral cavity like *Capnocytophaga Canimorsus*, and *Pasteurella Multocida* have been reported [1,2]. Most of these reports are in patients who had no known immune deficiency disorder. *S. xylosus* is reported as the most frequently isolated coagulase-negative species from skin and mucous membrane of healthy dogs [3]. It is known to cause serious infections, mostly in immunocompromised hosts; however, it has never been reported as a cause of meningitis [4].

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Primary Epidural and Paraspinal Rhabdomyosarcoma in a Child

Rhabdomyosarcoma is the most common mesenchymal malignant tumor in children but primary paravertebral location with spinal cord compression is rare. A 2-year-old girl presented with swelling in upper back of two month duration and progressive weakness of both lower limbs of 1½-month duration. On examination, she had spastic paraparesis and a diffuse swelling at the level of D₄₋₅, firm to soft in consistency with ill-defined margins and mild tenderness. Magnetic resonance imaging

revealed a dumbbell shaped mass at D₃₋₅ level with extension into chest wall and paraspinal area. The mass was isointense to spinal cord on T1WI and hyperintense on T2WI (**Fig. 1**).

D₃₋₅ laminectomy revealed a fleshy, vascular mass with areas of hemorrhage. Tumor from epidural and paraspinal area was removed completely. Histopathology and immunohistochemistry confirmed the diagnosis of alveolar rhabdomyosarcoma. Tumor cells expressed vimentin and desmin. Patient showed rapid improvement in motor power in immediate post-operative period and was given 12 cycles of chemotherapy (Vincristine, Adriamycin, Cyclophosphamide, Mesna) and 41 Gy of