

## Meningitis caused by micrococcus luteus: Case report and review of literature

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### Abstract

Micrococcus Luteus is a gram positive, non-motile, non-sporing cocci belonging to micrococcea family. They are considered as normal commensal of human skin and upper respiratory tract. Few cases have been reported as opportunistic infection or catheter/ shunt related infection. We here report a case of meningitis caused by Micrococcus luteus in previously healthy infant.

**Keywords:** Micrococcus.

### Introduction

Micro (small) Coccus(spherical) Luteus(Yellow) is a gram positive, non-motile, non-sporing cocci belonging to micrococcea family.<sup>1,2</sup> Initially named as Micrococci lysodeikticus by Alexander Fleming who discovered them in 1928, later Ganz et al renamed them as Micrococcus luteus in 2002. They are considered as normal commensal of human skin and upper respiratory tract and are considered harmless.<sup>3-6</sup> Few cases have been reported as opportunistic infection or catheter/ shunt related infection.<sup>10-19</sup> We here report a case of meningitis caused by Micrococcus luteus in previously healthy infant.

### Case Summary

One year old male was brought to emergency with history of fever for 3 days and seizures from last 15 min, Baby was immunized as per age with normal developmental milestones. Child was managed with iv fluids and antibiotics. Investigations sent showed normal electrolytes, leucocytosis with raised CRP, CSF examination showed 350 cells (60% mononuclear cells). CSF culture showed growth of gram positive cocci, identified as Micrococcus luteus by Vitek 2, sensitive to all the commonly used antibiotics. IV antibiotics were continued as per the sensitivity profile (Ceftriaxone). Infant responded to the treatment, became afebrile, had no episode of seizure after admission, but had depressed consciousness and dystonia. MRI brain showed bilateral mid brain infarct. Child was discharged after completion of 10 days antibiotics with residual neurological sequelae.

### Discussion

Bacterial meningitis is one of the most potentially serious infections occurring in infants and older children. This infection is associated with high rate of acute complication and long term morbidity.<sup>25</sup> Micrococcus luteus is a gram positive cocci which was classified along with staphylococci until 1975, based on Baird parker scheme.<sup>7</sup> A randomized controlled trial done by Angelika et al has shown that Photolyase, an endonuclease enzyme secreted by M luteus has DNA repair property and has a role in preventing polymorphic light eruption.<sup>8,9</sup> M luteus is

usually regarded as a non pathogenic commensal of human skin and upper respiratory tract,<sup>3-6</sup> however M Luteus have been found as opportunistic pathogen in immunocompromised patients. Micrococcus luteus has been implicated as the causative agent in cases of meningitis,<sup>11-13</sup> endocarditis,<sup>17-19</sup> intracranial abscesses,<sup>14</sup> pneumonia,<sup>15,16</sup> and septic arthritis.<sup>10</sup> In addition, it has also been reported in infections associated with indwelling intravenous lines, ventricular shunts and prosthetic valves.<sup>20-24</sup> In 1992, case reported by AdangRP et al emphasizes that the pathogenicity of this skin commensal is not limited to infections in tissues surrounding prosthetic devices or indwelling intravenous catheters, especially in immunocompromised patients.

Almost all of the reported cases till date have been associated with medical devices/catheters or in immunocompromised hosts. We here present a case report of meningitis caused by micrococcus luteus in a previously healthy infant who responded to proper antibiotic therapy but left with neurological deficit.

### Summary

This report emphasizes that Micrococcus luteus should be considered as an emerging pathogen in not only immunocompromised but also in immunocompetent infants. With decreasing incidence of meningitis due to pneumococcus and H influenza due to vaccination, other organisms including micrococcus might be emerging organism in tropical countries.

### Conclusion

To the best of our knowledge, we describe the first case of *M luteus* meningitis in an immunocompetent host. Therefore, clinicians should be aware of the rare possibility of *M luteus* meningitis.

