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Biliary Sepsis cased by *Burkholderia cepacia*: A Rare Presentation

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Introduction

Burkholderia cepacia is a common cause of nosocomial pneumonias. Literature on infections outside the respiratory tract is scarce¹. It is notorious for being inherently resistant to many drug classes². We present a case of biliary sepsis caused by *B. cepacia* in an immunocompromised host.

Case Presentation

A 53-year old Filipino male, newly diagnosed case of lung adenocarcinoma, presented with two month history of jaundice. Initial workups showed leukocytosis with neutrophilic predominance, elevated transaminases and bilirubin levels. Alkaline phosphatase was also increased. A dynamic Computed Tomography scan of the liver revealed irregular hypodense nodules scattered in both hepatic lobes suggestive of metastases. Endoscopic Retrograde Cholangiopancreaticography with sphincterotomy and stent insertion was then done. Post procedure, he developed fever episodes hence was managed as a case of cholangitis and was started on piperacillin-tazobactam. Blood cultures obtained grew *B. cepacia* sensitive to meropenem, levofloxacin and co-trimoxazole. Antibiotics were eventually shifted to Meropenem. On the third day of antibiotics, the patient's fever persisted. The team then decided to do percutaneous transhepatic biliary drainage for source control. Bile cultures requested also yielded *B. cepacia* with the same sensitivity profile. Blood cultures were repeated but still remained positive hence levofloxacin was added to the regimen. The patient improved after two days with the new antibiotics. Repeat blood cultures at that time showed clearing. The patient was then discharged with oral levofloxacin.

Conclusion

This paper describes one of the few cases of *B. cepacia* bacteremia secondary to a biliary tract infection. *B. cepacia* should be considered as a differential in immunocompromised patients who develop nosocomial biliary tract infections.

References