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Rhizobium radiobacter wound infection - fact, factitious or just plain unlucky?

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Case Report: A 41-year-old man with an 18 year history of poorly controlled type 1 diabetes presented in 2008 to our multidisciplinary foot clinic with a history of recent trauma. Neurological examination showed him to be insensate below the mid calf bilaterally. An X-ray of his foot confirmed a fracture of his 2nd left PIPJ. This was treated with a total contact cast. However, over the next 18 months he presented with numerous new problems in his left foot including: 4 admissions for cellulitis requiring admission and intravenous antibiotics; 2 admissions for osteomyelitis eventually requiring amputations of his left first and second toes; a collection in his flexor tendon sheath in the calf; 2 metallic foreign bodies in his foot - one, possibly a paper clip, in his talo-navicular joint, and the other a 9mm pin deeply embedded in his left heel arch. A new event seemed to occur as the last one was close to resolution. Eventually he was admitted with a very infected wound on his left foot for which he required a below knee amputation. He made a very good recovery from this with a fully healed stump and was rehabilitating well. However, 2 months post-operatively he presented, systemically unwell with an infected stump wound. Blood cultures grew *Rhizobium radiobacter* an uncommon opportunistic aerobic, non-sporeforming, oxidase-positive, gram-negative bacilli, found in the soil and associated with tumorigenic diseases in plants. There are very few reports associated with de novo human infection, other than in immunocompromised hosts often with malignancy usually with indwelling intravenous catheters. Currently the patient is considering an above knee amputation. Neither we nor the patient are able to explain his numerous successive injuries (some of which have been highly unusual), or the presence of this highly unusual pathogen in his wound, but he has agreed to the input of a psychiatrist to ensure he does not have an undiagnosed factitious disorder.