Hungatella Hathewayi Bacteraemia in A Patient with Perforated Sigmoid Diverticulitis

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Hungatella hathawayi is an anaerobic, Gram- positive bacterium that was initially isolated from human faeces in 2000. While it is recognized as a regular constituent of the gut microbiota, its exact function within the gastrointestinal ecosystem remains unclear. To date, only four documented cases of Hungatella hathawayi infections have been reported, involving conditions such as acute appendicitis, cholecystitis, hepatic abscess, and post-uterine myomectomy. We present a case of a female patient in her late 50s presenting with severe left iliac fossa pain for 3 days, accompanied by chills and rigours. On admission, she was tachycardic and had a fever of 38.4°C. Upon physical examination, she was markedly tender on the left iliac fossa. A CT abdomen and pelvis was requested which demonstrated sigmoid diverticulitis with localized perforation and collection in the Pouch of Douglas. She was initially treated conservatively with intravenous piperacillin-tazobactam. However, on day 5 of admission she deteriorated clinically and the decision was made to perform Hartmann's procedure. Anaerobic cultures subsequently isolated Hungatella Hathewayi sensitive to metronidazole. Post-operatively, she was continued on broad-spectrum antibiotics where she responded well and was successfully discharged on day 10. Hungatella hathawayi is a rare cause of bacteraemia, particularly in cases of intra-abdominal infections. In our patient's case, successful treatment was achieved through a combination of surgical intervention and intravenous antibiotics with anaerobic coverage.

Keywords: Hungatella Hathewayi, bacteraemia, diverticulitis

DOI: http://dx.doi.org/10.31344/ijhhs.v7i7000.610

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