LETTERS

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**Clostridium sphenoides** Bloodstream Infection in Man

To the Editor: The role of clostridia as intestinal pathogens has been recognized (1). However, the full extent of the pathogenicity, clinical spectrum, and optimal therapy of *Clostridium sphenoides* infections remains to be determined. We describe a case of bloodstream infection in a man that was caused by *C. sphenoides*.

A 68-year-old man was admitted to the hospital (Harbor UCLA Medical Center, Los Angeles, CA, USA) after a motor vehicle accident in December 2009. He was afebrile (temperature 37.2°C), was hemodynamically stable, and had generalized abdominal tenderness. Computed tomography scan of the abdomen and pelvis showed laceration of the spleen and focal aortic dissection at the aortic bifurcation. The patient underwent surgical exploration and splenectomy. No signs of bowel ischemia or laceration were identified during surgery. On the second day postoperation, he became hypotensive, and a fever of 39.2°C developed. Blood cultures (anaerobic bottle from 1 set of blood cultures) again grew *C. sphenoides*. The patient underwent a 2-week course of doripenem and an 11-day course of metronidazole. He also received vancomycin for 7 days. The patient was eventually discharged to a rehabilitation facility after 2 weeks in the hospital.

*C. sphenoides* was initially thought not to be pathogenic in humans, but it has been occasionally reported as a human pathogen (Table 1–4). The organism is sometimes acquired from food (2). Osteomyelitis (3) and peritonitis (4) caused by *C. sphenoides* have also been reported. The organism has characteristic biochemical properties, and citrate is a specific substrate for the isolation of *C. sphenoides* (5). The pathogenesis of *C. sphenoides* infections in humans remains unclear. *C. sphenoides* may produce small alterations on Vero cells in vitro, such as turning the cells oval without altering their size, and these changes are different from those caused by *C. difficile* (6).

An unusual aspect of the infection in our patient was that it repre-
The organism is extremely uncommon in human feces (9) and has been found in only 4% of soil samples (10).

In 1 study, C. sphenoides was isolated from 2 (6%) of 19 stool samples from children without diarrhea (6). These 2 isolates were sensitive to most antimicrobial drugs, including amoxicillin, ampicillin, aztreonam, ceftriaxone, chloramphenicol, and penicillin G (6). However, data on susceptibilities of C. sphenoides to various antimicrobial agents are lacking. We report susceptibility to C. sphenoides to carbapenems and metronidazole and resistance to clindamycin.

The full extent of the pathogenicity, clinical spectrum, and optimal therapy of C. sphenoides infections remain to be determined. Clinicians should be aware of the possible pathogenic role of C. sphenoides in humans.

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