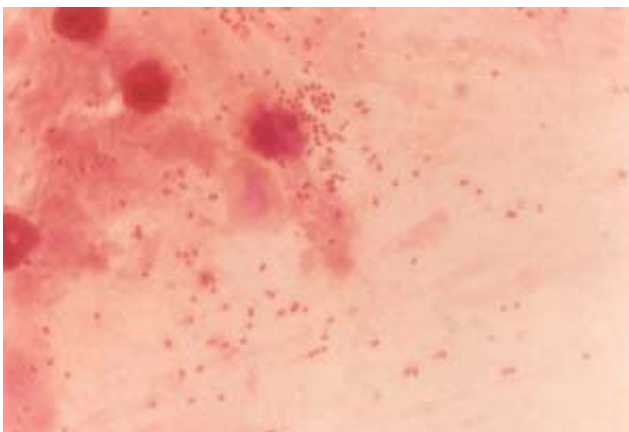


# A 62-year-old Man Admitted in a University Hospital for a Week with Subdural Hematoma

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## *Acinetobacter* ventilator-associated pneumonia

The sputum Gram's stain revealed gram-negative coccobacilli or kidney-shaped diplococci compatible with *Acinetobacter* spp.<sup>1</sup> 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.<sup>2,3</sup> *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



**Figure.**

systemic antibiotic therapy.<sup>4</sup> 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.<sup>5,6</sup>

## References

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