Post-varicella Group A Streptococcal invasive disease

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INTRODUCTION

Pyomiositis is a rare, skeletal muscle bacterial infection, with a localized abscess. Clinical presentation begins with fever and malaise, progressing to local inflammatory signs, functional disability and in late stages frank septicemia. The initial unspecific presentation usually delays diagnosis. *Streptococcus pyogenes* is the second most frequent pathogen involved (first being *S. aureus*). Group A streptococcal (iGAS) invasive infections have been increasing in industrialized nations and varicella is recognized as a major risk factor.

We report a case of varicella complicated with *Streptococcus pyogenes* bacteremia and pyomyositis.

CASE REPORT

♂, 3 years old, no relevant personal or family history

<table>
<thead>
<tr>
<th>Admission</th>
<th>Discharge</th>
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<tbody>
<tr>
<td>Mild dehydration, paleness</td>
<td>Varicella S. pyogenes Bacteriemia with Pyomiositis and otitis</td>
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<tr>
<td>Painfull palpation of right tigh.</td>
<td>Acyclovir (5 days)</td>
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<tr>
<td>Hip pain, claudication</td>
<td>Penicillin + Clindamycin, iv, (14 days)</td>
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<tr>
<td>otorrhea</td>
<td>Amoxicillin</td>
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<tr>
<td>Chickenpox</td>
<td>Sterile culture</td>
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<tr>
<td>Fever</td>
<td>Leu 9400 uL (39% N), RCP 0.4 mg/L</td>
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</tbody>
</table>

Flucloxacillin

Ear pus culture

Blood Culture

*S. pyogenes* 5 penicillin and clindamycin

S. pyogenes 5 penicillin and clindamycin

Hip X-Ray: N

Pyomyositis 36 x 9 x 31 mm

Leu 19100 uL (74% N, 14% L), RCP 152 mg/L, CK 87 U/L (ref < 171)

Hb 11.4 g/dL, Plat 254000 /uL, PT N, normal renal and hepatic function

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Conclusion

Pyomiositis is rare in temperate regions, although its incidence seems to be raising in the last decade. As expected, the physical findings were sparse which delayed diagnoses. Also, the imaging studies were of paramount importance, especially MRI, for establishing diagnosis. Last but not least, although adequate parenteral antibiotherapy is needed for successful treatment, surgical debridement remains important for successfully treatment. The duration of therapy depends on clinical improvement. In our patient we treated for 3 weeks with good outcome.