Catheter-related Blood Stream Infection due to *Ochrobactrum anthropi*

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Abstract

Source control is an important principle in management of an infection. Although most catheter-related blood stream infection (CRBSI) can be managed catheter removal, catheter removal need to be considered in the event of septic shock, persistent bacteremia and persistent symptoms. We report a 65 years old patient with end stage renal disease who had *Ochrobactrum anthropi* CRBSI with persistent bacteremia. The organism isolated was sensitive to Imipenem, Meropenem and Cefepime. However, despite treatment with intravenous Cefepime for 10 days and repeated guidewire exchange of the internal jugular vein catheter, there was still persistent growth of *O. anthropi* in red lumen, blue lumen and peripheral blood cultures. Culture clearance was achieved only after catheter removal. While empirical treatment with intravenous antibiotics without catheter removal is an acceptable practice for CRBSI due to gram-negative bacilli other than *Pseudomonas* species, immediate catheter removal is indicated should symptoms persist despite antibiotic. This case report highlights the need for awareness role of good source control in the management of this infection.

**Keywords:** CRBSI, *Ochrobactrum*, Source control

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