

organism had elevated minimal inhibitory concentration (MIC) values to Fluconazole and Amphotericin B with low MIC of the Echinocandins. Subsequent urine cultures showed absence of *C. auris*. Hence, *C. auris* was regarded as a coloniser since there was absence of urinary tract infection symptoms along with renal profile improvement. Patient was discharged well. *Discussion:* *C. auris* is known to colonise or infect patients with risk factors such as significant medical comorbidities, urinary catheters and exposure to broad spectrum antibiotics as seen in this patient. Critical clinical decisions must be made in differentiating infection or colonisation prior to the commencement of antifungal and isolation.

MM35: Mucoid monster is the culprit: A case of community-acquired pyogenic liver abscess caused by hypervirulent *Klebsiella pneumoniae*

Noralwani Badarol Hisham^{1,2}, Rosni Ibrahim¹, Siti Norbaya Masri¹, Mazriza Madon²

¹Department of Medical Microbiology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Selangor, Malaysia; ²Department of Pathology, Hospital Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur, Malaysia

Introduction: Community-acquired hypervirulent *Klebsiella pneumoniae* (hvKp) mainly colonize gastrointestinal tract and infect healthy individuals. The string test used formerly for its identification in clinical settings is less sensitive, prompting a need for novel biomarkers from virulence plasmids and chromosomal mobile genetic elements. *Case report:* A 50-year-old, previously healthy man presented with fever for a week, right upper quadrant abdominal pain, vomiting, diarrhoea and jaundice. Tenderness was elicited on superficial palpation of the right hypochondriac region, with no hepatomegaly. Infective markers showed leukocytosis and high C-reactive protein. Liver function test was deranged with conjugated hyperbilirubinemia, evidence of transaminitis and high alkaline phosphatase. Ultrasound abdomen revealed partially liquefied right liver abscess measuring 10.0cm x 7.8cm x 10.6cm. Blood culture was positive for Gram negative bacilli and identified as hypermucoviscous (positive string test) *Klebsiella pneumoniae*. Suspicion of hvKp was confirmed by polymerase chain reaction of the bacterial colony, which detected virulence genes *iroD*, *rmpA* and *peg-344*. Intravenous amoxicillin-clavulanic acid was administered based on the susceptibility test for 6 weeks, the abscess was drained and he was discharged well. *Discussion:* Hypervirulent *Klebsiella pneumoniae* are reported worldwide to cause liver abscess and extrahepatic metastasis. A recent study suggested five biomarkers; *peg-344*, *iroB*, *iucA*, *rmpA* and *rmpA2* that could accurately identify hvKp. As hvKp poses a thick capsule, it is less likely to harbour antimicrobial resistance. However, multidrug-resistant hvKp is emerging, likely due to integration of virulence genes into drug resistance plasmids via horizontal transfer. Therefore, contact precautions should strongly be considered and infection control team should be alerted for appropriate management of multidrug-resistant hvKp.

MM36: Unmasking a rare case of ESBL *Escherichia coli* meningitis in a patient after lumbar spine surgery

Norhidayah Kamarudin, Nik Hazzaymey Nik Ismaiddin, Wan Husna Barakah Meor Jamaludin

¹Kuliyah of Medicine, International Islamic University Malaysia, Pahang, Malaysia; ²Department of Pathology and Laboratory Medicine, Sultan Ahmad Shah Medical Centre@IIUM, Pahang, Malaysia

Introduction: Postoperative bacterial meningitis is a rare complication of spinal surgery. A high index of suspicion for meningitis is essential in patients who have the clinical triad of fever, neck stiffness and severe headache. *Case report:* A 44 years old male complained of lower back pain with left lower limb radiculopathy symptoms for the past four months. Prolong sitting, sneezing, coughing, and straining aggravate the symptoms. Patient underwent open hemilaminectomy and partial discectomy. Intravenous ceftriaxone 2gm 12 hourly was administered as post-surgical prophylaxis. At day six post operation, the patient started to complain of headache, nausea, and vomiting associated with tachycardia, fever and desaturation that required oxygenation. Blood analysis showed high total white blood cell count, predominantly neutrophils. Analysis of CSF from the lumbar drain showed presence of pus cell and numerous gram-negative bacilli with elevated protein and low glucose. The pus swab, dura swab, superficial tissue, spinal process tissue and L3/L4 lamina bone were sent for culture and sensitivity (C&S) test, and was positive for ESBL *E.coli*. Intravenous meropenem 2gm 8 hourly was initiated based on cultures and sensitivity results. The patient clinically improved, cultures became negative after initiation of meropenem and patient discharges well after 2 weeks of meropenem. *Discussion:* ESBL *E.coli* meningitis is rare in adults, developing mainly as a complication of craniotomy, ventricular catheters, lumbar puncture, intrathecal infusions, or spinal anaesthesia and head injury. Most of the patients had either CSF leakage noted during the operation or from massive amounts of clear fluid drainage postoperatively.

MM37: A fatal disseminated penicilliosis in an unexplained CD4+ lymphopenia patient

Hafzan Baharim¹, Nur Hazirah Mohd Azlan¹, Murnihayati Hassan², Zulaikha Che Embi³, Jefri Ahmad⁴, Zaid Azhari⁵

¹Microbiology Unit, Department of Pathology, Hospital Pakar Sultanah Fatimah, Johor, Malaysia; ²Bacteriology Unit, Infectious Disease Research Center, Institute of Medical Research, Malaysia; ³Histopathology Unit, Department of Pathology, Hospital Pakar Sultanah Fatimah, Johor Malaysia; ⁴Hematology Unit, Department of Pathology, Hospital Pakar Sultanah Fatimah, Johor, Malaysia; ⁵Department of Internal Medicine, Hospital Pakar Sultanah Fatimah, Johor, Malaysia

Introduction: *Penicillium species* has emerged as an opportunistic pathogen in immunocompromised hosts causing invasive fungal infections (IFIs) with high mortality. *Case report:* We reported a 29-year-old male presenting with prolonged fever and dyspnoea. A physical examination revealed lymphadenopathy, hepatomegaly and crepitations on the right lung. Further investigations showed bicytopenia and Computed Tomography revealed right lung collapsed consolidation with nodules and cavitation. Multiple courses of broad-spectrum antibiotics were initiated for sepsis but fever continues to persist. All microbiological cultures from various clinical specimens remained negative. Histopathological examination of supraclavicular lymph node and bone marrow trephine biopsy exhibited chronic granulomatous with fungal bodies. Direct panfungal PCR from the histology specimen targeting the ITS region followed by Sanger's sequencing confirmed as *Penicillium species*. TB and HIV screening were negative with inversely low CD4 counts. The patient succumbed to his illness despite on amphotericin