Infective Endocarditis Due to
Achromobacter Xylosoxidans Associated
with Spondylodiscitis: A Case Report

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Abstract
It is rare in patient with infective endocarditis associated with spondylodiscitis. Herein, we report a case of 35-year-old male with intravenous heroin addiction representing community-acquired Achromobacter xylosoxidans native tricuspid valve endocarditis with spondylodiscitis as his early presentation and treatment failure in medical therapy. Early recognition of the relationship between infective endocarditis and spondylodiscitis is a key to successful treatment. This case also reminds clinicians about the unusual presentation of infective endocarditis due to Achromobacter xylosoxidans (J Intern Med Taiwan 2007; 18: 212-216)

Key Words: Infective endocarditis; Spondylodiscitis; Achromobacter xylosoxidans

Introduction
Although infective endocarditis in association with spondylodiscitis is rarely observed, it does exist between them. Low back pain may be the only symptom preceding the clinical evidence of infective endocarditis. Early diagnostic intervention with echocardiography to the patients with spondylodiscitis accompanying with bacteremia will lead to successful treatment. Achromobacter xylosoxidans is uncommonly recovered as a human pathogen, but it can cause various diseases in immunocompromised host. To date, few cases of infective endocarditis caused by Achromobacter xylosoxidans have been reported on Medline search. Here, we document an unusual case of community-acquired native tricuspid valve infective endocarditis due to Achromobacter xylosoxidans in a 35-year-old male of parenteral drug abuser manifesting as spondylodiscitis.