A 56 year old woman with biopsy confirmed alcoholic cirrhosis and known portal hypertension with ascites was admitted to hospital complaining of worsening ankle swelling and abdominal distension, abdominal pain, and spontaneous bruising over the previous week. She was at that time drinking one third of a bottle of sherry (seven to eight units of alcohol) each day. She reported having been scratched on her left arm by her dog one week previously.

She was found to be febrile (37°C) and jaundiced with bilateral peripheral oedema to her mid thighs. Her pulse rate was 95 beats/minute, her blood pressure was 115/45 mm Hg, and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites. Her left arm was erythematous and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites and she had a tender abdomen distended with ascites.

Laboratory tests showed a normal white blood cell count (8.2 x 10^9/litre; normal range, 4.0–10.0), deranged liver function tests (bilirubin, 357 μmol/litre; normal range, 0–17; alkaline phosphatase, 153 U/litre; normal range, 40–130; aspartate aminotransferase, 48 U/litre; normal value, > 30), and abnormal synthetic liver function (albumin, 31 g/litre; normal range, 35–50 g/litre; prothrombin time, 32 seconds; normal range, 10.9–14.5).

Abdominal paracentesis yielded blood stained fluid. The ascitic fluid protein was 62 g/litre (indicating an exudate), albumin was 45 g/litre, and the red cell count was > 2160 × 10^9/litre. The sample contained no white blood cells and the Gram stain revealed no organisms.

Treatment was begun with intravenous benzylpenicillin, ciprofloxacin, and metronidazole.

Over the course of the next few hours the patient’s condition worsened with a high fever, tachycardia, and hypotension, and despite vigorous attempts at resuscitation she deteriorated very rapidly and died 24 hours after admission.

**DISCUSSION**

Spontaneous bacterial peritonitis occurs in approximately 15% of patients with cirrhotic liver disease and ascites. The causative organisms are usually enteric Gram negative bacilli or streptococci. We report the first case of spontaneous bacterial peritonitis and septicaemia caused by an unusual organism, *P dagmatis*, following a scratch from a domestic animal.

Pasturella species are Gram negative cocccobacilli that commonly colonise the oropharynx of healthy domestic animals—especially cats (90%) and dogs (66%). They are well recognised as veterinary pathogens, and over recent years, increasingly commonly as a cause of human infection. *Pasturella multocida* is the most frequently reported species.

In 1985, members of the genus *pasteurella* were reclassified into 11 species including *P multocida* and *P dagmatis*. *Pasturella multocida* and *P dagmatis* cannot be distinguished morphologically and the API 20 NE system, like most commercially available identification systems, cannot distinguish between the two because *P dagmatis* is not in its current database. This explains why the organism in our patient was not immediately recognised as *P dagmatis*. It may also explain the low frequency of reports of *P dagmatis* infection. A positive urease test distinguishes *P dagmatis* from *P multocida*, but...
Take home messages

- We report a case of Pasteurella dagmatis peritonitis and septicemia in a patient with cirrhosis, which occurred after she was scratched by a pet dog.
- Despite appropriate antibiotic treatment the patient died of the infection.
- Pasteurella dagmatis is a relatively recently described species, which is rarely reported as a human pathogen, and bacterial peritonitis caused by this organism has not been reported previously.
- This species may be misidentified unless commercial identification systems are supplemented by additional biochemical tests.
- Because of the high mortality rate, appropriate antibiotic treatment should be instituted as soon as possible, and first line antibiotic treatment should include a β-lactam agent.

In our patient, P dagmatis caused spontaneous bacterial peritonitis, septicemia, and ultimately death. In patients with cirrhosis and ascites, only one third of cases of spontaneous bacterial peritonitis are caused by non-enteric organisms. Pasteurella multocida as a causative organism is particularly rare, with only 15 documented cases. There are no previous reports of P dagmatis in this setting.

Pasteurella infection should be suspected as a cause of spontaneous bacterial peritonitis and septicemia in patients immunocompromised by cirrhosis, especially if there is a history of exposure to domestic animals. In view of the high mortality, appropriate antibiotic treatment should be instituted as soon as possible, and first line antibiotic treatment should include a β-lactam agent. Speciation may not influence clinical management, but accurate identification of Pasteurella to species level will help characterise the prevalence, antibiotic susceptibilities, and pathogenic potential of P dagmatis.

... References ...


www.jclinpath.com


Fatal *Pasteurella dagmatis* peritonitis and septicaemia in a patient with cirrhosis: a case report and review of the literature

B D Ashley, M Noone, A D Dwarakanath and H Malnick

*J Clin Pathol* 2004 57: 210-212
doi: 10.1136/jcp.2003.7419

Updated information and services can be found at:
http://jcp.bmj.com/content/57/2/210

These include:

**References**
This article cites 26 articles, 1 of which you can access for free at:
http://jcp.bmj.com/content/57/2/210#BIBL

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/