

Hospital-acquired *Sphingomonas Paucimobilis* Infection in a Neonate: A Case Report

Abstract

Introduction

Sphingomonas paucimobilis formerly known as *Pseudomonas paucimobilis* is a strict aerobe, motile, non-spore forming, non-fermentative, Gram-negative bacillus, characterized by catalase and oxidase activities. It is an opportunistic pathogen that causes infection in healthy and immunocompromised individuals. *Sphingomonas paucimobilis* is ubiquitous and has been isolated from seawater, sea ice, river water, wastewater, mineral water and diverse sources in the hospital environment.

Presentation of case

We describe the clinical characteristics, manifestations and laboratory findings of hospital-acquired *Sphingomonas paucimobilis* sepsis in a neonate at special care baby unit of the University of Abuja Teaching Hospital, Gwagwalada, Abuja, Nigeria.

Discussion

The isolation of this organism from the new born whose laboratory tests were within normal acceptable values, and from hospital environment is a case of hospital-acquired infection. The patient recovered and was discharged because of adequate treatment by the managing team.

Conclusion

The study thereby recommends adequate and consistent cleaning of the newborn unit of the hospital in particular, the entire hospital equipment and its environment using a potent disinfectant to minimize the risk of hospital-acquired infections.

Key words: *Sphingomonas paucimobilis*, Hospital-associated infection, neonate, Nigeria

INTRODUCTION

Sphingomonas paucimobilis formerly known as *Pseudomonas paucimobilis* is a strict aerobe, motile, non-spore forming, non-fermentative, Gram-negative bacillus, characterized by catalase and oxidase activities [1]. This organism is ubiquitous and has been isolated from seawater, sea ice, river water, wastewater, mineral water and soil [2]. It has also been recovered from diverse sources in the hospital environment, including hospital water system, respiratory therapy equipment, and laboratory instruments [3]. It can cause infection in healthy as well as immunocompromised individuals [4]. Nosocomial outbreaks of *S. paucimobilis* have been reported and considered to originate from contaminated hospital

environment and equipment [5,6]. *S. paucimobilis* has been isolated from blood, sputum, urine, wound, bile, cerebrospinal fluid, vagina, and cervix [7]. A great variety of community-acquired and healthcare-associated infections have been reported, in which catheter-related infection is the most common form [8]. This case report describes the clinical characteristics and manifestations of *S. paucimobilis* sepsis in a neonate at University of Abuja Teaching Hospital Gwagwalada, Abuja, Nigeria.

CASE DESCRIPTION

A 12 hours old, term male neonate was brought in from the postnatal ward to the Special Care Baby Unit (SCBU) of University of Abuja Teaching Hospital, Gwagwalada, Abuja, Nigeria with complaints of repeated vomiting and neonatal jaundice. Baby was delivered by emergency caesarian section with good apgar scores 8¹ and 9⁵ respectively and birth weight of 3.4kg. Vomiting started few hours after birth and had vomited five times prior to presentation with the vomitus containing brownish effluent. Examination findings were mild respiratory distress with flaring of the nostrils but good oxygen saturation in room air (99%), mild hypothermia, mild jaundice and moderate dehydration. Baby was commenced on empirical antibiotics- Augmentin and Gentamycin, intravenous fluid and prophylactic phototherapy. On the 2nd day of admission, baby developed features of Ophthalmia neonatorum and had just one episode of vomiting; Chloramphenicol (Gut) eye drops were added to the initial treatment. By the 3rd day of life, the clinical condition had improved significantly, jaundice had cleared, and the baby was now tolerating breast milk. As the condition remained stable, baby was maintained on Augmentin and Gentamycin until discharged after seven (7) days of admission.

Meanwhile, laboratory investigations such as blood culture, full blood count, electrolytes, urea, and creatinine were ordered by the managing team. The samples were collected aseptically into ethylene diamine tetra acetic acid (EDTA), plain and blood culture bottles

and sent to the various laboratories for processing. The sample for full blood count was processed using a well-mixed EDTA sample and analyzed with a mythic hematology auto analyzer. A thin blood film was made and used to describe blood morphology. The clinical chemistry tests were processed using serum obtained from the sample collected in a plain bottle. This was processed using Labjeniks Ion selective electrode (ISE) for electrolytes and Selectra chemistry analyzer (ELITech Group, France) for urea and creatinine. The blood culture (Bi-state culture medium, China) was processed by first incubating for 24hrs from the time of delivery to the microbiology laboratory. This was followed by a dual inoculation into chocolate and Cystine Lactose Electrolyte Deficiency (CLED) agars and were incubated aerobically and anaerobically for another 24hrs at 37°C, allowing for the growth of the organisms. The culture yielded moist, grey, 1-2mm colonies on chocolate agar and non lactose fermenting colonies on the CLED agar on aerobic incubation. Gram staining was performed from the grown organism which gave a Gram-negative bacillus. Further identification was done using the Vitek 2 machine (bioMerieux, France). The organism was identified as *Sphingomonas paucimobilis* at 99% probability. Antimicrobial susceptibility testing of the isolate was done by disc diffusion technique as described by National Committee for Clinical Laboratory Standards (NCCLS) technical manual [9]. The antibiotics used include: Cefuroxime 30ug Oxoid, Ciprofoxacin 5ug Oxoid, Augmentin 30ug Oxoid, Imipenem 30ug Oxoid, Vancomycin 30ug Oxoid, Ampicillin 10ug Oxoid, Azithromycin 15ug Oxoid, Ampicillin sulbactam 30ug Oxoid, Lincomycin 5ug Oxoid, Ofloxacin 5ug Oxoid and Sparfloxacin 5ug Oxoid.

