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A Rare Source of Bacteremia from Enterococcus Casseliflavus

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ABSTRACT

Introduction: Nomophobia, a form of behavioral addiction, is uncontrolled, obsessive fear of being disconnected from the mobile phone network. Excessive use of smartphone during care, a source of errors and distractions, is among the top ten risks related to the use of technologies in healthcare. The study aims to investigate the phenomenon of nomophobia among nurses.

Materials and Methods: A qualitative descriptive study was carried out by means of proactive sampling, nurses involved in hospital care on the Italian country were enrolled. Following the carrying out of semi-structured interviews electronically and at the same time audio recorded the data were analyzed according to qualitative content analysis.

Results: The following themes emerged: ''Fear of not being able to manage cell phone addiction", ''Communication problems caused by cell phone use,", ''Physical consequences of cell phone use," ''Loneliness in virtual life", ''Risk of infection related to cell phone use".

Conclusions: This study highlights the importance of monitoring the phenomenon, adopting information and awareness-raising policies aimed at healthcare personnel: distracting factors associated with the over-use of smartphones in the workplace make nurses more vulnerable and more exposed to the risk of error.

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Background: The clinical significance and virulence potential of Enterococcus casseliflavus are still uncertain1. We report a case of Enterococcus casseliflavus bacteremia secondary to an outbreak of segmental colitis of the left colon.

Case History: A 71-year-old male with a history of CAD and rectosigmoid + lymphadenectomy resection for neoplasia went to our observation for fever, abdominal pain and diarrhea. The laboratory tests showed an increase of WBC, PCR and procalcitonin. The CT abdomen scan highlighted atony and dilatation of the colon as initial megacolon decanalisation, with an endoscopic picture of diffuse inflammation confirmed by histological examination. Piperacillin/Tazobactam + Metronidazole and intravenous hydration were started, with a progressive clinical improvement, blood cultures were positive for vancomycin-resistant Enterococcus casseliflavus.

Discussion: Enterococcus species are becoming a common cause of infections with increased pathogenicity of E. casseliflavus in immunocompromised patients. Bacteremia from biliary tract and liver or endocarditis is the most common form of E. casseliflavus infections2. In our case the sepsis source was the colon in a immunocompetent patient with atherosclerotic disease and previous colon surgery. The inflammation affecting the full thickness of the colon and the absence of lymph node "filter" probably determined the haematogenous bacterial dissemination and the severe decanalisation.

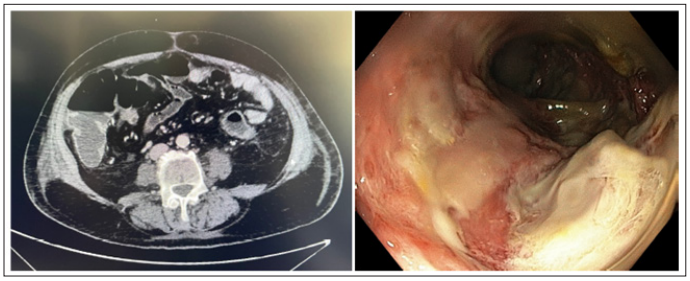

Figure 1: At the left, the abdominal TC scan highlights the dilatation, atony and parietal suffering of the colon; at the right, on endoscopic examination the left colon appears covered along its entire circumference by edematous, congested, fragile and ulcerated mucosa, such as a probable ischemic colitis.

References

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