

Clinical Image

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Group B streptococcus (GBS) osteomyelitis in a diabetic patient following pasteurilla multocida infection**Oscar E*; Gallardo Huizar**

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Abstract

Skin and Soft Tissue Infections (SSTI) resulting from cat bites most commonly occur due to Pasteurella infection. However, other pathogens such as B-Hemolytic Streptococci (BHS) have been identified and tend to be highly virulent in diabetic patients. Here we present a case of a 59 year-old man presenting with left wrist osteomyelitis following a cat bite.

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Case description

A 59 year-old male with a history of uncontrolled diabetes was bitten by cat 6 weeks before presenting to an outside hospital. He was found to have Pasteurella multocida soft tissue infection and was discharged with oral antibiotics. However, he did not complete full course of outpatient therapy, and returned to the ED with increased left hand swelling and pain for three weeks.

On admission, worsening left hand swelling, pain, and erythema were noted. Pertinent laboratory data included elevated CRP (313 mg/L), leukocytosis (28 k/cumm), and sedimentation rate of 119 mm/hr. Clinical presentation was suggestive of osteomyelitis and he was treated with intravenous antibiotics and surgical wash-out. Cultures grew Streptococcus agalactiae and patient was transitioned to oral amoxicillin-clavulanate for 6-8 weeks, and scheduled for outpatient follow up.

Teaching points

Skin and Soft Tissue Infections (SSTI) resulting from cat bites tend to most commonly grow Pasteurella. Although uncom-

**Figure 1:**

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mon, Group B streptococcus infections have been associated with cat bites [1] and in diabetics, soft tissue infections by this pathogen are highly virulent [2]. Although the initial presentation seemed to suggest a complicated infection by Pasteurella, it is important to remember that the most common pathogens in SSTIs continue to be Staphylococcus aureus and B-Hemolytic Streptococci (BHS) [3].

Conflicts of interest: None.

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