Odontogenic Infection Secondary to *Leuconostoc* Species

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*Leuconostoc* species are gaining importance as pathogenic organisms. We present the first case of odontogenic infection caused by *Leuconostoc* spp. Isolates initially identified as streptococci were found to be vancomycin resistant. Rigorous bacteriologic investigation subsequently classified these organisms as *Leuconostoc mesenteroides*.

*Leuconostoc* species, which were previously thought to be of no importance in human or animal pathology, are now recognized as involved in human disease. *Leuconostoc* spp. are gram-positive, catalase-negative, nonmotile, nonspore-forming, facultative anaerobes generally found on plants and used in the dairy, wine, and pickling industries (3). To our knowledge, this is the first case report of odontogenic infection caused by *Leuconostoc* spp.

A previously healthy 58-year-old man with no history of diabetes mellitus developed pain in tooth 17 and was treated in the emergency room with intraoral incision and drainage with penicillin. The patient was treated with penicillin VK, 500 mg orally every 6 h (q6h). Three days later the tooth was extracted and purulent drainage was noted. After 2 additional days, further incision and drainage were required.

Notably, a cervical abscess and swelling of the right mandible were noted and treated with penicillin Q4h, 500 mg orally q6h, and metronidazole, 500 mg orally q6h. After 2 days, the patient's condition was improved, and the patient was discharged with an oral course of penicillin Q4h, 500 mg orally q6h, and metronidazole, 500 mg orally q6h. Two days later, the patient was readmitted with a new area of swelling, tenderness, and fluctuation in the left mandible. The patient was treated with penicillin and metronidazole for 4 days and was discharged on the 4th day with penicillin Q4h, 500 mg orally q6h.

The patient was started on intravenous penicillin G, 2 million units q4h, and metronidazole, 500 mg q6h. Two days later, the patient was discharged on oral penicillin Q4h, 500 mg orally q6h. A week later, the patient was readmitted with a new area of swelling, tenderness, and fluctuation in the left mandible. The patient was treated with penicillin and metronidazole for 4 days and was discharged on the 4th day with penicillin Q4h, 500 mg orally q6h.

The leukocyte count was 6,400/mm³, with 74% polymorphonuclear leukocytes, 21% lymphocytes, and 5% mononuclear cells. The hemoglobin was 14.8 g/dl, with 43% hematocrit. Chest X ray, SMA-18, and urinalysis were normal.

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At the time of this report, the patient was afebrile and had no signs of infection. The patient was discharged with oral penicillin Q4h, 500 mg orally q6h.

LITERATURE CITED


