COMPLICATED PNEUMONIA CAUSED BY *STREPTOCOCCUS ANGINOSUS* IN A CHILD

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INTRODUCTION

Streptococcus anginosus is a commensal bacteria but recent evidence shows that it can be also pathogenic, capable of causing abscesses or systemic infections. Importantly, studies reporting its identification in the pediatric population are rare.

CASE REPORT

6 years old male

Personal background: early infantile encephalopathy, global developmental delay, and recurrent respiratory infections since the first year of life

Emergency department

Low-grade fever, irritability and grunting, on day 1 of disease

Ill appearance, signs of respiratory distress, hypoxemia and pulmonar auscultation with crackles on left hemithorax

Thoracic x-ray: hypotransparency on the left side compatible with left pneumonia

12100/ul leucocytes, 71.6% neutrophils and 640000/ul platelets, C reactive protein (CRP) 103 mg/L, Blood cultures: pending

Admitted in the hospital with amoxicilin and clavulanic acid

Day 2:
Thoracic ultrasound: multiloculated left pleural effusion

Left thoracic drainage → Pleural fluid: purulent and exsudative effusion
Cultures: on course

Antibiotic therapy was changed to ceftriaxone
Clinical improvement

Day 11:
Restarted fever
Pulmonary auscultation: left pulmonar sounds abolished
38200 /uL leucocytes, 81.7% neutrophils , 843000/ul plaquetas and CRP 122 mg/L

Pleural fluid: *Streptococcus anginosus* (S to ceftriaxone)

Transferred to the tertiary hospital

Thoracic CT scan:

- left empyema,
- atelectasis
- consolidation with necrosis on the inferior pulmonary left lobe

left decortication via video-assisted thoracic surgery

significant clinical improvement

Discharged after completing 4 weeks of ceftriaxone

Re-evaluation 2 and 4 weeks months later: no symptoms and normal thoracic x-ray

CONCLUSION
Pediatricians should be aware of these emerging agents. *S. anginosus* can cause serious infections that require rapid recognition and appropriate treatment to diminish the associated mobility and mortality.