

Acute infection and rare pathogen.

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Background: Leclercia adecarboxylata is a rarely reported human pathogen, most commonly affecting immunocompromised individuals. The limited literature available on this organism is reviewed. Leclercia adecarboxylata is a motile, Gram-negative rod, formerly identified as Escherichia adecarboxylata there is a report of resistant strains. **Patient:** Patient B., 66 y. o., was sent to endocrine department of our hospital with poor DM control. Previously he had DF in 2012 with left leg and now no visible problems with this leg. Firstly he did not have complaints with feet. On the right leg he had dry corn. The skin seemed to be untaken. No signs of infection was in that time - The number of white blood cells was normal (5.55×10^9), and ESR was 18 mm per hour. On the x-ray the fracture of both 3-rd metatarsal bones of feet was found (the patient did not remember any injury of feet). The ultrasound examination reveal significant occlusion of tibia arteries on the right leg. After surgical debridement his right leg became red, hot and swollen with smell. Very soon the number of WBC become high - 11.9×10^9 , ESR become very high - 55 mm/hour. The C- RP was 175.1 mg/l. It was a picture of systematic inflammatory response, that had developed very acute. Swab from wound was taken. The Leclercia adecarboxylata and Enterococcus faecalis were abundantly grew up. Both microorganisms had sensitivity for ciprofloxacin and this medication was prescribed. Despite of repeating surgical debridement antibiotic therapy and treatment was not successful. Patient undergone midfoot resection and now wound with infection exists. **As a conclusion:** wound of diabetic foot often contains unusual microflora, with mixt of microorganisms with resistance to ABT. The unsystematic using of ABT and immunodeficiency increase it. The curse of disease also could be very atypical. The describing of new example of wound culture may help us to be ready to treat complicate cases of DF.