Chronic Disseminated Infection of *Streptococcus agalactiae* in an Immunocompetent Patient

Tananun Tanpaibule, M.D., Sasisopin Kiertiburanakul, M.D., M.H.S.
Division of Infectious Diseases, Department of Medicine, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand.

**ABSTRACT**

*Streptococcal agalactiae* has emerged as an important cause of invasive bacterial infection among adults, particularly in those who are elderly or diabetic. We describe a case of a 72-year-old, previously healthy woman, who presented with chronic disseminated infection of right hip, vertebral spondylodiscitis with compressive myelopathy, right retroperitoneal and iliacus muscle abscess, and suspicion of splenic abscess caused by *S. agalactiae*. Infection was successfully treated with surgical intervention and prolonged antibiotic therapy, but paraparesis was partially reversed. Chronic manifestation cannot be excluded from this *S. agalactiae* invasive infection and should be one of differential diagnosis in cases with multifocal infections, especially bone and joint infection. ([J Infect Dis Antimicrob Agents 2015;32:61-6.](https://doi.org/10.1093/jid/ant046))

**CASE REPORT**

A 72-year-old Thai housewife, from Phitsanulok Province was admitted to Ramathibodi Hospital because of numbness and progressive weakness of both legs for 2 weeks. The patient had been well until approximately 3 months earlier, when she woke up in the morning with right hip pain. She reported no history of previous trauma and no known

**INTRODUCTION**

*Streptococcus agalactiae* (Group B streptococci, GBS), is a common colonizer of the genital and rectal area. Previously, it was the leading cause of sepsis and meningitis in newborns and as a cause of pregnancy-related morbidity. Implementation of maternal intrapartum chemoprophylaxis in the mid-1990s resulted in a dramatic decrease in the incidence of the perinatal disease. However, *S. agalactiae* infections among non-pregnant adults have increased over the past two decades. The average age of cases in non-pregnant adults is about 60 years. In many reports, men were more prevalent with the range of 51-63%. Clinical manifestations of *S. agalactiae* infection are broad spectrum, such as primary bacteremia and skin and soft tissue infection, other less common conditions are osteoarticular infection, meningitis, pneumonia, endocarditis, and peritonitis. For non-pregnant adults, case mortality as high as 8-24% has been observed. The disease is virulent, and chronic infection of *S. agalactiae* has been rarely reported. This report describes a case with chronic manifestation of this invasive infection.