OP-027

Eikenella corrodens necrotising myositis in an immunocompetent adolescent: A case report

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ABSTRACT

Summary: Eikenella corrodens is a bacterium of the HACEK group. Although initially thought to be non-pathogenic as it is a normal flora of the oral cavity, it has been reported to cause serious human infections. Here we described a case report of a necrotizing myositis caused by Eikenella corrodens. A previously healthy 17-year-old gentleman presented to the hospital with a complaint of right upper limb pain for 1 week that started after a series of 'push-ups'. The pain was associated with swelling over the right wrist. He denied any animal or human bites. X-ray showed a closed right radius styloid fracture. Right hand above elbow back slab was applied and he was discharged. 4 days later, he presented with swelling, redness and skin tightness. He was then planned for emergency right-hand fasciotomy and carpal tunnel release in view of associated Compartment Syndrome. Post-operatively, there was a foul-smelling pus discharge with necrotic patches on the skin. He underwent a second extensive wound debridement and a necrotizing myositis was diagnosed. Intraoperatively, 600ml seropurulent pus was drained from the intermuscular plane. Two tissue samples from deep muscle grew Eikenella corrodens identified by Bruker® Maldi-TOF with a score value of 2.04. The isolate was susceptible to Ampicillin, Augmentin, Penicillin, Ceftriaxone, Imipenem and Meropenem. The patient was initially started on IV Tazocin 4.5g QID and IV Clindamycin 600mg QID. Upon identification of the tissue culture, IV Ceftriaxone was commenced and he was transferred to the Hospital Selayang Hand team for continuation of care. Subsequently, his condition improved and the limb was able to be salvaged. Eikenella corrodens can be associated with severe non-healing necrotizing myositis despite no apparent cause in this case. Maldi-TOF is an excellent tool to identify rare fastidious organisms that can be missed due to inherent difficulties in culture and biochemical tests. Timely results are important to guide treatment decisions besides prompt wound debridement and compartment release to prevent extension of the disease.

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Ballantyne syndrome: A case report

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ABSTRACT

Summary: Ballantyne syndrome also known as Mirror syndrome is a rare, potentially life-threatening obstetric complication characterized by the development of pre-eclampsia, maternal oedema, placentomegaly and fetal hydrops. We present 2 case report on Ballantyne syndrome: **Case 1:** A 30-year-old, primigravida, presented at 32 weeks with generalised oedema and a weight gain of 2kg in 1 week. Ultrasound showed foetal hydrops. Subsequently a plan for induction of labour was made. During induction, she developed severe pre-eclampsia and was given magnesium sulphate and anti-hypertensive. There was proteinuria and blood investigation showed elevated liver enzymes and uric acid. She delivered a stillborn baby with features of hydrops. The placenta was oedematous and exceptionally large. **Case 2:** A 26-year-old, primigravida, was diagnosed with hydrops fetalis at 18 weeks. At 30 weeks, she presented with preterm prelabour rupture of membranes (PPROM). She had generalised oedema and weight gain of 2.5kg in a week. Therefore, induction of labour was planned. She delivered a stillborn. Placenta was large and oedematous. Three hours after delivery, she had hypertensive crisis and an eclamptic fit which was aborted by magnesium sulphate. In addition to proteinuria, blood investigations showed low platelet, elevated liver enzymes and uric acid. Full blood picture showed evidence of haemolysis. She was diagnosed with HELLP Syndrome. Mirror syndrome is a rare clinical entity which requires timely and accurate diagnosis. Clinical vigilance and prompt intervention can prevent fetal mortality and maternal morbidity.