Experience of *Elizabethkingia meningoseptica* Infection in a Tertiary Hospital

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**Background:** There have been limited number of reports documenting patients with *Elizabethkingia meningoseptica* (Chryseobacterium meningoseptica) infection in Korea. The knowledge of clinical and antimicrobial characteristics are still scarce. **Methods:** Medical records of patients with *Elizabethkingia meningoseptica* infection in a tertiary university hospital from March 1, 2006 to February 28, 2013 were retrospectively reviewed. The clinical features and antimicrobial susceptibilities of these patients were analyzed. **Results:** A total of 30 patients were identified to have *Elizabethkingia meningoseptica* infection. Median age of patients was 68.5 years, and male gender was more frequent (17, 56.7%). The most common site of isolation was sputum (23, 76.7%) and pneumonia was the most common type of infection (21, 70%). Prolonged hospitalization ≥ 28 days (26, 86.7%), prior intensive care unit stay (23, 76.7%), mechanical ventilation (23, 76.7%), and tracheostomy state (18, 60%) were most commonly observed in these patients. In-vitro antimicrobial susceptibility tests showed minocycline (27, 90%) and fluoroquinolones including levofloxacin (20, 66.7%) and ciprofloxacin (18, 60%) were most frequently susceptible. However, appropriate antibiotics based on culture reports were only provided for 8 (26.7%) patients and the overall mortality presumptive on *Elizabethkingia* infection was 20% (6/30). **Conclusion:** *Elizabethkingia meningoseptica* was most frequently isolated from respiratory specimen and usually manifested as respiratory infection. Minocycline and fluoroquinolones were most susceptible antibiotics in in-vitro tests. Although the mortality of infection by this organism was quite high, the rate of appropriate antibiotic use based on susceptibility test results was notably low.

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30 cases of *Tracheobronchopathia Osteochondroplastica*

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**Background:** *Tracheobronchopathia osteochondroplastica* (TBO) is a rare benign disease characterized by multiple submucosal osteocartilaginous nodules of trachea and bronchi. The current study attempts to characterize the clinical, functional, imaging, and endoscopic features of TBO to estimate the characteristics of disease. **Methods:** From 2005 through 2010, a retrospective multicentric study was conducted in 30 TBO patients recruited from 4 hospitals (3 university facilitated hospitals and 1 community hospital) in Daegu. The baseline characteristics, clinical presentations, radiographic features, bronchoscopic findings and clinical outcomes in these patients were reviewed. **Results:** Among the 14,267 patients who got flexible fiberoptic bronchoscopy, 30 patients (0.2%) were diagnosed with TBO. Patients were composed of 17 male and 13 female with a mean age of 59.7 years. The common symptoms were cough (36.7%), dyspnea (23.3%), and hemoptysis (20%). 26.7% of patients were asymptomatic. Endotracheal nodules (70%) were the most common finding on computed tomography. Osteocartilaginous nodules were mainly present in trachea on bronchoscopy, and the most common type was confluent form (43.3%), and other types were scattered form (30%), diffuse form (26.7%). Treatment was mostly conservative (100%). Symptoms were considerably relieved in 8 cases but there was no significant improvement noted in 18 patients. 4 patients died on account of associated lung disease [lung cancer (2), pneumonia (1), pulmonary tuberculosis (1)]. **Conclusions:** TBO is a rare disease and the diagnosis should be suspected based on CT findings and bronchoscopic examination of the airways. Conservative treatment according to clinical symptom was effective and showed relatively good clinical outcome if there were no underlying diseases.