BACILLUS FLEXUS OUTBREAK IN A TERTIARY BURN CENTER (P098)

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Introduction: Infection and sequel related to invasive infections are the most leading factor for mortality and morbidity in burn patients. Centers harboring dozens of severe burn victims are prone to develop pandemics with known pathogens. Surveillance culturing or burn site screening are important for the alertness for such a condition. Even endogenous microorganisms such as Pseudomonas and Acinetobacter spp. are routinely expected to encounter in screening cultures, unexpected or unfamiliar pathogens should make us for bizarre conditions.

Methods: Microbiology department warned us for bacillus Flexus isolation in 6 of 10 cases hospitalized in burn center of us. This outbreak creates red alarm and made us paranoiac for contamination of routinely used objects such as pipelines, water, gloves, bed sheet, faucets, door handles and every single objects found in the center and sudden deterioration of the patients. Strict inhibition processes, cultures and investigations were started by Hospital Infection Control Committee.

Results: Surface cultures revealed Bacillus Flexus contamination were the case in one burn dressing and hydrotherapy saloon. Reculturing of the wound sites of patients entered to this room revealed no isolation. One week after the first outbreak, we faced with second pandemic for the same microorganism. Aggressive investigation and culturing revealed inconsistent isolations. We finally unveil the condition by producing the Bacillus Flexus from the Stuart Agar gel of definite lot of culturing tubes. After we change the lot of tubes, this pseudo outbreak disappeared at all.

Conclusion: Attending burn surgeon should always be alert for infection outbreak and puzzle must be figured out by the responsible physician.

Figure 1

Bacillus Flexus on Hematoxyline Eosin 40X and blood agar. Culturing swab and tube containing contaminated Stuart Agar (SA) gel.