

# CASE REPORT OF ROSEOMONAS GILARDII: AN UNDERRECOGNIZED PATHOGEN IN TUBO-OVARIAN ABSCESS

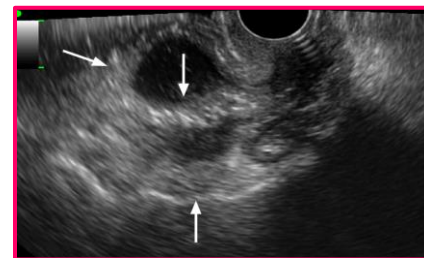
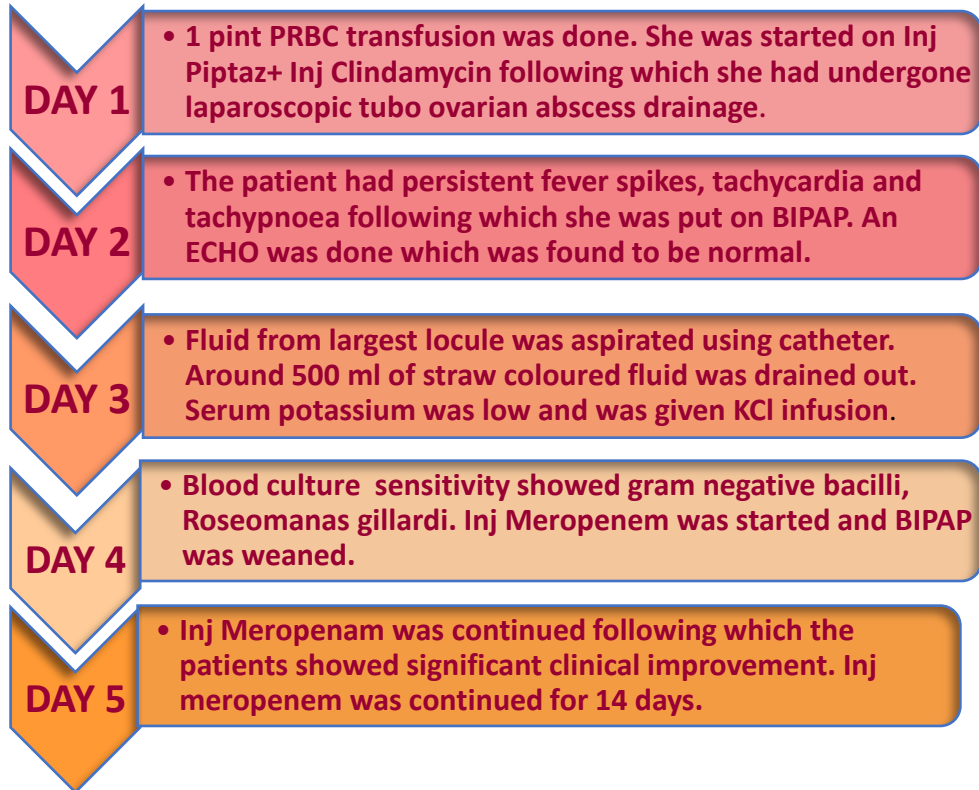


## INTRODUCTION

The most potential causative agents of a tubo-ovarian abscess include E.coli, Bacteroides fragilis and other Bacteroides species. This case highlights a rare gram negative, coccobacillus bacteria, Roseomonas gillardi as a hidden cause.

## CASE REPORT

A 25-year-old sexually inactive woman with a history of vaginoplasty at the age of 13 presented with lower abdominal pain, high grade fever and foul-smelling vaginal discharge. Ultrasonography revealed extensive tubo-ovarian endometriosis with a 13 x 15 cm bilateral tubo-ovarian mass. She was started on Inj Piptaz + Clindamycin despite which she remained symptomatic. Aerobic blood culture was done, and Roseomonas gilardii was identified. The patient was then treated with intravenous Meropenem, a Roseomonas gilardii-sensitive antibiotic, for 14 days. Despite initial severe symptoms, her condition improved, and she was discharged with a follow-up plan.



Tubo-ovarian abscess before treatment



Tubo-ovarian abscess after draining and giving inj meropenem

## DISCUSSION

Roseomonas gilardii is responsible for diseases like urinary tract infections, and gastrointestinal infections. A study by Mclean et al indicates that Roseomonas is responsible for catheter related bacteraemia (1). Schlappi et al's study provides evidence that Roseomonas gillardi causes infections in immunocompromised people post surgical procedures (2). These studies highlight the need for medical attention to this rare bacterium.

In our study, Roseomonas was a potential pathogen causing tubo-ovarian abscess. Our patient was initially treated with Inj Piptaz and Clindamycin followed by a laparoscopic drainage of the tubo ovarian abscess. IV meropenem, to which Roseomonas gillardi is sensitive was then administered. This resulted in a symptomatic relief and following laparoscopic drainage the abscess was treated.

## CONCLUSION

This case underscores the importance of recognizing that rare pathogens such as Roseomonas gilardii can be a cause a tubo-ovarian abscesses, emphasizing the critical importance of early detection and intervention.

## RESOURCES

- 1.McLean TW, Rouster-Stevens K, Woods CR, Shetty AK. Catheter-related bacteremia due to Roseomonas species in pediatric hematology/oncology patients. *Pediatr Blood Cancer*. 2006 Apr;46(4):514-6. doi: 10.1002/pbc.20339. PMID: 15782406
- 2.Schlappi C, Bernstock JD, Ricketts W, Nix GA, Poole C, Lebensburger J, Friedman GK. Roseomonas gilardii Bacteremia in a Patient With HbS $\beta$ 0-thalassemia: Clinical Implications and Literature Review. *J Pediatr Hematol Oncol*. 2020 Jul;42(5):e385-e387. doi: 10.1097/MPH.0000000000001476. PMID: 30951022; PMCID: PMC7724631..