Acinetobacter ventilator-associated pneumonia

The sputum Gram’s stain revealed gram-negative coccobacilli or kidney-shaped diplococci compatible with Acinetobacter spp. Actually, this morphology can be seen with Neisseria spp. and Moraxella spp. as well but these pathogens usually cause community-acquired infections. Acinetobacter is encapsulated, non-motile, oxidase negative, indole negative, catalase positive gram-negative rod. It is one of the most common nosocomial pathogens worldwide nowadays, especially pneumonia and bacteremia in critically ill patients. A. baumannii makes up 80 percent of total Acinetobacter clinical isolates. Acinetobacter may colonize at the skin, pharynx, gastrointestinal tract, urethra, conjunctiva, and vagina. Isolation of Acinetobacter from colonized patients requires no specific therapy, but serious infections needs intensive systemic antibiotic therapy. There is an increase in multi-drug resistance to commonly used antibiotics such as aminoglycosides, fluoroquinolones and beta lactams, especially carbapenems. The antibiotics that may be active against carbapenem resistant A. baumannii are sulbactam, tigecycline and colistin which should be used judiciously.

References

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A 62-year-old Man Admitted in a University Hospital for a Week with Subdural Hematoma

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Received for publication: February 16, 2010.