

# subspecies meningitis—a case report and review of the literature

D. W. Eyre, J. Kenkre, I. C. J. W. Bowler, S. J. Mcbride

## ▶ To cite this version:

D. W. Eyre, J. Kenkre, I. C. J. W. Bowler, S. J. Mcbride. subspecies meningitis—a case report and review of the literature. European Journal of Clinical Microbiology and Infectious Diseases, 2010, 29 (12), pp.1459-1463. 10.1007/s10096-010-1037-5. hal-00618980

HAL Id: hal-00618980

https://hal.science/hal-00618980

Submitted on 5 Sep 2011

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

## Streptococcus equi subspecies zooepidemicus meningitis – a case report and review of the literature

Eyre DW, Kenkre JS, Bowler ICJW, McBride SJ

Infectious Diseases & Medical Microbiology, John Radcliffe Hospital, Oxford Radcliffe Hospitals NHS Trust, Headington, Oxford OX3 9DU, United Kingdom

Corresponding Author:

Dr David Eyre 

John Radcliffe Hospital, Oxford Radcliffe Hospitals NHS Trust, Headington, Oxford OX3 9DU, 

United Kingdom

Email davideyre@gmail.com 

Telephone +44 1865 741166

Mobile +44 7739 632430

#### **Abstract**

A case is described of a 79 year old man, trampled by his horses, who subsequently developed a wound infection and later meningitis. *Streptococcus equi* subsp. *zooepidemicus* was isolated as the causative organism.

*Streptococcus equi* subsp. *zooepidemicus*, which carries the Lancefield Group C antigen, is an uncommon human pathogen, but commonly isolated from bacterial infections in animals, particularly horses. It is most commonly acquired by humans following animal contact.

A review of the literature identified 20 previously described cases of *Streptococcus equi* subsp. *zooepidemicus* meningitis. Crude mortality following infection was 24 %. All who died were over 70 years old, and ingestion of unpasteurised dairy products was associated with all but one of the fatal cases. Hearing loss was a frequent complication, occurring in 19%. Only 38% of patients made a complete recovery. Treatment regimes commonly included benzylpenicillin or a third-generation cephalosporin, with a mean treatment duration in survivors of 23 days.

## Keywords

Streptococcus equi Meningitis Horse Zoonoses Review

#### **Case presentation**

A 79 year old man presented to his local hospital with confusion and pyrexia one week after being trampled by horses at the animal sanctuary he managed. During the initial injury, he sustained a large haematoma over his right knee and a deep occipital scalp laceration, he was found to have no neurological deficit. The occipital wound was cleaned and sutured, and the patient discharged.

One week later, several hours after removal of his scalp wound sutures, he re-presented to his local hospital confused and drowsy, complaining of a severe occipital headache. He was febrile at 38.7°C with a pulse of 134/minute in atrial fibrilation. Blood pressure was 111/68, oxygen saturations 98% on air, capillary blood glucose 5.5mmol/L and his Glasgow Coma Scale (GCS) score was 14/15, although this rapidly dropped to 10/15. His head wound appeared infected with a malodorous discharge. Cardiac, respiratory and abdominal examinations were normal. Neurological examination was hindered by the patient's inability to follow commands, however he was able to move all four limbs and his tone and reflexes were normal and symmetrical. Blood cultures were obtained.

Computed tomography (CT) of the head showed no fracture, bleed, infarct, or features of raised intracranial pressure. Cerebrospinal fluid (CSF) obtained via lumbar puncture was cloudy, with an elevated opening pressure of 29cm  $H_2O$ . The CSF white blood cell count was  $360\times10^{-6}/L$  (70% lymphocytes and 30% neutrophils), protein 4g/dl and glucose 0.2 mmol/l. No organisms were seen on Gram stain. The patient was treated with intravenous ceftriaxone and aciclovir.

