Ralstonia pickettii: a rare cause of infective endocarditis

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Ralstonia pickettii (RP), is a non-fermenting gram-negative bacillus. Infections due to RP are very rare in healthy individuals. However, RP hospital outbreaks have been reported and associated with extrinsic contamination of disinfectants... and other solutions used for patient care. To our knowledge this is the first case report of Ralstonia species causing infective endocarditis.

We report here a case of infective endocarditis due to RP in a 55-year-old female patient, with a past medical history of gastritis treated by gastric pump inhibitor, presented after several days of worsening dyspnoea, low-grade fevers. Several weeks prior to presentation patient had has a colostomy. The evaluation in hospital, the patient was tachycardia with a pulse of 120 bpm, with a blood pressure of 106/54mmHg, and febrile to 39°C. ECG findings a atrial tachycardia (120 bpm), a transthoracic (TTE) and transeophageal echocardiogram (TEE confirmed presence of vegetation on the left coronary cusp and associated severe aortic regurgitation, with normal left ventricular systolic function. Blood cultures were obtained, and patient was initiated on empiric coverage for endocarditis. With instilling malaise and chest pain, the patient was shocked by EEC. Repeat blood cultures on consecutive days were negative (30 days). The patient was referred for emergent cardiothoracic surgery with replacement of the aortic valve. Surgical specimens from the aortic valve had heavy growth of RP. It was sensitive to ceftazidime, quinolones and imipenem. Her postoperative course was uneventful.

Patients with health care-associated infections or who have had recent hospitalization or medical intervention are a new risk group that requires careful diagnostic attention in the presence of fever to evaluate infective endocarditis. RP should be considered an important potential etiology of nosocomial infections.

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Impaired glucose tolerance and impaired fasting glucose in patients with essential hypertension

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Objective The aim of the study was to assess of frequency and overlap of impaired glucose tolerance (IGT) and impaired fasting glucose (IFG) in hypertensive patients.

Methods 81 patients with essential hypertension (47 females and 34 males), from 36 to 65 years old were enrolled in the study. IGT was diagnosed then plasma glucose level after oral intake of 75g of glucose was in the range 7.8-11.1mmol/l, IFG was established then fasting plasma glucose was 6.1-6.9mmol/l.

Results IFG was found in 18 (22%), IGT – in 40 (49%) of patients. The total number of patients with prediabetes (IFG and/or IGT) was 42 (51%).In 16 cases there was combination of IFG and IGT, in 2 cases – IFG was isolated, in 24 cases – IGT was isolated. Body mass index (BMI) was higher in prediabetic compare to normoglycemic patients (31.3±5.7 versus 28.4±5.1kg/m². p=0.017). In this study obesity and overweight were diagnosed in 61 (75%) patients.

Conclusions Prediabetes was found in half of patients with essential hypertension and predominantly associated with obesity and overweight. IGT is twice more sensitive marker of prediabetes than IFG.

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