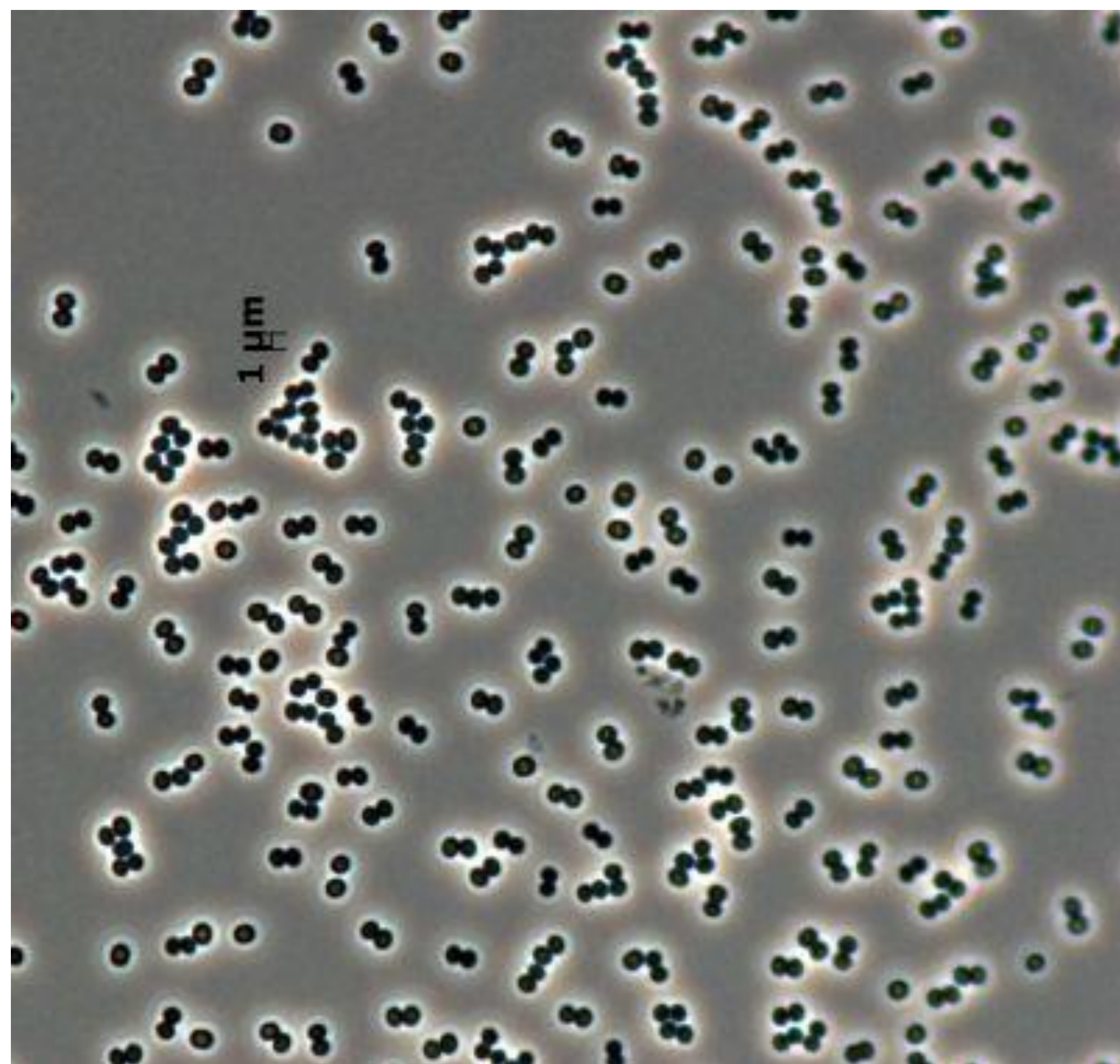


STAPHYLOCOCCUS WARNERI AS A SOURCE OF SEPSIS - A CASE REPORT

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INTRODUCTION

Coagulase negative staphylococcus (CoNS) bacteria are commonly found on normal skin flora and can be contaminants in clinical specimens. They can also be the source for significant infections particularly for patients with prosthetic devices or those who are immunocompromised.

CASE PRESENTATION

A 93 year old male came in from skilled nursing facility to the hospital for a decrease in energy and shortness of breath. He has a history of atrial fibrillation s/p pacemaker placement, aortic stenosis s/p TAVR, and a neck mass consistent with squamous cell carcinoma. Patient had tachypnea, WBC >20, and MAP < 65. Blood cultures grew Staphylococcus Warneri.