The following day the patient was noted to have left-sided neglect, agitation, profound hearing loss and a GCS of 11/15. He was transferred to the John Radcliffe Hospital, Oxford, for neurological assessment. On arrival, amoxicillin was added to his treatment regimen to cover the possibility of Listeriosis. His admission blood cultures became positive, growing Gram positive cocci resembling streptococci. The streptococcus was identified as Lancefield group C, and further testing undertaken using API 20 Strep (bioMerieux Vitek Inc. Hazelwood, Ml.), identified the isolate as *Streptococcus equi* subsp. *zooepidemicus* (probability >99%). On the basis of this result, aciclovir and amoxicillin were discontinued.

The next day the patient suffered two self terminating tonic-clonic seizures. Phenytoin was prescribed, and no further seizures occurred. An MRI brain revealed multiple acute right middle cerebral artery territory infarcts, with normal neck, head and cranial vessels. A small subdural/subarachnoid bleed was identified. Transthoracic echocardiography was unremarkable. As it was possible that the subdural/subarachnoid blood seen on MRI had been infected during the patient's bacteraemia, 6 weeks of therapy with intravenous ceftriaxone was planned. The patient improved rapidly with antibiotic treatment, with his GCS returning to 15/15 within 3 days and the left-sided inattention resolving completely.

Treatment was unfortunately complicated by severe *Clostridium difficile* infection. This was managed with enteral vancomycin and intravenous metronidazole, and in an attempt to reduce the risk of relapse, his meningitis treatment was changed to intravenous benzylpenicillin. The patient continued to recover well and was discharged after 6 weeks of therapy. However, profound high frequency hearing loss remained. The horses involved in the original incident remained well throughout, with no features of *S. equi* subsp. *zooepidemicus* infection. Erratic behaviour noted in one of the horses following the original incident was felt to be related to it being in season.

#### **Review of the literature**

Streptococcus equi subsp. zooepidemicus is an uncommon human pathogen, but commonly isolated from bacterial infections in animals, particularly horses[1]. It carries the Lancefield Group C antigen, and is most commonly acquired by humans following animal contact. It shares 80% sequence homology with Streptococcus pyogenes, with many virulence factors in common [2]. Lancefield Group

C streptococci cause human skin and soft tissue infections and pharyngitis, but bacteraemia is uncommon [3]. They have also been reported to cause numerous other infections in humans including lower respiratory tract infection, endocarditis, septic arthritis, peritonitis, aortitis and pericarditis[3,4]. They are a rare cause of meningitis in humans.

A literature review revealed only twenty previously reported cases of *S. equi* subsp. *zooepidemicus* meningitis. The demographics, animal exposure details, treatment and outcome data for published cases including our case are presented in Table 1[5-21]. The median age of patients was 67 years (range 13-83). Just over half of patients (12/21, 57%) were male, with 9 cases occurring in females. In contrast to some reports of other types of invasive Group C streptococcal disease [22], only a minority of patients (8/21, 38%) had recorded co-morbidities. The majority (13/21, 62%) of reported cases were located in the United Kingdom/Europe, with the majority of the remaining cases (5/21, 24%), in North America.

Contact with animals or ingestion of animal products was noted in all but one of the cases. While horse contact was most prevalent, contact with cattle and dogs was also reported. The postulated route of infection varied significantly between cases. Inhalation of the organism was proposed in 10 cases as the probable route of acquisition, whilst ingestion of unpasteurised dairy products was found to account for one third (7/21) of cases. Inoculation was the postulated route in 4 cases including the case presented in this article.

Treatment regimes for affected patients included benzylpenicillin (13 patients), and/or a third generation cephalosporin (12 patients). Treatment duration varied. Amongst patients who survived and for whom treatment duration was reported, mean treatment duration was 23 days of antibiotics.

