**Enterococcus cecorum** human infection, France

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**Abstract**

*Enterococcus cecorum* is a bacterium of the intestinal tract of many domestic animals that is rarely reported as human pathogen. Here we report the first case of incisional hernia plate infection and the first case of urinary tract colonization due to *E. cecorum* from patients in Marseille, France.

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**Keywords:** *Enterococcus cecorum*, food-mediated acquisition, immunosuppressors, MALDI-TOF, urinary-tract infection

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*Enterococcus cecorum* is a species that was first isolated from the intestines of poultry but also occurs in pigs, calves, ducks, cats and dogs [1]. It is an uncommon human pathogen, with only five reported clinical cases in the literature: one septicemia, two peritonitis, one thoracic empyema and one endocarditis [2–6]. Here we report a case of incisional hernia plate infection and a case of urinary tract colonization due to *E. cecorum* from patients in Marseille, France.

The first case comprised a 56-year-old man with Crohn diseases who was referred to our digestive surgery department in February 2012 for surgical management of an infectious syndrome with persistence of a purulent discharge from the parietal abdomen. At admission, the patient was afebrile; he had a pain in the right iliac fossa. The white blood cell count was normal (7.5 × 10⁹/L), hemoglobin was 1270 g/L and C-reactive protein was elevated (1160 nmol/L). The patient underwent surgery with resection of a loop of the fistulized small intestine and ablation of the incisional hernia plate. The surgical samples of the incisional hernia plate cultures were positive for *Enterococcus cecorum*, which was identified by MALDI-TOF (matrix-assisted laser desorption ionization time-of-flight mass spectrometry). The isolate was susceptible to amoxicillin, gentamicin 500, vancomycin, rifampicin and erythromycin. Antibiotic treatment with amoxicillin was initiated for 30 days. The patient was discharged 10 days after his surgery and was considered cured.

The second case comprised a 39-year-old woman who consulted with our nephrology department in December 2013 for her termly checkup after kidney transplantation in September 2012. At admission, the patient was afebrile, without any sign of infection. White blood cell count was normal (5.7 × 10⁹/L); hemoglobin was 1550 g/L. A urine sample was collected; leukocyuria was 5 elements/mm³, and bacteriuria was 10⁴/mm³ with positive culture for *Enterococcus cecorum*, which was identified by MALDI-TOF. The isolate was susceptible to amoxicillin, gentamicin 500, vancomycin, teicoplanin, linezolid and nitrofurantoin. No antibiotic treatment was initiated for this asymptomatic urinary colonization.

*Enterococcus cecorum* is a bacterium rarely involved in human infections. The rarity of these infections can be explained by the fact that *E. cecorum* is difficult to identify correctly and has probably been underestimated by the past. In fact, conventional methods such as the VITEK 2 or API systems are less efficient than MALDI-TOF [7] and 16S RNA for identification of non- *faecalis* and non- *faecium* Enterococcus species [8].

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animals can be a reservoir of E. cecorum [1], we hypothesize that the infections originated from a food-mediated acquisition of the pathogen, probably facilitated by the immunosuppressive drug intake of the two patients. E. cecorum was susceptible to all the antibiotics tested, including amoxicillin and glycopeptides (vancomycin, teicoplanin), with a low level of resistance to gentamicin. These two cases confirm that E. cecorum can be responsible for human infections.

**Conflict of Interest**

None declared.

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