

A 46-year-old Cirrhotic Man Presented with High Fever, Chills, Confusion, and Right Leg Swelling and Tenderness for 1 Day

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Disseminated *Vibrio vulnificus* infection

The morphology of the organism shown was suggestive for *Vibrio* or *Aeromonas* spp. (curved Gram-negative bacilli). Blood, joint and pleural fluids cultures of this patient eventually grew *Vibrio vulnificus*. The organism is primarily associated with severe, distinctive soft tissue infection and/or septicemia, especially in patients with cirrhosis¹⁻³, because of its ability to invade the blood stream without causing gastrointestinal symptoms.¹ More than 90 percent of septicemic patients have a history of having consumed raw oysters in the 7 days prior to illness. Early administration of antibiotics and surgical debridement (if indicated) are crucial for bacteremic and disseminated *V. vulnificus* infections, especially in immunocompromised patients even though the response rate is usually low. Tetracycline is the first-choice

agent, with cefotaxime or ciprofloxacin as alternatives.¹ The mortality may be high up to 33 percent despite early antibiotic therapy and surgical debridement.^{2,3}

References

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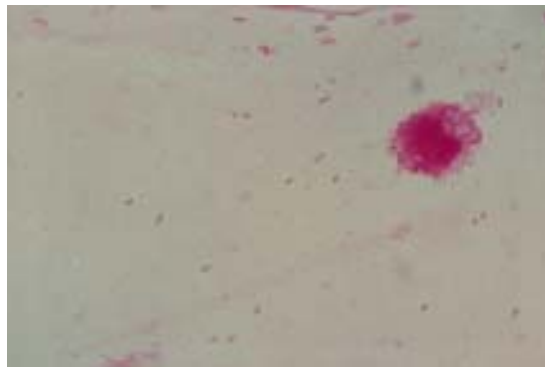


Figure.

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Received for publication: November 24, 2009.