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# Abstract Book



## Table of Contents

	Page
CAS-002: Dolutegravir plus Lopinavir/ritonavir as a Second-Line Two-Drug Regimen in PLHIV – A Case Series of Clinical Success.....	16
CAS-003: Calvarial Tuberculosis in a Patient with Disseminated Multidrug-Resistant Tuberculosis and Advanced HIV Disease: A Rare Case Report.....	17
CAS-004: Erythema Nodosum Leprosum in an HIV patient with Poor CD4 Cell Recovery: A True Co-Infection .....	18
CAS-006: Insights into <i>Candida haemulonii</i> Bloodstream Infection: A Case Series from Tertiary Hospital in Quezon City, Philippines.....	19
CAS-007: A Case of Erythema Induratum of Bazin: Uncovering the Link to Tuberculosis.....	20
CAS-008: Uncommon Source, Severe Consequence: Tetanus from a Malignant Breast Mass .....	21
CAS-009: Fatal <i>Mycobacterium abscessus</i> Pneumonia in a Patient with Bronchiectasis and Autoimmune Necrotizing Myopathy.....	22
CAS-010: Uncharted Waters: <i>Aeromonas hydrophila</i> Causing Pleural Infection in an Immunocompromised Patient.....	23
CAS-013: Case Report: Helminthiasis With Endoscopic Image of Duodenal Polyp, Gastric Bleeding, and Severe Active Ulcerative Colitis.....	24
CAS-014: <i>Streptococcus pyogenes</i> pyelonephritis: Two Cases Seen within Weeks of Each Other .....	25
CAS-015: Mycetoma with Superimposed Bacterial Co-infection.....	26
CAS-016: <i>Candida tropicalis</i> Native-Valve Endocarditis initially presenting as persistent <i>Candida orthopsilosis</i> Fungemia after short-term Total Parenteral Nutrition in a Stage IIB Colon Cancer patient: A Case Report.....	27
CAS-019: A Rare Case of Tuberculous Meningitis with Concurrent HHV-7 Encephalitis in an Immunocompetent Host: Radiological Clues to a Diagnostic Challenge.....	28
CAS-020: Tuberculosis Active Case-Finding at Workplace in a Country with Low Tuberculosis Incidence Rate .....	29
CAS-021: When <i>Cryptococcus neoformans</i> Hides in Plain Sight: A Case of Pelvic Abscess and Osteomyelitis .....	30
CAS-022: Severe Leptospirosis Complicated by Weil's Syndrome, Acute Pancreatitis, and Aseptic Meningoencephalitis: A Case Report and Literature Review .....	31
CAS-023: Herpes Simplex Virus Infection Presenting as Umbilicated Crusted Papules in an AIDS Patient.....	32
CAS-025: Invasive Fungal Rhinosinusitis in a Patient Undergoing Hemodialysis .....	33
CAS-028: Non-Typhoidal <i>Salmonella</i> in Urine Culture: A Harbinger of Systemic Complications? .....	34
CAS-030: Not Just Back Pain: <i>Candida</i> Spondylodiscitis in an Elderly Patient.....	35
CAS-031: An Uncommon Pathogen: <i>Dyella</i> spp. in Blood Cultures from Hemodialysis .....	36
CAS-032: Case Report: A Cluster of Zika Virus Disease in General Hospital, Chonburi, Thailand.....	37
CAS-033: A Case of Leptospirosis with Few Typical Symptoms and Signs .....	39
CAS-034: First Human Case of <i>Calidifontibacter indicus</i> Peritonitis in a Patient Undergoing CAPD: A Case Report in Malaysia .....	40
CAS-035: Clinical Course of <i>Pythium insidiosum</i> Antibody Positive in Asymptomatic Thai Thalassemic Patient: A Case Report.....	41
CAS-036: Hypervirulent <i>Klebsiella pneumoniae</i> Osteomyelitis Mimicking Osteosarcoma in a Previously Healthy Patient with Newly Diagnosed Diabetes Mellitus .....	42
CAS-038: Measles Complicated by Myelitis .....	43
CAS-039: Laysan Fever: A Case Series of a Rare and Emerging Disease.....	44