The crude mortality associated with *S. equi* subsp. *zooepidemicus* meningitis was 24% (5/21), although one of the patients who died also had a ruptured abdominal aortic aneurysm and it is unclear whether this related to infection or pre-existing disease. All those who died were over 70 years old, and all but one of the fatal cases was thought to have acquired their infection by ingesting unpasteurised dairy products. Other authors have reported rates of mortality with Group C streptococcal bacteraemia of 25-40%, with the highest rates in the elderly [3,22]. Persistent hearing loss was the most common complication reported, occurring in 19% (4/21) of patients, although 3 of the 4 patients affected received aminoglycosides as part of their treatment. Other complications reported included endocarditis, endophthalmitis, tetraparesis, and aphasia. Only 38% (8/21) of patients made a complete recovery.

#### Conclusion

*S. equi* subsp. *zooepidemicus* meningitis is a rare but severe zooanotic infection, usually presenting in patients who have contact with horses or cattle. It is associated with high mortality and in those who survive, significant complications, particularly hearing loss. The elderly and those who acquire infection by ingestion of contaminated unpasteurised dairy products are at greatest risk of death.

Demographics				Probable source			Treatment			
Age	Sex	Past Medical History	Location	Animal Contact	Route	Notes	Agents	Duration	Outcome	Ref.
			Minnesota,			Farm hand, drank unpastuerised	Ampicillin, gentamicin,		Positional vertigo, unilateral hearing loss,	
59y	m		USA	Farm animals	Ingestion	goat's milk, no unwell animals	benzylpenicillin	16 days	improved at 2 month follow up	5
66y	l m	Nil	Leeds, UK	Dogs	Inhalation	Contact with unwell dogs	Benzylpenicillin, dexamethasone	Not stated	Not stated	6
ooy	1	13.1	Manitoba,	Dogo	iiiiaiatioii	Contact with anyon dogo	Chloramphenicol, ampicillin,	110t otatoa	No neurological sequelae, "more garrulous	
24v	f	Nil	Canada	Horse	Inhalation	Pet horse	benzylpenicillin	14 days	and gregarious" than her usual self	7
			West			Unpasteurised milk from dairy	, ,	Died at 48		
73y	m		Yorkshire, UK	Cows' Milk	Ingestion	herd with mastitis	Cefotaxime, benzylpenicillin	hours	Died at 48 hours	8
		Concurrent leaking	West			Unpasteurised milk from dairy				
73y	m	aortic aneurysm	Yorkshire, UK	Cows' Milk	Ingestion	herd with mastitis	Cefotaxime, benzylpenicillin	Died	Died, ruptured abdominal aortic aneurysm	8
		Concurrent deep vein	West			Unpasteurised milk from dairy				
71y	m	thrombosis	Yorkshire, UK	Cows' Milk	Ingestion	herd with mastitis	Cefotaxime, benzylpenicillin	6 weeks	Discharged	8
80v	4		West Yorkshire, UK	Cows' Milk	Ingestion	Unpasteurised milk from dairy herd with mastitis	Cofotovimo honzulponicillin	Died at day 14	Died at day 14	8
воу	-		forkshire, UK	COWS IVIIIK	Ingestion	nera with mastitis	Cefotaxime, benzylpenicillin	14	Died at day 14	0
