Neonatal septicaemia by *Salmonella paratyphi* b

Dear Editor,

Septicaemia remains a significant cause of morbidity and mortality in the newborns, more so in the developing countries. In India, the incidence of neonatal septicaemia has been reported to be 24/1000 live births. \(^2\) *Klebsiella* spp., *Staphylococcus aureus*, *Pseudomonas*, and *Salmonella* spp. have been reported as potential pathogens in neonatal septicaemias. \(^3\) Various species of *Salmonella* which have been reported from neonatal infections are *S. typhimurium*, *S. anatum*, *S. newport*, *S. seftenberg*. \(^4\) Salmonellosis is common in tropical countries and is found world wide, however *S. paratyphi* B causing neonatal septicaemia is rare. To the best of our knowledge *S. paratyphi* B causing neonatal septicaemia has not been reported so far.

A three-day-old neonate was brought to Command Hospital, Lucknow after a normal vaginal delivery at a private nursing home with a history of bluish discolouration of left lower limb, blisters and edema of the left thigh along with gangrenous changes of left toes. There was no history of any manipulations /trauma during delivery. On examination, the peripheral pulses of the left lower limb were absent and there were gangrenous changes of the left toes. The right lower limb was pink and had normal peripheral pulse. A provisional diagnosis of hypoxic ischaemic encephalopathy and hypovascularity of left lower limb was made. In the next two days the level of gangrene gradually extended to the thigh and left gluteal region, the popliteal and femoral pulses also disappeared after that. He was then diagnosed to have acute ischemia of left lower limb due to femoral block.

Blood culture yielded non-lactose fermenting colonies, which were gram negative and motile. The biochemical reactions were suggestive of *S. paratyphi* B. Further confirmation was done by agglutination with specific antisera and the organism was identified as *S. paratyphi* B, which was reconfirmed at Armed Forces Medical Colleges, Pune. The isolate was sensitive to amikacin, cefotaxime, trimethoprim and chloramphenicol. Subsequent urine cultures for the next three weeks yielded the same isolate. Stool culture was negative. The titres in the Widal test were inconclusive.

The patient was started on intravenous antibiotics. His general condition improved but his left lower limb had to be disarticulated from the hip joint. Blood cultures and urine cultures were repeated after effective antimicrobial therapy, and found to be sterile.

*Salmonella* infections may be divided into five categories- gastroenteritis, enteric fever, bacteraemia, localized infections and chronic carrier state. The most important localized infections outside the gastrointestinal tract are endovascular infections, osteomyelitis and meningitis. The frequency of
Dermatophytosis has been reported from different parts of Khatua SP. 3. This study was undertaken to determine the aetiological agent isolated in this study (68.63%) which is in conformity with other reports.

References


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