CAS-040: Plasmid Carrying Tandem Amplification of blaKPC-2 Mediates Carbapenem Resistance with Minimal Fitness Cost in Hypervirulent <i>Klebsiella pneumoniae</i> .....	46
CAS-041: Salmonella from a Neck Abscess of a Patient Recently Diagnosed with Nasopharyngeal Cancer: A Case Report .....	48
CAS-042: Toxigenic <i>Corynebacterium diphtheriae</i> in Two Patients with Divergent Outcomes: Evidence of Nosocomial Transmission .....	49
CAS-044: Challenges in Tuberculous Meningitis Diagnosis: A Case Report of Progressive Headache in an Adult.....	50
CAS-045: India Ink as a Lifeline: Early Diagnosis of Cryptococcal Meningitis in an Immunocompetent Host in a Resource-Limited Setting .....	51
CAS-046: Severe Leptospirosis Complicated by Weil's Syndrome, Necrotising Pancreatitis, and Aseptic Meningoencephalitis: A Case Report and Literature Review .....	52
CAS-047: Management of Empyema in a Patient with Super Super Obesity: A Case Report.....	53
CAS-048: Two Cases of Pharyngeal Syphilis with Characteristic Findings: An Important Differential Diagnosis for Refractory Pharyngitis .....	54
CAS-049: Cluck of the Draw: A Case of <i>Streptococcus Gallinaceus</i> Infective Endocarditis .....	55
CAS-050: Successful Treatment with Isavuconazole and Liposomal Amphotericin B For Relapsed HIV-associated Cryptococcosis: A Case Report .....	56
CAS-051: Tuberculous Arthritis Complicating a Gout Flare: A Case Report.....	57
CAS-053: A Rare Case of <i>Hemophilus influenzae</i> Septic Arthritis and Necrotizing Fasciitis in an Immunocompetent Adult .....	58
CAS-055: Opportunistic Polymicrobial Pneumonia in a Patient Receiving Ustekinumab Therapy: A Case Report and Review of the Literature.....	59
CAS-056: Acute Leukemia Presenting with Febrile Neutropenia, Candidemia, and Neutropenic Enterocolitis in an Adult with Probable Turner Syndrome: A Clinical Dilemma .....	60
CAS-057: A Rare Imported Case of Hepatic Hydatid Cyst in Singapore .....	61
CAS-058: Two Isn't Better than One: A Case of Post-traumatic Polymicrobial Meningitis Involving <i>Ralstonia pickettii</i> & <i>Pseudomonas stutzeri</i> .....	62
CAS-059: An Autopsy Case of Good's Syndrome Diagnosed Based on the Presence of Thymoma ...	63
CAS-060: Sepsis Secondary to <i>Rhizobium radiobacter</i> in an Immunocompetent Adult with Ascending Cholangitis: A Case Report .....	64
CAS-061: Amoeboma Masquerading as a Colorectal Malignancy in an Asymptomatic Patient: A Diagnostic Challenge in Non-Endemic Settings .....	65
CAS-062: A Case Report of a Skin Infection Caused by <i>Mycobacterium mageritense</i> in a Healthy Patient in Japan .....	66
CAS-063: Multiple <i>Klebsiella pneumoniae</i> Liver Abscess Mimicking Malignant Liver Tumor .....	67
CAS-064: A Case of Severe HIV-Associated Psoriasis Successfully Treated with Glucocorticoids and Antiretroviral Therapy .....	68
CAS-065: When <i>B. cepacia</i> Isn't: A Case of Invasive Melioidosis with Rare CNS and Vascular Involvement in a Diabetic Patient .....	69
CAS-066: Successful Treatment of Simultaneous Intracranial Toxoplasmosis and Tuberculosis in Advanced Immunosuppression: A Case Report .....	70
CAS-068: An Unusual Case of Neuro-melioidosis .....	71
CAS-069: Heed the Warning – <i>Staphylococcus aureus</i> in Urine Can Mean Something Serious! .....	72
CAS-070: Behind the Wheeze: A Case of Delayed Tuberculosis Diagnosis in an Adolescent with Underlying Bronchial Asthma .....	73
CAS-071: More Than Just a Swollen Leg: The Silent Invasion of Community-Associated Methicillin-Resistant <i>Staphylococcus aureus</i> Infection .....	75
CAS-073: A Rare Disseminated Presentation of Melioidosis: Orbital Cellulitis, Superior Ophthalmic Vein Thrombosis, and Probable Subdural Abscess .....	76

