

***Flavobacterium meningosepticum*:
An Unusual Pathogen**

Flavobacterium meningosepticum is a Gram negative water borne rod. It is an organism of low pathogenecity and therefore causes disease in only immuno-compromised hosts. Nosocomial outbreaks of septicemia, pneumonia and meningitis are described in neonatal intensive care settings(1), However, reports in children and adults remain scanty.

We are reporting the isolation of *F. Meningosepticum* from the blood culture of a 1½ year old girl. She was a known case of tuberculous meningitis stage III with obstructive hydrocephalus and had undergone shunt surgery. The child was receiving adequate antitubercular treatment along with decongestants and anti-convulsants regularly. Following shunt surgery, the child started running high grade fever with mild respiratory distress. No focus of infection was identified on clinical examination. The fever did not respond to a trial of conventional antibiotics. Suspecting shunt infection, the shunt was revised. However, the child continued to have fever. Chest X-ray revealed broncho-pneumonia though the chest was clinically clear. Culture of the shunt tip was sterile and blood culture documented a pure growth of *Flavobacterium meningosepticum* which was sensitive to chloramphenicol, cotrimoxazole and gentamicin. It was resistant to cephalixin, ciprofloxacin and cefotaxime. The patient was started on cotrimoxazole along with antitubercular treatment. She showed remarkable improvement and fever Subsided on 4th day of therapy. Cotrimoxazole was continued for a total of two weeks. At the end of therapy, chest X-ray was repeated and found normal. She was subsequently discharged on antitubercular therapy and followed up.

The case is highlighted here as a large number of children in hospitals are malnourished, immuno-compromised and suffering from fulminant infections. *F. meningosepticum* can become an important nosocomial organism in such situations. Moreover, once infection occurs, mortality is very high (more than 50%) as the organism is resistant to a large number of antibiotics including third generation cephalosporins. The symptoms of *F. meningosepticum* pneumonia are similar to those of other Gram negative bacillus pneumonias. Definitive diagnosis depends principally on demonstration of the etiological organism(2).

Generally, the organism results in a nosocomial epidemic but sporadic cases such as the present one, are also reported. In such sporadic occurrences, the source of infection and mode of transmission usually remain unidentified (3). Since the organism could not be isolated from any further cultures, a bacteriological environmental survey was not deemed essential.

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