Samples taken from the SCBU environment such as swab from the floor, work surface, water from the tap and other equipment used in treating the baby were cultured and identified as *S. paucimobilis*. Other organisms isolated from the environment include *Pseudomonas*

aeruginosa and *Staphylococcus epidermidis*. The summary of the laboratory results and the interpretations are presented in Table 1.

RESULTS

Table 1: Results of Laboratory Investigations Performed

| TEST PROFILE | RESULTS | INTERPRETATIONS |
|--------------------------------------|---|----------------------------|
| Hematology (Full Blood Count) | WBC: $13.3 \times 10^9/l$, RBC: 4.12×10^{12} , HGB: 13.6 g/dl, PCV: 42%, MCV: 102.4fl, MCH: 33.0pg, MCHC: 32.2 g/dl, PLAT $284 \times 10^9/l$, Neutrophils: 54%, Lymphocytes: 42% Monocytes: 2%, Eosinophils: 2% Basophils: 0% Blood film report: Mild | Normal values for neonates |

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| | poikilocytes, target cells and anisocytosis were observed. Platelets and white blood cells appeared normal and adequate. | |
| Clinical Chemistry (Electrolytes, Urea and Creatinine) | Sodium: 135mmol/L, Potassium: 5.6mmol/L, Chloride: 104mmol/L, Bicarbonate: 15mmol/L, Urea: 16.8mmol/L, Creatinine: 67.2umol/L | Normal values for neonates |
| Microbiology (Blood Culture and Antibigram) | Gram negative bacilli identified using Vitek machine with excellent identification (99% Probability). Antibiotics susceptibility testing showed sensitivity to: Imipenem, Ampicilin-sulbatam, Azithromycin, Lincomycin, Ofloxacin, Ciprofloxacin and Sparfloxacin. Resistance to: Cefuroxime, Ceftazidime, Augumentin and Ampicillin | <i>Sphingomonas paucimobilis</i> isolated with good Antibigram |
| Microbiological Examination of the environment/Equipment at Special Care Baby Unit | Before Disinfection Staphylococcus spp. <i>Pseudomonas aeroginosa</i> and <i>Sphingomonas paucimobilis</i> were isolated After Cleaning with Hypochlorite Solution: No Bacterial growth | Indication of Hospital-Acquired infection |

Key: WBC- White blood cells; RBC: Red blood cells; PCV: Pack cell volume; MCV: Mean cell volume; MCH: Mean cell hemoglobin; PLAT: Platelets

DISCUSSION

Sphingomonas paucimobilis is an opportunistic pathogen that rarely causes infection in humans because of its low virulence. It has a unique sphingoglycolipid in the cell wall and lacks the lipopolysaccharide component along with its endotoxin activity. This could be the explanation for the low virulence of this organism [4]. Isolation of *Sphingomonas paucimobilis* organism from a neonate and work environment at Special Care Baby Unit of UATH is clear evidence that the infection is hospital-acquired. Although it is known to have

a low virulence, it may cause bacteremia, septicemia and community-acquired pneumonia with a high mortality potential [7,10].

The results of laboratory investigations showed that the electrolytes, urea and creatinine levels, as well as the full blood count, were within the normal acceptable ranges for the neonate. The patient responded well to the prescribed antibiotics and other treatment administered and was discharged from the unit. The dramatic response could be attributed to the low pathogenicity of the organism as well as protection from the mother's breast milk taken by the baby. Our result shows that the patient contracted this infection from the hospital, possibly from the postnatal/labour ward or newborn unit. The newborn unit was subjected to an intensive cleaning using hypochlorite solution to stop further spreading of nosocomial infection. Cultures of the environmental samples after 2 weeks of cleaning with hypochlorite solution showed no bacterial growth indicating the potency of the hypochlorite solution. The baby responded well to amoxicillin potentiated clavulanic acid with gentamycin and was discharged a few days later. Though the virulence of this organism is low, a case of death has been reported in a premature neonate [11]. and a 55year old female who presented with an ulcer on the sole of the left foot with irreversible septic shock as the cause of death caused by *Sphingomonas paucimobilis*. Therefore efforts should be put in place to prevent infection by this organism.

CONCLUSION/ RECOMMENDATIONS

In conclusion, this is a case of hospital-associated infection as the infectious agent was isolated from both the patient and the environment. This organism is an emerging pathogen and should not be discarded as a contaminant. The study thereby recommends adequate and consistent cleaning of newborn unit of the hospital in particular, the entire hospital equipment and its environment using a potent disinfectant to minimize the risk of hospital-acquired infections.

Consent for Publication

Ethical approval was obtained from the health research ethics committee of University of Abuja Teaching Hospital and consent obtained from the mother of the child for the publication of this case report

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