CAS-074: Brucella at the Clinic: A Case of High-Risk Occupational Exposure in an Urban Veterinarian .....	78
CAS-075: The Paradox of Healing: Adult-Onset Still's Disease in the era of Human Immunodeficiency Virus Treatment.....	79
CAS-077: Catheter-Related Bloodstream Infection Caused by Chryseobacterium arthrosphaerae: The First Reported Case .....	80
CAS-078: Atypical Co-Infection of Human Herpesvirus 7 Encephalitis in a Young Immunocompetent Female with Tuberculous Meningitis: A Diagnostic Challenge .....	81
CAS-079: A Case Report of Recurrent Steroid-Refractory Paradoxical Reactions in Tuberculosis in HIV-Negative Host: A Diagnostic and Therapeutic Challenge .....	83
CAS-081: Secondary Central Nervous System Infection by Acinetobacter baumannii Following Intracranial Hematoma Evacuation: A Case Report and Diagnostic-Therapeutic Insights.....	84
CAS-082: Mpox in Patients Seen at the Research Institute for Tropical Medicine: A Case Series .....	85
CAS-083: A Giant Hepatic Abscess in an Immunocompetent Female: A Rare Presentation with an Unusual Pathogen.....	86
CAS-086: Enterococcus and Tuberculous CNS Co-Infection in an Immunocompetent Female – A Case Report.....	87
CAS-087: Analysis of Published Case Studies Evaluating Brincidofovir as a Potential Antiviral Treatment for Mpox Clade II Infections.....	88
CAS-088: When a Sore Throat Takes a Sinister Turn.....	90
CAS-089: From Kitchen to Catastrophe: Necrotising Fasciitis Due to Vibrio vulnificus After Crab Handling.....	91
CAS-090: A Rare Case of Pyrazinamide-Induced Warm Autoimmune Haemolytic Anaemia and Polyuria in a HIV-negative Patient with Pulmonary Tuberculosis and Dual Malignancies .....	92
CAS-091: Severe Multi-Drug Hypersensitivity and Hepatotoxicity During Antituberculosis Therapy: A Management Challenge .....	93
CAS-094: Hidden Threats: Dematiaceous Fungi as Emerging Agents of Pulmonary Infection - A Case series .....	95
CAS-095: False Positive Result in Urinary TB LAM Test among HIV Patients with Disseminated Nocardiosis: A Case Report .....	96
CAS-097: When Microbes Work Together: The Importance of Clinical Microbiology in Diagnostic Stewardship and The Challenges of Polymicrobial Infections in Descending Necrotizing Mediastinitis	97
CAS-098: Unmasking IRIS in Advanced HIV: Disseminated Histoplasmosis Following HAART in a Case of Smear-Negative Tuberculosis Complicated with Septic Shock and Iatrogenic Pneumothorax	98
CAS-101: Tale of the Two Tonsillectomies: Elusive Cases of Tonsillar Actinomycosis – A Case Series .....	99
CAS-102: Persistent Mycobacterium abscessus Bacteremia with Pulmonary Involvement in a Haemodialysis Patient: An Underrecognised Cause of Disseminated Catheter-related Bloodstream Infection .....	100
CAS-103: Culture-Positive, Vegetation-Negative Infective Endocarditis: A Case Report of Aggregatibacter actinomycetemcomitans Infection and Review of Diagnostic.....	101
CAS-104: Lung Abscess as an Atypical Manifestation of Invasive Non-Typhoidal Salmonella in a High-Risk Host with Multiple Metabolic Comorbidities .....	102
CAS-107: An Emerging Endemic Focus: Histoplasmosis in the Philippines .....	104
CAS-108: Dengue and COVID-19 Co-Infection Complicated by Oxidative Hemolytic Crisis with Methemoglobinemia and Macrophage Activation Syndrome in a Patient with G6PD Deficiency.....	105
CAS-109: Purpureocillium lilacinum Pneumonia in a Patient with Myositis-Associated ILD on Chronic Immunosuppression: A Rare and Elusive Diagnosis.....	106
CAS-110: Seroreversion in a 45 year old Filipino with HIV: A Case Report.....	107
CAS-112: A Ruptured Mycotic Aneurysm in a Patient with Diabetes Mellitus and Cirrhosis .....	108
CAS-113: Severe Nasomalar MPOX Infection in a Male with Advanced HIV Disease .....	109