**Conflict of Interest:** None.

### References

1. Kocur M., Kloos W.E., SCHLEIFER KH. (2017) The Genus Micrococcus. The Prokaryotes. 10.1007/0-387-30743-5\_37:961-971

2. Kocur M., Bergan T., Mortensen N. 1971 DNA base composition of Gram-positive cocci *J Gen Microbiol* 69: 167–183
3. Kloos WE, Tornabene TG, Schleifer KH: Isolation and characterization of micrococci from human skin, including two new species: *Micrococcus lylae* and *Micrococcus kristinae*. *Int J Syst Bacteriol* 1974, 24:79-101.10.1099/00207713-24-1-79.
4. Kloos W. E., Musselwhite M. S. 1975 Distribution and persistence of *Staphylococcus* and *Micrococcus* species and other aerobic bacteria on human skin Appl. *Microbiol* 30:381–395
5. Kloos, W. E., Tornabene, T. G., Schleifer, K. H. 1974 Isolation and characterization of micrococci from human skin, including two new species: *Micrococcus lylae* and *Micrococcus kristinae*. *Int J Syst Bacteriol* 24:79–101
6. Grice EA, et al.; NISC Comparative Sequencing Program (2008) A diversity profile of the human skin microbiota. *Genome Res* 18:1043–1050
7. Baird-Parker, A. c.: A classification of micrococci and staphylococci based on physiological and biochemical tests. *J Gen Microbiol* 30(1963)409-427.
8. Angelika Hofer, Franz J. Legat, Alexandra Gruber-Wackernagel, Franz Quehenberger and Peter Wolf Topical liposomal DNA-repair enzymes in polymorphic light eruption Photochem. *Photobiol. Sci* 2011;10:1118-1128
9. W.L. Carrier, R.B. Setlow Endonuclease from *Micrococcus luteus* which has activity toward ultraviolet-irradiated deoxyribonucleic acid: purification and properties *J Bacteriol* 102 (1970):178-186
10. Wharton M, Rice JR, McCallum R, Gallis HA: Septic arthritis due to *Micrococcus luteus*. *J Rheumatol* 1986;13: 659-660.
11. Fosse T, Peloux Y, Granthil C, Toga B, Bertrando J, Sethian M: Meningitis due to *Micrococcus luteus*. *Infection*. 1985, 13: 280-281. 10.1007/BF01645439.
12. Schleifer, K. H., Kloos, W. E., Kocur, M.: The genus *Micrococcus*. In: Starr, M. P., Stolp, H., Triiper, H. G., Balows, A., Schlegel, H. G. (eds.): *The prokaryotes*. Springer-Verlag, Berlin-Heidelberg 1981:1539-1547
13. Frame, P. T., McLanrin, R. L.: Treatment of CSF shunt infections with intrashunt plus oral antibiotic therapy. *J Neurosurg* 60 (1984) 354-360.
14. Selladurai B, Sivakumaran S, Subramanian A, Mohamad AR. Intracranial suppuration caused by *Micrococcus luteus*. *Br J Neurosurg* 1993;7:205–208
15. Adang RP, Schouten HC, van Tiel FH, Blijham GH. Pneumonia due to *Micrococcus* spp. in a patient with acute myeloid leukemia. *Leuk* 1992;6:224–226
16. Souhami L, Feld R, Tuffnell PG, Fellner T. *Micrococcus luteus* pneumonia: a case report and review of the literature. *Med PediatrOncol* 1979;7:309–314
17. Seifert H, Kaltheuner M, Perdreau-Remington F: *Micrococcus luteus* endocarditis: case report and review of the literature. *ZblBakt* 1995;282:431-435.
18. Uso J, Gill M, Gomila B, Tirado MD: Endocarditis due to *Micrococcus luteus*. *MicrobiolClin* 2003;21:116-117.
19. Miltiadous G, Elisaf M (2011) Native valve endocarditis due to *Micrococcus luteus*: a case report and review of the literature. *J Med Case Rep* 29:251
20. Pople IK, Bayston R, Hayward RD. Infection of cerebrospinal fluid shunts in infants: a study of etiological factors. *J Neurosurg* 1992;77:29–36
21. Kiehn TE, Armstrong D. Changes in the spectrum of organisms causing bacteraemia and fungemia in immunocompromised patients due to venous access devices. *Eur J Clin Microbiol Infect Dis* 1990;9:869–872.
22. Ambler MW, Homans AC, O’Shea PA. An unusual central nervous system infection in a young immunocompromised host. *Arch Pathol Lab Med* 1986;110:497–501
23. Spencer RC. Infections in continuous ambulatory peritoneal dialysis. *J Clin Microbiol* 1988;27:1–9
24. Shapiro S, Boaz J, Kleiman M, Kalsbeek J, Mealy J. Origin of organisms infecting ventricular shunts. *Neurosurgery* 1988; 22: 868–872
25. Kliegman et al. *Nelson textbook of Pediatrics*, First South Asia Edition 2016;2983.

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