INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

CHRONIC KNEE ULCER SECONDARY TO STAPHYLOCOCCUS LUGDUNENSIS

A Hughes [1] - V Samarasinghe [1] - A Abdul-wahab [1]

St George's University Hospital Nhs Foundation Trust, Dermatology, London, United Kingdom [1]

Background: Staphylococcus lugdunensis is as a novel and previously unrecognised cause of chronic skin ulceration. This organism is usually overlooked as a non-pathogenic skin commensal. It was previously not thought to be pathogenic but it is increasingly reported as a cause of cutaneous infections. It is recognised that S. lugdunensis is an under-reported pathogen. This is because many laboratories do not subtype coagulase negative staphylococci to species level.

Observation: A 61 year old man presented with a 6 month history of an ulcer over the medial aspect of his left knee. He had undergone two intra-articular injections to the lateral aspect of the left knee 4 months and 8 months prior to developing the ulcer. Examination showed a 1x1cm ulcer over the medial aspect of the left knee with a raised edge and a granulating base. Clinically the ulcer did not look infected. An MRI of the knee excluded a sinus tracking into the joint. A wound swab grew coagulase negative staphyloccus. This was not subtyped and reported as normal skin flora.

A punch biopsy showed non-specific deep dermal scarring and chronic inflammation. A further incisional biopsy showed only granulation tissue and scarring. Tissue specimens was sent for culture, which grew Staphylococcus lugdunensis. Following consultation with microbiology colleagues a 10 day course of amoxicillin was initiated. Seven days after starting treatment the ulcer crusted over and fully healed.

Key message:
This is the first case to report Staphylococcus lugdunensis as a cause of chronic ulceration.
S. lugdunensis is often under reported, as it is a coagulase negative staphylococcus and laboratories do not always subtype to species level.
S. lugdunensis infections respond quickly to appropriate antibiotics.