## **CAS-078: Atypical Co-Infection of Human Herpesvirus 7 Encephalitis in a Young Immunocompetent Female with Tuberculous Meningitis: A Diagnostic Challenge**

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### **Introduction**

Human herpesvirus 7 (HHV-7) encephalitis is rare, particularly in immunocompetent individuals. While HHV-7 virus typically infects children and remains latent, reactivation in immunocompromised adults is more commonly reported. Its pathogenesis in central nervous system infections among immunocompetent hosts remains poorly understood.

### **Case Presentation**

We report a case of a 21-year-old previously healthy female who presented with a two-weeks history of fever and symptoms suggestive of raised intracranial pressure, followed by acute behavioural changes. She exhibited signs of meningism with a positive Kernig's sign. Lumbar puncture revealed elevated opening pressure, lymphocytic pleocytosis, elevated protein, and a low serum:CSF glucose ratio. Empirical intravenous (IV) ceftriaxone and acyclovir were initiated, followed by escalation to IV meropenem due to persistent symptoms. Contrast-enhanced CT brain showed features of cerebritis. A positive Mantoux test and sustained fever led to empirical anti-tuberculosis therapy on day 7. Neuroimaging revealed non-communicating hydrocephalus, necessitating ventriculoperitoneal shunting and IV dexamethasone the next day. Despite treatment, the patient remained confused by day 9. MRI brain revealed bilateral temporal and frontal lobe hyperintensities with cerebral oedema and basal meningeal enhancement. CSF PCR was positive for HHV-7 and negative for *Mycobacterium tuberculosis*. A final diagnosis of HHV-7 encephalitis co-existing with tuberculous meningitis was made. The patient showed marked clinical improvement after five days of IV ganciclovir and completed a two-week antiviral course alongside planned six-month anti-TB therapy.

### **Conclusion**

This case underscores the need to consider HHV-7 as a potential cause of refractory encephalitis, even in immunocompetent individuals, particularly when standard therapies fail.

CSF Summary	3 Feb 2025	6 Feb 2025	9 Feb 2025 (Omayya shunt)
Opening pressure	60cmH2O	13cmH2O	
Glucose	1.3	1.4	2.2
Protein	1.34	1.27	0.77
Albumin	659.7	700.3	397.4
Cell count	0	10	75
Neutrophil	0	10	10
Lymphocyte	0	0	65
C&S	No growth	No growth	-
Fungal C&S	No growth	-	-
MTB C&S	Negative	-	-
MTB PCR	-	Negative	-
AFB	Negative	-	-
Indian Ink	Negative	Negative	Negative
Cytology	No malignant cells		
PCR Panel			Human Herpes Virus 7 - Detected