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**Pantoea agglomerans bacteremia: A rare case of spontaneous human infection by a plant pathogen in an immunocompromised host**

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**Introduction**

*Pantoea agglomerans* is a Gram negative ubiquitous bacteria of Enterobacteriaceae family, commonly isolated from plant surfaces, seeds, fruits and animal/human feces usually introduced to human by ingestion of infected plants, thorn pricks and gastrointestinal translocation in lack of stomach acidity.

However, the pathogen can also cause opportunistic human infection especially when the immune system is impaired. This case report aims to investigate clinical features in a patient with *P. agglomerans* bacteremia and bring attention the opportunistic infection by this rare bacterium.

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**Case report**

A 57 year old caucasian lady with past medical history of Chronic Obstructive Pulmonary Disease, Atrial fibrillation, Immunoglobulin (IgG) deficiency, recurrent pneumonia, urine infection, oral/vaginal Candidiasis and Gastro-esophageal reflux disease who presented with chief complain of increased shortness of breath, chest tightness and productive cough without fever/chills for one week.

She also had high INR of 4.7 (target 2-3) despite taking normal dose of Warfarin. She denied plant exposure/injuries. Her vitals were stable except decreased oxygen saturation, responding well to oxygen supplementation. Chest exam revealed very poor air entry bilaterally suggesting exacerbation of COPD. Oral thrush was present.

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**Discussion and conclusion**

**Case report continued**

Recent IgG level within last 6 months was low of 500 (Normal 620-1400), the cause of which was unknown. Blood culture in one out of the two samples grew *Pantoea agglomerans*, pan-sensitive to most of the antibiotics including Ceftriaxone.

Chest X ray, CT scan abdomen and urine studies could not localize the source of infection. However, urine analysis revealed high WBC with negative nitrite and leukocyte esterase. Repeat blood cultures were negative. She responded well tp Ceftriaxone with symptomatic relief and INR was normalized to therapeutic range. She was discharged to nursing facility after 10 days of proper treatment.

**References**