0.4		N. 17	14 1 1104			_ , , , ,	<b>.</b>	44.1	- "	
24y	m	Nil	Kentucky, USA	Horses	Inhalation	Employed at horse farm	Benzylpencillin	14 days	Full recovery	9
33y	m		Créteil, France	Not recorded	Not recorded	Not recorded	Ampicillin, gentamicin	Not recorded	Recovered with mild bilateral deafness	10
ooy	†"·		Oroton, rranco	110110001000	110110001000	Boiled milk, exposure to cattle,	Ceftaxime, benzylpenicillin,	110110001000	11000V0100 With Hind Bilatoral dodniedo	10
67v	f		Bilbao, Spain	Cattle	Inoculation	ear thought portal of entry	tobramycin	23 days	Full recovery	11
		Chronic lymphocytic	,				, ,		,	
		leukaemia recent				Horse with conjunctivitis, case	Amoxicillin, cefotaxime,		Complicated by unilateral endophthalmitis	
66y	f	chemotherapy	France	Horse	Inoculation	had conjunctivitis at presentation	fosfomycin	Not recorded	with associated visual loss	12
						Horse trainer, contact with unwell				
74y	m	Nil	Tours, France	Horses	Inhalation	horses	Ampicillin, gentamicin	15 days	Discharged, no adverse outcome noted	13
		Asthma, allergic	Philadelphia,			Close horse contact, equestrian	Cefotaxime, ceftriaxone,		Residual unilateral sided hearing loss,	
13y	f	rhinits	USA	Horses	Inhalation	competition	vancomycin	14 days	otherwise well	14
						Close contact with 8 horses, and				
						donkey (Strep. zooepidemicus isolated from 2 horses and				
			Toronto,		Inoculation /	donkey), kick to face 2 weeks				
49y	f	Nil	Canada	Horses, Donkeys	Inhalation	prior to infection, no break in skin	Cefotaxime, benzylpenicillin	10 days	Discharged after 11 days with diplopia	15
						Frequent contact with horses,				
						including one with upper		Died at day		
74y	m		Konya, Turkey	Horses	Inhalation	respiratory tract infection	Ceftriaxone	7	Died at day 7	16
			Bedford Park,	Indirect - Horse		Gardener with daily exposure to				
79y	m	Nil	Australia	manure	Inhalation	manure	Benzylpenicillin, vancomycin	6 weeks	Associated endocarditis, good recovery	17
83y	f	Hypertension	Gran Canaria	Indirect - Cheese	Ingestion	Inadequately pasteurized cheese	Beta-lactam	Died	Died	18
			Stoke-on-	Indirect - Animal		Farmer, also contact with animal				
41y	m		Trent, UK	manure	Inhalation	manure while gardening	Ceftriaxone	14 days	Minimal neurological sequelae	19
	1.	Cocaine & cannabis	Salamanca,	1		<b></b> .	Cefotaxime, vancomycin,		Initial tetraparesis, global aphasia,	1
30y	f	use	Spain	Horses	Inhalation	Horse contact	ampicillin	4 weeks	subsequently improved	20
			Belgrade,	Indirect - Horses		Unpasteurised milk, son close				
72y	f	Myocardial infarction	Serbia	& Cattle	Ingestion	contact with horses	Ampicillin, gentamicin, rifampicin	3 weeks	Good recovery	21
		Atrial fibriliation,			-				·	
		Chronic Obstructive					Ceftriaxone, gentamicin,			This
79v	m	Pulmonary Disease	Swindon, UK	Horses	Inoculation	Owner of animal sanctuary	amoxicillin, benzylpenicillin	6 weeks	Good recovery, high frequency hearing loss	case

