

Letters to the Editor

Bacteremia with *Raoultella planticola* in the setting of acute pancreatitis complicated with acute cholangitis

Key words: *Raoultella planticola*. Acute pancreatitis. Panniculitis. Cholangitis. Bacteremia.

DOI: 10.17235/reed.2017.4592/2016

Dear Editor,

The bacterium *Raoultella planticola* (*R. planticola*) is a rare pathogen in humans. We report a case of mild acute pancreatitis (MAP) of biliary origin with cholangitis and bacteremia with *R. planticola* in association with pancreatic panniculitis (PP).

Case report

A 55-year-old woman with rheumatic multiple valvulopathy presented with epigastric pain radiating to the back in a belt-like fashion for 48 hours, jaundice, choluria, acholia, and fever (38.2 °C). Lab tests showed: amylase 2,126 U/l, ALT 124 U/l, AST 169 U/l, GGT 3,548 U/l, AP 1,516 U/l, TBil 12.2 mg/dl, DBil 9.1 mg/dl. An abdominal ultrasound and computed tomography (CT) scan revealed cholelithiasis and mild extrahepatic bile-duct dilatation (BDD), as well as changes consistent with MAP. She was admitted with a diagnosis of acute cholangitis and MAP, and empiric therapy was initiated with piperacillin-tazobactam. On day two, painful, erythematous subcutaneous nodules developed in both legs, which were histologically compatible with PP. The blood culture was positive for *R. planticola* and sensitive to the ongoing

therapy. Magnetic resonance cholangiography ruled out BDD and choledocolithiasis. Endoscopic retrograde cholangiopancreatography (ERCP) was decided against because of improved cholestasis parameters and the absence of obstructive disease, with spontaneous passage of bile duct stones being expected. On day eleven she was discharged from hospital in view of her positive outcome.

Discussion

Although *R. planticola* is a known human pathogen since 1984, infection is rare. Fifteen bacteremia cases were found in the literature, of which four included cholangitis. It usually affects people with significant co-morbidities (usually immunosuppressed individuals) related to trauma and/or prior invasive procedures (1-4). Prognosis is good as the pathogen is sensitive to most antibiotics, although resistance has already been reported (5). Our case is interesting in that bacteremia developed in an immunocompetent patient with no history of invasive procedures and in the setting of acute cholangitis and MAP, with the development of PP as a complication.

Esther Merino-Rodríguez, Susana Rebolledo-Olmedo
and Joaquín Miquel-Plaza

Department of Digestive Diseases. Hospital Universitario de Guadalajara. Guadalajara, Spain

References

1. González-González L, Álvarez-Otero J, Lamas Ferreiro JL, et al. Colangitis y bacteriemia por *Raoultella planticola*. *Med Clin* 2015;144(5):231-2. DOI: 10.1016/j.medcli.2014.04.010
2. Teo I, Wild J, Ray S, et al. A rare case of cholecystitis caused by *Raoultella planticola*. *Case Rep Med* 2012;2012:601-41. DOI: 10.1155/2012/601641
3. Olson DS Jr, Asare K, Lyons M, et al. A novel case of *Raoultella planticola* urinary tract infection. *Infection* 2013;41(1):259-61. DOI: 10.1007/s15010-012-0294-x

4. Yokota K, Gomi H, Miura Y, et al. Cholangitis with septic shock caused by *Raoultella planticola*. *J Med Microbiol* 2012;61(Pt 3):446-9. DOI: 10.1099/jmm.0.032946-0
5. Xu M, Xie W, Fu Y, et al. Nosocomial pneumonia caused by carbapenem resistant *Raoultella planticola*: A case report and literature review. *Infection* 2015;43(2):245-8. DOI: 10.1007/s15010-015-0722-9