Disseminated Nocardiosis in a para-neonate

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Abstract

Nocardiosis is caused by ubiquitously present aerobic actinomycetes in soil and dust. It is an opportunistic pathogen that can cause disseminated infection in immunocompromised hosts. The most common site of primary infection is lung. They can disseminate to skin, brain kidneys, joints and eyes through hematogenous spread.

We report a case of 1.5 month old male infant with disseminated Nocardiosis. He presented with hyper pigmented rash on the body since one month, cough, cold, breathlessness and fever since one week. He was diagnosed to have suppurative lung abscess secondary to Nocardia asteroides and which disseminated to cause multiple brain abscesses and probably to skin causing hyper pigmented macules over both upper limbs and lower limbs. This baby did not have any predisposing risk factors but he belonged to a farmer’s family. Patient received treatment with sensitive antibiotic (with addition of cotrimoxazole) for suspected Nocardiosis (gram positive branching filaments) on pus smear. In spite of antibiotics, an intercostal drainage and supportive management, the outcome was fatal.

We wish to report this case because of youngest patient ever reported in literature with disseminated Nocardiosis and fatal outcome in spite of sensitive antibiotics in an infant born to HIV negative mother.

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