Letters to the Editor

Bacillus cereus infections

The importance of Bacillus organisms, particularly B. cereus, in local infections has been largely overlooked because they are commonly encountered as contaminants in specimens or cultures. Turnbull et al. (J Clin Pathol 1979;32:289-93) reported severe infections with B. cereus and prompted me to review the recent isolates in this laboratory.

In the nine months, November 1978 to July 1979, there have been nine significant isolates of Bacillus. Details of these infections are given in the Table. Infected traumatic or surgical wounds of the limbs account for nearly half these cases, but clinical severity is very variable. It is my experience that moderate or heavy growths of Bacillus from wounds are usually of clinical significance.

M BARNHAM
Department of Microbiology, Harrogate General Hospital, Knareborough Road, Harrogate HG2 7ND

In view of recent publications on B. cereus and its pathogenicity in serious wound infections due to necrotising toxins,1-4 I should like to report the following four cases which we have seen during the past four months. (Table opposite)

In three of these four cases the strain of B. cereus isolated was a strong producer of toxin, and certainly in case 3 was the only pathogen isolated, and it is likely that this organism played a significant role in these infections.

In case 4 the wound swab was taken five days after starting ampicillin, to which B. cereus was resistant, and the pyrexia settled after a further two days of treatment. Since this strain was shown to be a weak product of toxin it is unlikely to have played a major pathogenic role in this patient.

It is most important to consider B. cereus as a potential pathogen in wound sepsis, and toxin testing may be useful to assess its significance in individual cases.

I am grateful to Dr Peter Turnbull, of the Food Hygiene Laboratory, Central Public Health Laboratory, Colindale, for serotyping and toxin testing these strains.

References


The letters from Drs Barnham and White are important in supporting and emphasising the existence of a problem of Bacillus organisms in local infections. Accordingly, we wish to draw to the attention of readers our interest in the immunological responses to such infections, particularly those involving B. cereus and B. anthracis, which relate to the toxic products of these organisms.

In addition to the non-antibiotic Bacillus cultures, which should continue to be sent to the Food Hygiene Laboratory, we should like to obtain serum from patients in whom there is good evidence of infection with Bacillus organisms as primary pathogens. Such serum samples should be sent to the Vaccine Research Laboratory, CAMR, Porton, Wilts.

M. BARNHAM
Department of Microbiology, Harrogate General Hospital, Knareborough Road, Harrogate HG2 7ND

DIANA WHITE
Public Health Laboratory, Bath

J MELLING
Vaccine Research and Production Laboratory, CAMR, Porton Down, Salisbury, Wilts

R J GILBERT
Food Hygiene Laboratory, Central Public Health Laboratory, Colindale Avenue, London NW9

<table>
<thead>
<tr>
<th>Patient</th>
<th>Age</th>
<th>Sex</th>
<th>Disease</th>
<th>Site swabbed</th>
<th>B. cereus or sp.</th>
<th>Specimens positive</th>
<th>Bacterial growth</th>
<th>Other organisms isolated</th>
<th>Clinical severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>28</td>
<td>M</td>
<td>Cholecystectomy wound infection. Generalised toxic urticated erythema</td>
<td>Wound</td>
<td>cereus</td>
<td>1</td>
<td>Moderate</td>
<td>Staph. aureus on later swab</td>
<td>Severe</td>
</tr>
<tr>
<td>2</td>
<td>24</td>
<td>M</td>
<td>Traumatic amputation of foot</td>
<td>Wound</td>
<td>cereus</td>
<td>2</td>
<td>Heavy</td>
<td>E. coli on one occasion</td>
<td>Mild</td>
</tr>
<tr>
<td>3</td>
<td>8 days</td>
<td>F</td>
<td>Jaundice, Sticky eye</td>
<td>Eye</td>
<td>cereus</td>
<td>1</td>
<td>Moderate</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>4</td>
<td>29</td>
<td>F</td>
<td>Pyrexia after Caesarean section</td>
<td>Vagina</td>
<td>cereus</td>
<td>1</td>
<td>Moderate</td>
<td>---</td>
<td>Mild</td>
</tr>
<tr>
<td>5</td>
<td>52</td>
<td>M</td>
<td>Amputated toe, wound infection</td>
<td>Wound</td>
<td>sp.</td>
<td>1</td>
<td>Moderate</td>
<td>---</td>
<td>Moderate</td>
</tr>
<tr>
<td>6</td>
<td>21</td>
<td>F</td>
<td>Thigh abscess, cellulitis, septic arthritis of knee 2 weeks after plank fell on thigh</td>
<td>Thigh abscess; knee pus</td>
<td>cereus</td>
<td>1</td>
<td>Moderate</td>
<td>---</td>
<td>Moderate</td>
</tr>
<tr>
<td>7</td>
<td>56</td>
<td>F</td>
<td>Infected bone graft to fractured tibia. Skin necrosis</td>
<td>Wound</td>
<td>cereus</td>
<td>1</td>
<td>Moderate</td>
<td>---</td>
<td>Moderate</td>
</tr>
<tr>
<td>8</td>
<td>64</td>
<td>M</td>
<td>Infected transvesical prostatectomy wound</td>
<td>Wound</td>
<td>cereus</td>
<td>1</td>
<td>Moderate</td>
<td>---</td>
<td>Moderate</td>
</tr>
<tr>
<td>9</td>
<td>74</td>
<td>M</td>
<td>Infected suprapubic prostatectomy drain wound</td>
<td>Wound</td>
<td>sp.</td>
<td>1</td>
<td>Heavy</td>
<td>---</td>
<td>Moderate</td>
</tr>
</tbody>
</table>