SHANGHAI FEVER: A NEW PRESENTATION OF PSEUDOMONAS DISEASE IN BRAZIL

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BACKGROUND

Pseudomonas aeruginosa is an important agent of healthcare associated infections, especially in immunocompromised hosts.

Shanghai fever is a community-acquired enteritis associated with sepsis and isolation of *Pseudomonas spp.* It is a rare severe condition that affects previously healthy infants.

Most case reports are from East Asian countries. To our knowledge, we describe the first case of Shanghai Fever in Brazil.

CASE REPORT

A previously healthy seven month-old boy was admitted to the intensive care unit (ICU) due to septic shock with disseminated intravascular coagulation. He had three days of fever and bloody stools. Ceftriaxone was prescribed because of suspected *Salmonella* enteritis.

After three days, two necrotic skin lesions suggestive of ecthyma gangrenosum were observed on his right leg and perineum. Ceftriaxone was changed to piperacilin-

tazobactam for empirical *Pseudomonas* coverage.

On the eleventh day he presented peritonism and abdominal distension. Laparotomy revealed three bowel perforations (sigmoid colon and rectum). Colostomy was performed. Antibiotics were changed empirically to vancomycin and meropenem. He was discharged after 28 days.

Cultures from skin biopsy and peritoneal fluid yield *P. aeruginosa*. Blood cultures were negative. Primary and acquired immunodeficiencies were ruled out.

LEARNING POINTS

The presence of *Pseudomonas* in stool cultures is rare and with controversial significance. In ICU setting, colonization is a late event and can be related to diarrhea without systemic symptoms. Treatment does not change outcome.

Shanghai Fever is not associated to hospital-acquired colonization, but to more virulent community strains of *Pseudomonas*, demonstrating higher cytotoxic and invasive profiles.

It is important to have a high level of suspicion of *Pseudomonas* as an agent of sepsis related to diarrhea or ecthyma gangrenosum in healthy infants not responding to standard empirical treatment.

References:

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Figure 1: A – Ecthyma Gangrenosum: initial presentation; B – Same lesion after surgical management

Figure 2: Pneumoperitoneum shown in abdominal radiograph (dorsal decubitus view)