Table 1, Review of the Literature

### References

- 1. Timoney JF. The pathogenic equine streptococci. Vet Res. 2004 Jul-Aug;35(4):397-409.
- 2. Holden MT, Heather Z, Paillot R et al. Genomic evidence for the evolution of Streptococcus equi: host restriction, increased virulence, and genetic exchange with human pathogens. PLoS Pathog. 2009 Mar;5(3):e1000346. Epub 2009 Mar 27.
- 3. Berenguer J, Sampedro I, Cercenado E, Baraia J, Rodríguez-Créixems M, Bouza E. Group-C beta-hemolytic streptococcal bacteremia. Diagn Microbiol Infect Dis. 1992 Feb;15(2):151-5.
- 4. Barnham M, Kerby J, Chandler RS, Millar MR. Group C streptococci in human infection: a study of 308 isolates with clinical correlations. Epidemiol Infect. 1989 Jun;102(3):379-90.
- 5. Mohr DN, Feist DJ, Washington JA, Hermans PE. Meningitis due to group C streptococci in an adult. Mayo Clin Proc. 1978 Aug;53(8):529-32.
- 6. Ghoneim AT, Cooke EM. Serious infection caused by group C streptococci. J Clin Pathol. 1980 Feb;33(2):188-90.
- 7. Low DE, Young MR, Harding GK. Group C streptococcal meningitis in an adult. Probable acquistion from a horse. Arch Intern Med. 1980 Jul;140(7):977-8.
- 8. Edwards AT, Roulson M, Ironside MJ. A milk-borne outbreak of serious infection due to Streptococcus zooepidemicus (Lancefield Group C). Epidemiol Infect. 1988 Aug;101(1):43-51.
- 9. Cheeseman M, Genain C, Smith CD. Group C streptococcal meningitis with favorable recovery. A case report. J Ky Med Assoc. 1990 Oct;88(10):545-6.
- 10. Patey O, Buisson CB, Soussy CJ. Group C streptococcal meningitis in adults. Rev Infect Dis. 1990 Jan-Feb;12(1):157-8.
- 11. Latorre M, Alvarez M, Fernández JM, Berdonces P, Llanos A, Cisterna R. A case of meningitis due to "Streptococcus zooepidemicus". Clin Infect Dis. 1993 Nov;17(5):932-3.
- 12. Mattei P, Beguinot I, Malet T, Evon P, Lion C, Hoen B. [Meningitis, septicemia and endophthalmitis caused by Streptococcus equi subspecies zooepidemicus.] Presse Med. 1995 Jun 24;24(23):1089. [Article in French]

- 13. Ferrandière M, Cattier B, Dequin PF, Hazouard E, Legras A, Perrotin D. Septicemia and meningitis due to Streptococcus zooepidemicus. Eur J Clin Microbiol Infect Dis. 1998 Apr;17(4):290-1.
- 14. Shah SS, Matthews RP, Cohen C. Group C streptococcal meningitis: case report and review of the literature. Pediatr Infect Dis J. 2001 Apr;20(4):445-8.
- 15. Downar J, Willey BM, Sutherland JW, Mathew K, Low DE. Streptococcal meningitis resulting from contact with an infected horse. J Clin Microbiol. 2001 Jun;39(6):2358-9.
- 16. Ural O, Tuncer I, Dikici N, Aridogan B. Streptococcus zooepidemicus meningitis and bacteraemia. Scand J Infect Dis. 2003;35(3):206-7.
- 17. Lee AS, Dyer JR. Severe Streptococcus zooepidemicus infection in a gardener. Med J Aust. 2004 Apr 5;180(7):366.
- 18. Bordes-Benítez A, Sánchez-Oñoro M, Suárez-Bordón P, García-Rojas AJ, Saéz-Nieto JA, González-García A, Alamo-Antúnez I, Sánchez-Maroto A, Bolaños-Rivero M. Outbreak of Streptococcus equi subsp. zooepidemicus infections on the island of Gran Canaria associated with the consumption of inadequately pasteurized cheese. Eur J Clin Microbiol Infect Dis. 2006 Apr;25(4):242-6.
- 19. Pati S, Al-Araji A, Orendi J. Atypical presentation of Streptococcus zooepidemicus bacteraemia and secondary meningitis. Clin Neurol Neurosurg. 2007 Jun;109(5):475-6. Epub 2007 Mar 2.
- 20. Rivas MT, Pascual J, Sesar A. [Group C streptococcus meningitis: a very uncommon condition.] Neurologia. 2008 Nov;23(9):604-6. [Article in Spanish]
- 21. Jovanović M, Stevanović G, Tosić T, Stosović B, Zervos MJ. Streptococcus equi subsp. zooepidemicus meningitis. J Med Microbiol. 2008 Mar;57(Pt 3):373-5.
- 22. Bradley SF, Gordon JJ, Baumgartner DD, Marasco WA, Kauffman CA. Group C streptococcal bacteremia: analysis of 88 cases. Rev Infect Dis. 1991 Mar-Apr;13(2):270-80.

# **Declarations**

The patient described has given his consent for inclusion in this review.

The authors declare that they have no conflict of interest.