

Pool Party Pseudomonas: Pseudomonas putida Makes a Splash

Karlee Grudi, DO, Nicholas Jennelly, MD, Ajeetpal Hans, MD

ChristianaCare, Newark, DE

Here we present a unique organism, *Pseudomonas putida* (*P. putida*), and its bacteriology.

Hospital Course

· 72 y/o man w/PMHx Parkinson's, history of DVT on Apixaban

- •CC: focal neuro symptoms-confusion, delayed responsiveness, decreased grip strength
- •Exposures: pool time at a party over July 4th weekend
- •Vitals: 39.9 C, 163/77 mmHg, O2 saturation, 94 bpm, 20 breaths/min at 89% on room air, requiring 2L NC
- •Physical Exam: not interactive, erythema and swelling of RLE and streaking toward inner thigh, no purulence
- •Labs: WBC 16.9, 88.7% neutrophils, platelets 108
- CT head- no acute intracranial abnormalities
- •MRI- negative for stroke
- •**EEG** negative for seizure-like activity
- •Treatment: Ceftriaxone 2g daily, IV Vancomycin = de-escalated due to non-purulent cellulitis
- •Blood cultures: Gram negative rods after < 1 day incubation; eventually positive for Pseudomonas putida
- •Discharged home on PO ciprofloxacin; recovered from the infection

References:

- Peter, Silke, et al. "Genomic Characterisation of Clinical and Environmental Pseudomonas Putida Group Strains and Determination of Their Role in the Transfer of Antimicrobial Resistance Genes to Pseudomonas Aeruginosa." *BMC Genomics*, vol. 18, no. 1, Nov. 2017, p. 859. *BioMed Central*, https://doi.org/10.1186/s12864-017-4216-2.
- Loeschcke, Anita, and Stephan Thies. "Pseudomonas Putida—a Versatile Host for the Production of Natural Products." *Applied Microbiology and Biotechnology*, vol. 99, no. 15, 2015, pp. 6197–214. *PubMed Central*, https://doi.org/10.1007/s00253-015-6745-4.

Growth of Pseudomonas putida		
Gram stain of blood culture: Gram negative rods after less than one day of incubation Nucleic acid testing: Specific targets not detected.		
Organism	P.putida	
Antibiotic	-	NTRP
Aztreonam	I	
Cefepime	S	
Ceftriaxone	S	
Ciprofloxacin	S	
Gentamicin	S	
Levofloxacin	S	
Piperacillin/tazobactam	S	
Tobramycin	S	
Trimethoprim/Sulfa	R	
S = SUSCEPTIBLE I = II S-DD = SUSCEPTIBLE, DOSE I		

Figure 1:

 This case of bacteremia was positive for Pseudomonas putida that was resistant to Trimethoprim/Sulfa with intermediate sensitivity to Aztreonam, but otherwise was pansensitive to the remaining commonly used antibiotics at our institution.

Discussion-Bacteriology

- Gram negative, nonfermenting rod, lives in soil and water
- Ubiquitous in environment
- Uses:
 - Synthetic microbiology and medicine
 - Pharmaceutical application
 - Agricultural and ecological uses
 - Plant growth promotion
 - Conversion of renewable substrates into preferred compounds
 - Soil remediation
- Medical data:
 - Catheter-related infections
 - Low mortality rate
 - SSTI, bacteremia
 - Immunocompromised hosts
 - ICU and non-ICU
 - Contaminates water reservoirs
 - Transmitted via contaminated fluids

Discussion- Resistance Mechanisms

- Typical treatment includes carbapenems or cefepime, however severe resistance mechanisms exist.
- Highest resistance is usually against meropenem, ciprofloxacin, and cefepime in oncology populations.
- Pseudomonas aeruginosa and Pseudomonas putida have different integron structures, so there is no Bla-VIM transfer between them.
- At this point, there is no evidence for horizontal gene transfer of antibiotic resistance genes on transposons and plasmids from one species to another
- There may be transfer of carbapenem resistance between the Pseudomonas spp.
- In our patient, the water reservoir harboring bacteria was likely the swimming pool
- The use of ceftriaxone and ciprofloxacin for treatment represents an alternative to typically resistant antibiotics, and a unique intravenous and oral combination to deescalate from stronger antibiotic classes.

