Urinary Tract Infection due to *Arcanobacterium haemolyticum*

Dear Editor,

*Arcanobacterium haemolyticum* was first reported in 1946 from American soldiers with pharyngitis and skin infections.\(^1\) Reports on the association of *A. haemolyticum* with urinary tract infections are scanty in medical literature. We report a case of urinary tract infection caused by this bacterium.

Gram positive rods (\(>10^6\) CFU/mL of urine) grew from the mid stream urine sample of a 58 year old female who complained of dysuria, urgency and frequency of micturition. To rule out the possibility of vaginal contamination and to establish the etiology, a repeat sample was requested. The second sample on gram staining showed long gram positive bacilli and pus cells. Colony counts performed with the repeat sample yielded similar results. The blood agar plates on the second day showed narrow zones of beta hemolysis. Pitting was also noticed. MacConkey agar showed no growth. Based on the biochemical reactions, the isolate was identified as *A. haemolyticum*.\(^2\) Antibiotic sensitivity testing done by Kirby Bauer method as per the NCCLS standards showed that the isolate was sensitive to commonly used antibiotics like erythromycin (15 mg), penicillin (10 units), vancomycin (30 mg), ampicillin (10 mg), amoxicillin/Clavulanic acid (10 mg), ciprofloxacin (5 mg), amikacin (30 mg), and cefotaxime (30 mg).\(^3\) The patient was administered amoxicillin (500 mg thrice daily) and was asked to report seven days later for a review. In the review that followed, she was found cured of infection. Laboratory findings including a urine culture supported this.

Coryneform bacteria are underreported from urinary tract infections as they are often regarded as contaminants. Though arcanobacteria have been associated with cases of pharyngitis, arthritis, and other systemic infections, their involvement with the renal tract is being reported for the first time. A cautious approach in the diagnosis of gram positive bacilli should be initiated in the microbiology laboratory to avoid underreporting of this bacterium especially from the urinary tract.

**References**


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