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Pseudonocardia oroxyli supperative sialadenitis: The first case report in human infection

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Background: *Pseudonocardia* spp. are an aerobic actinomycetes which have not been reported as the causing organism in human infection. We reported the first case of human infection due to *Pseudonocardia oroxyli* causing suppurative sialadenitis in a patient with idiopathic thrombocytopenic purpura (ITP) and splenectomised with prolonged corticosteroid use.

Methods: Case report: A 57-year-old Thai female was admitted to a university hospital with a palpable painful mass in right submandibular gland for a week. She was diagnosed of ITP for 40 years and was splenectomised 30 year ago. Therefore, the disease has been controlled by prednisolone 2.5 mg/day. Six years ago, she was admitted due to fever and painful mass in right submandibular gland with purulent discharge from Wharton's duct. Sialolisthesis was found in the duct by sialography. Amoxicillin/clavulanate was prescribed for 2 months with nearly complete recovery, consequently, she lost to follow up. A week prior to this admission, the painful mass and purulent discharge from right Wharton's duct recurred with low-graded fever. Pus was collected for stain and culture which Gram stain shown Gram positive beaded-like filamentous branching bacteria while modified acid-fast and acid-fast stain were negative. Subsequently, *Nocardia* sp. was identified from aerobic culture whereas anaerobic cultured was negative. *Pseudonocardia oroxyli* was identified by 16 s rDNA sequencing from bacterial colony. Amoxicillin/clavulanate was prescribed according to the susceptibility test. Surgical removal of right submandibular gland was performed which shown yellowish stone in dilated salivary duct. The histopathology of submandibular gland demonstrated clumps of Gram positive filamentous branching bacteria in the dilated duct which also negative on modified acid-fast stain.

Results: The patient was successfully treated with amoxicillin/clavulanate for 6 months without recurrent infection after discontinued antibiotic for 6 months.

Conclusion: Discussion: *Pseudonocardia* sp. has not been reported as the causing organism of human infection before. It has been isolated from various habitats such as tree bark and coastal sediment which there was no contact history in the patient. From the conventional method that isolated *Nocardia* spp. which negative on modified acid-fast stain should be aware of *Pseudonocardia oroxyli*. The 16 s rDNA sequencing is necessary for identification the organism.

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Deaths due to dengue fever during the 2011 epidemic: experience at a tertiary care hospital in Lahore, Pakistan

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Background: A large epidemic of dengue fever hit the city of Lahore, Pakistan in 2011 causing many deaths. We report dengue related deaths at a tertiary care hospital of Lahore.

Methods: We retrospectively analyzed hospital record for evaluation of reported deaths due to dengue fever between August and November, 2011 at Jinnah Hospital Lahore. WHO definitions were used for classification into dengue fever (DF), dengue hemorrhagic fever (DHF grade 1-4) and expanded dengue syndrome.

Results: Sixty (60) dengue related deaths were reported and 41 (68.3%) were males. Mean age (±SD) was 44 years (±20.5) and 36% patients were between ages 21 to 40 years (n = 22, 36%). No death was reported in pediatric age group (<13 years). 27 deaths (45%) occurred within 24 hrs of presentation. Most common presenting complaints were vomiting (48.3%) and altered mental status (48.3%), followed by hemetemesis (31.7%), malena (21.7%), abdominal pain (21.7%), rectal bleeding (20%), loose motions (18.3%), gum bleeding (16.7%), myalgias (16%), skin rash (15%), hematuria (5%) and hemoptysis (1.6%). The diagnosis at the time of presentation was DF in 5 (8.3%), DHF1 in 5 (8.3%), DHF2 in 11 (18.3%), DHF 3 in 14 (23.3%), DHF 4 in 5 (8.3%) and Expanded dengue syndrome in 19 (31.7%) patients. Expanded dengue syndrome included encephalopathy/encephalitis in 12 (20%), acute fulminant hepatic failure in 5 (8.3%), intra-cerebral bleed in 3 (5%), multi-organ failure in 3 (5%), and GB syndrome in 1 (1.65) patient. Two (3.3%) deaths were reported due to severe anaphylactic reaction to platelet transfusion. Twenty-nine (48.3%) patients had atleast one co-morbidity. Co-morbidities included DM in 15 (25%), hypertension in 11 (18.3%), chronic renal failure in 7 (11.7%), congestive cardiac failure in 5 (8.3%), decompensated liver disease in 4 (6.7%), chronic obstructive pulmonary disease in 2 (3.3%), asthma in 2 (3.3%), hemophilia in 1 (1.7%), and pregnancy in 1 (1.7%) patients. There was no 'walk-in death' due to dengue fever.

Conclusion: Young adults and patients with co-morbidities are at high risk. More cases of neuroloical involvement were seen and a large number of deaths were due to expanded dengue syndrome.

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