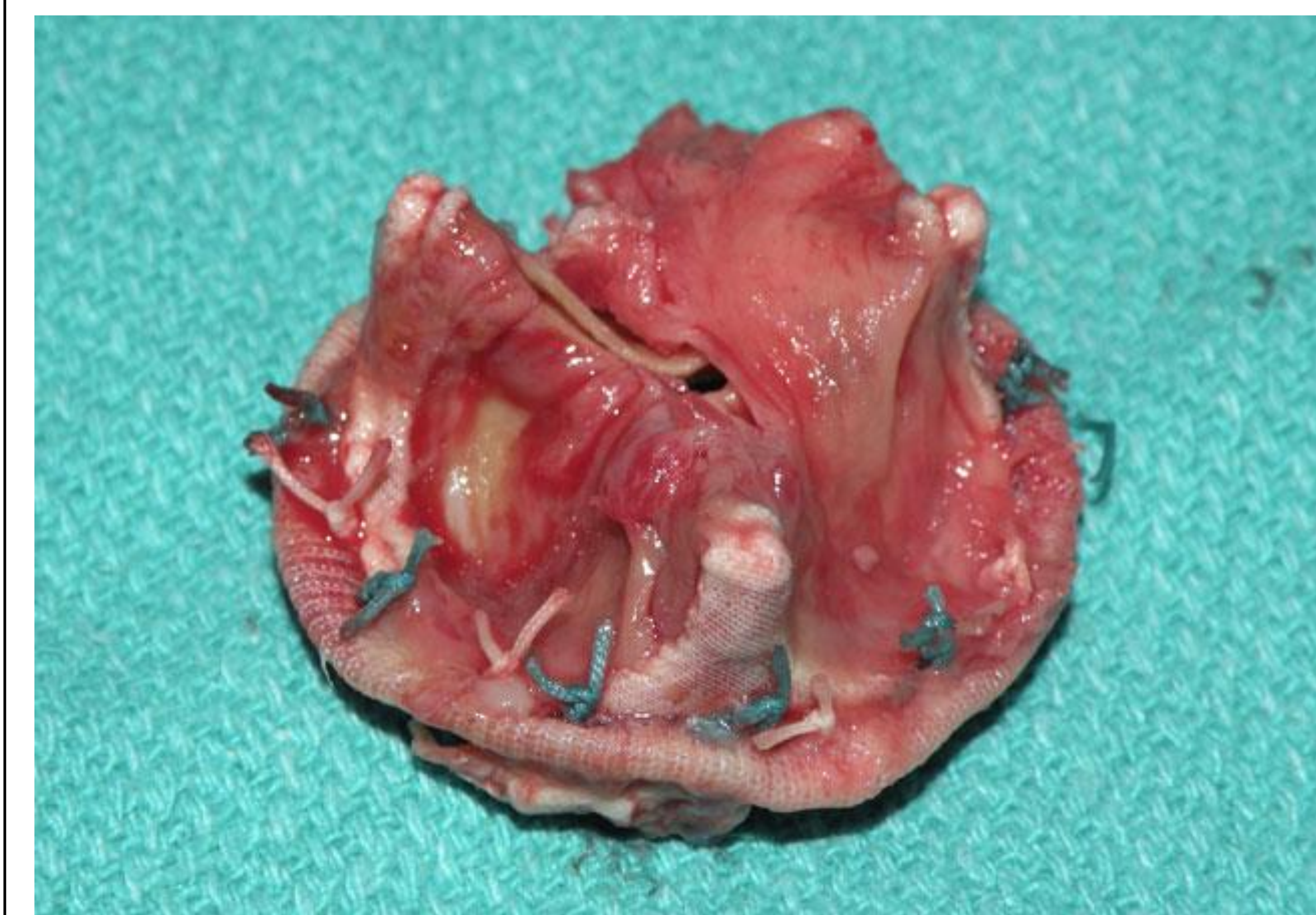
Chest CT was negative for pneumonia. The source of sepsis was the neck mass. He was treated with ceftriaxone. Repeat blood cultures and TTE were both negative. Family deferred a TEE and instead the patient was treated with 2 grams of ceftriaxone daily for 6 weeks. The squamous cell carcinoma was surgically removed.



DISCUSSION

In this case presentation, *S. Warneri* was not a contaminant but a source of sepsis and it is one of the lesser known CoNS species. The squamous cell carcinoma allowed *S. Warneri* on the skin to reach the bloodstream. Foreign materials such as prosthetic devices become coated with host proteins that include collagen,

fibrinogen, and fibronectin which can then act as receptors for CoNS surface proteins. CoNS attach using van der Waals interactions and subsequently synthesize extracellular polysaccharide matrix i.e. biofilm that encases the bacteria and makes it resistant to antibiotic penetration and host defenses. This necessitates the use of high dose antibiotics for an extended period of time.



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