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EARLY SEPTIC ABORTION CAUSED BY *LISTERIA MONOCYTOGENES*: A RARE BUT DIRE INFECTION

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INTRODUCTION

Primarily affecting special populations such as pregnant women; a food-borne pathogen called *Listeria monocytogenes* can be vertically transmitted from the mother, breaching the placental barrier that may result in fetal death. We present a case of *L. monocytogenes* bacteremia complicated with placental transfer in early pregnancy causing septic abortion making this instance extremely unusual.

CASE DESCRIPTION

A 28-year-old female primigravida at 12 weeks of pregnancy presented with fever, vomiting, and watery diarrhea for 2 days. Upon presentation, she is febrile with a temperature of 39.2°C, tachycardic with a heart rate of 120 beats per minute, and her blood pressure within normal range. A diagnosis of septic miscarriage was established as she miscarried spontaneously. Her initial blood investigations revealed leukocytosis with a white blood cell count of 16 x 10^9/L, anemia with hemoglobin of 10.0 g/dL, and a platelet count of 208 x 10^9/L. There is evidence of transaminitis with alkaline phosphatase of 256 U/L, alanine transaminase of 75U/L, and total bilirubin of 74.5 umol/L. Intravenous ampicillin and metronidazole were empirically administered. After 24 hours, her blood culture sent was positive for gram-positive bacilli which later grew as small grey to translucent colonies with a narrow zone of β hemolysis on blood agar. A similar colony was identified from placental culture. The hanging drop method showed a characteristic tumbling motility and the CAMP test is positive. Subsequently, a phenotypic strip test (API Coryne®, bioMerieux, Marcy l'Etoile, France) was done, revealing *L. monocytogenes* with good discrimination of 95.4%. The isolate was sensitive to penicillin, ampicillin, gentamicin, cefotaxime, and cotrimoxazole. She was discharged well with full resolution of the transaminitis after 2 weeks of ampicillin treatment. The follow-up blood culture was negative. A distinctive risk factor of invasive listeriosis in this patient includes consuming raw salads and sushi.

CONCLUSION

Listeriosis affects the obstetric group more frequently likely because pregnancy lowers cellular immunity. The eating habits of pregnant women as they eat more high-risk items such as raw milk cheese, processed foods, pre-cooked food, and unpasteurized dairy products make them more prone to *L. monocytogenes* contamination and may be linked to a higher occurrence during pregnancy.

Figure 2 A. Near "umbrella" shape pattern in semi solid medium.

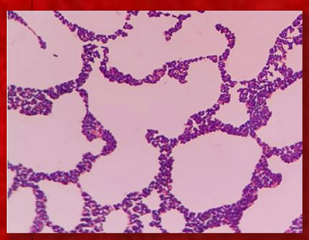

Figure 1 A. grain stain showed positive rods.

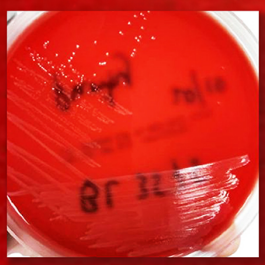

Figure 1 B. Grey to translucent pint point colonies with indistinct beta hemolysis on blood agar

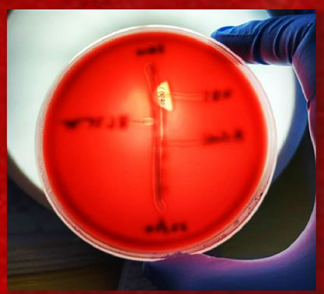

Figure 2 B. CAMP test positive for Listeria sp