

[ PICTURES IN CLINICAL MEDICINE ]

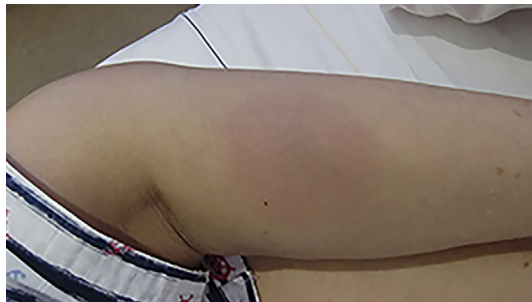
## Unique Cellulitis: *Helicobacter cinaedi*

Shunichi Shibazaki<sup>1</sup>, Sunao Takeuchi<sup>2</sup> and Satoshi Kutsuna<sup>3</sup>

**Key words:** *Helicobacter cinaedi*, cellulitis

(Intern Med 57: 1183-1184, 2018)

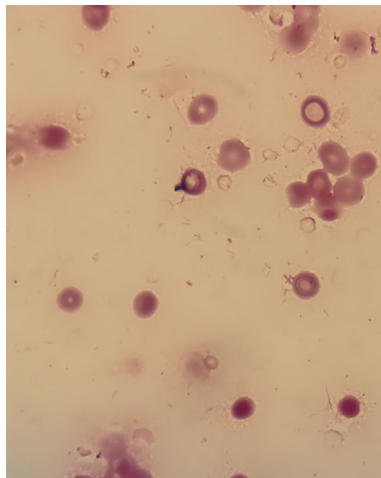
(DOI: 10.2169/internalmedicine.9721-17)



**Picture 1.**



**Picture 2.**



**Picture 3.**

A 72-year-old Japanese woman presented to the emergency department with a 39°C fever. One month earlier, she had undergone artificial knee joint replacement for gonarthrosis on her left side. Her immunity was normal. On admission, she had salmon-pink erythema with a clear border-line in only one location on her lower left leg (Picture 1) without infiltration or tenderness; this indicated that the

erythema was very different from common cellulitis. After hospitalization, multiple new erythema appeared discontinuously with each passing day (Picture 2). Her white blood cell count was normal; however, her C-reactive protein (CRP) rose as high as 10 mg/dL. Cellulitis caused by *Helicobacter cinaedi* was suspected due to the unique characteristics of her erythema. *Helicobacter cinaedi* was isolated from blood cultures on the fifth day (Picture 3). She was treated with parental antibiotics (cefazolin 1 g every 8 hours and gentamicin 200 mg every 24 hours) until the pathogen was no longer detected, and her treatment was de-escalated: ampicillin 1 g every 6 hours for 21 days after detection. At six months of follow-up she showed no relapse. The infection route was unknown. *Helicobacter cinaedi* infection has recently been reported in immunocompetent patients, especially as cellulitis (1). Cellulitis-associated *Helicobacter cinaedi* has three features; sudden-onset erythema accompanied by a high fever, mild cellulitis, and multiple erythema on the extremities (2). Five or more days is sometimes necessary for the incubation of blood cultures (3); as such, the disease is often missed. *Helicobacter cinaedi* can easily relapse, so it is important to apply long-term therapy for two to six weeks (3).

<sup>1</sup>Department of Emergency and General Internal Medicine, Hitachinaka General Hospital, Japan, <sup>2</sup>Department of General Internal Medicine, Tokuyama Central Hospital, Japan and <sup>3</sup>Department of Disease Control and Prevention Center, National Center for Global Health and Medicine, Japan

Received: July 3, 2017; Accepted: August 23, 2017; Advance Publication by J-STAGE: December 27, 2017

Correspondence to Dr. Shunichi Shibazaki, sn1.shibazaki@gmail.com

The authors state that they have no Conflict of Interest (COI).

## References

1. Kitamura T, Kawamura Y, Ohkusu K, et al. *Helicobacter cinaedi* cellulitis and bacteremia in immunocompetent hosts after orthopedic surgery. *J Clin Microbiol* **45**: 31-38, 2007.
2. Shimizu S, Shimizu H. Cutaneous manifestations of *Helicobacter cinaedi*: a review. *Br J Dermatol* **175**: 62-68, 2016.
3. Kawamura Y, Tomida J, Morita Y, Fujii S, Okamoto T, Akaike T. Clinical and bacteriological characteristics of *Helicobacter cinaedi* infection. *J Infect Chemother* **20**: 517-526, 2014.

The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

---

© 2018 The Japanese Society of Internal Medicine  
*Intern Med* 57: 1183-1184, 2018