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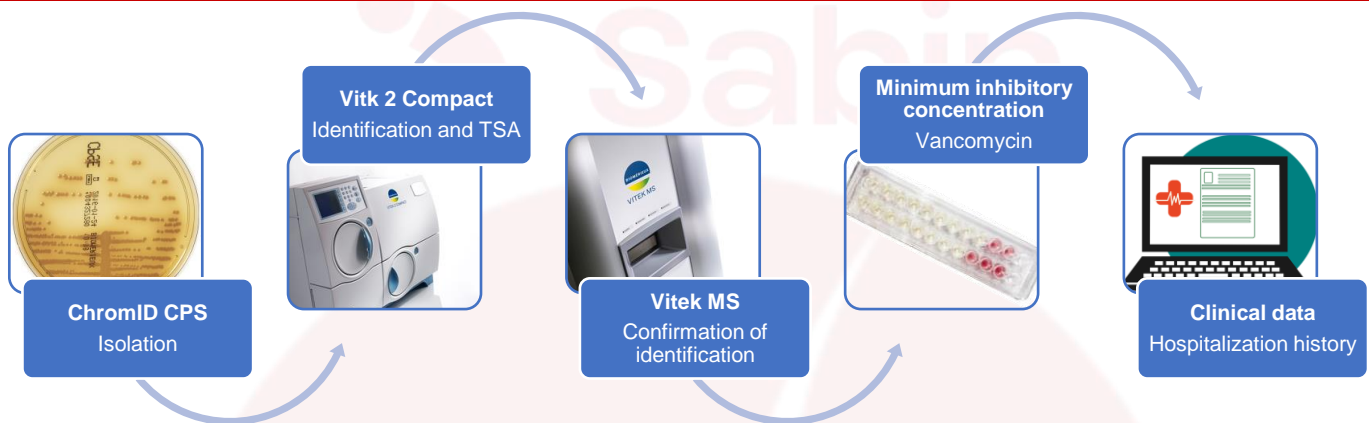
Introduction

Elizabethkingia meningoseptica is an increasingly frequent microorganism in healthcare settings. It is especially concerning in patients with previous comorbidities and premature children, presenting high antimicrobial resistance.

Objective

This work aims to describe a case of urinary tract infection caused by *E. meningoseptica*.

Methods



Results and Discussion

An 85-year-old male patient was admitted to the emergency room with a diagnosis of respiratory syndrome and subsequent sepsis of pulmonary origin, but negative for COVID.

Comorbidities: Arterial hypertension, diabetes mellitus, heart disease, dementia, gastrostomy, generalized anxiety disorder, and sequelae from a previous stroke.

He was transferred to the ICU, sedated and intubated. During hospitalization, a urinary infection caused by *E. meningoseptica* resistant to various antimicrobials was diagnosed.

To vancomycin, however, we emphasize that there are no validated breakpoints for this antimicrobial, but rather research that indicates that this may be an option for treatment.

The patient had a bad outcome and after 104 days of hospitalization, passed away.

Antimicrobial	MIC	Resistance*
Ciprofloxacin	1,0	Susceptible
Meropenem	8,0	Intermediate
Tigecycline	4,0	Intermediate
Amikacin	≥ 64,0	Resistant
Cefepime	≥ 64,0	Resistant
Ceftazidime	≥ 64,0	Resistant
Ceftriaxone	≥ 64,0	Resistant
Gentamicin	≥ 16,0	Resistant
Imipenem	≥ 16,0	Resistant
Piperacillin/tazobactam	≥ 128,0	Resistant
Vancomycin	12,0	**

MIC: Minimum inhibitory concentration.

*Breakpoints extrapolated from non-enterobacteria; **No validated breakpoints.

Conclusion

E. meningoseptica deserves more attention as it is becoming more frequent in healthcare settings, worsening the prognosis of already weakened patients and being highly resistant to antimicrobials.

Therefore, more studies are necessary to define validated breakpoints with clinical outcomes and to establish an effective therapeutic approach.

References

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