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Jian Garcia Cruz

Internal Medicine, Knapp Medical Center, The University of Texas Rio Grande Valley School of Medicine,
jian.garcia@utrgv.edu

Johanne Chaglasian

Internal Medicine, Knapp Medical Center, The University of Texas Rio Grande Valley School of Medicine

Oliverio Abarca Guzman

Internal Medicine, Knapp Medical Center, The University of Texas Rio Grande Valley School of Medicine

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Enterococcus avium peritonitis

Garcia Cruz, Jian, Chaglasian, Johanne and Abarca Guzman, Oliverio

Introduction

Enterococcus spp. are part of normal human GI tract flora which has been known to cause community acquired UTI, bacteremia, and nosocomial infections. *Enterococcus faecalis* and *faecium* are the most commonly isolated pathogens within enterococcus family although there have been few to no cases reported of peritonitis secondary to *enterococcus avium* in the setting of recent paracentesis and end-stage-liver disease. The incidence of peritonitis from rare organisms is increasing because of improved microbiological identification techniques. This case is relevant because it shows us that *enterococcus avium* even if it is not common should be considered when choosing antibiotics coverage for pneumoperitoneum in patients with dialysis.

Case report:

47 years old Hispanic woman with ESRD on hemodialysis, chronic alcoholic liver cirrhosis with recurrent paracentesis, CAD and BMI of 18.74 presented to the ED by EMS with the complaint of vomiting, diarrhea and altered mental status with one day of duration. On admission, the patient was found to have a temperature of 101.6, Heart rate 94, respiratory rate 18 and blood pressure of 96/48. Patient relevant laboratories on admission were remarkable for WBC 23.10, Hemoglobin 9.4, hematocrit of 39, BUN 46 and creatinine of 5.5. Patient was initially admitted to the ward until she deteriorated for which she was transferred to the ICU. On the ICU patient was diagnosed with multifactorial shock, septic and hypovolemic. Further workup showed evidence of peritonitis in the setting of perforated hollow viscus for which she was started on combination of antibiotics and antifungal. General surgery was consulted which recommended conservative management due to comorbidities. Peritoneal fluid was drained and showed ESBL E. Coli, *Enterococcus avium* and *clostridium perfringens*. The patient was discharged to hospice and on further follow up patient peritonitis resolved.

Conclusion

Enterococcus avium is a microorganism with low virulence that can cause opportunistic infections. When peritonitis is suspected in the setting of multiple comorbidities, or immunosuppression. *Enterococcus avium* should always be considered as a differential etiology. This condition is rare and recent diagnostic methods aid in the identification of this organism. Even though *E. avium* is usually sensitive to most antibiotics, septic shock can develop. For instance, prompt identification and timely initiation of antibiotics and appropriate intervention will prevent mortality associated with this organism.