Guest Editorial

Novel HIV Prevention Strategies: The Case for Andhra Pradesh
JA Schneider

...... 1

Review Article

Chikungunya Fever: A Re-emerging Viral Infection
M Chhabra, V Mittal, D Bhattacharya, UVS Rana, S Lal

...... 5

Special Article

Fabrication and Evaluation of a Sequence-specific Oligonucleotide Miniarray for Molecular Genotyping
J Iqbal, F Hänel, A Ruryk, GV Limmon, A Tretiakov, M Dürst, HP Saluz

...... 13

Original Articles

A Comparison of PCR Detection of Meca with Oxacillin Disk Susceptibility Testing in Different Media and Sceptor Automated System for both Staphylococcus aureus and Coagulase-negative Staphylococci Isolates
S Ercis, B Sancak, G Hasçelik

...... 21

Effect of Exposure to Hydrogen Peroxide on the Virulence of Escherichia coli
A Hegde, GK Bhat, S Mallya

...... 25

A Low Molecular Weight Es-20 Protein Released In Vivo and In Vitro with Diagnostic Potential in Lymph Node Tuberculosis
N Shende, V Upadhye, S Kumar, BC Harinath

...... 29

Community-based Study on Seroprevalence of Herpes Simplex Virus Type 2 Infection in New Delhi
R Chawla, P Bhalla, K Bhalla, M Meghachandra Singh, S Garg

...... 34

Changing Patterns of Vibrio cholerae in Sevagram Between 1990 and 2005
P Narang, DK Mendiratta, VS Deotale, R Narang

...... 40

Rapid Serodiagnosis of Leptospirosis by Latex Agglutination Test and Flow-through Assay
TMA Senthilkumar, M Subathra, M Phil, P Ramadass, V Ramaswamy

...... 45

High Level Ciprofloxacin Resistance in Salmonella enterica Isolated from Blood
R Raveendran, C Wattal, A Sharma, JK Oberoi, KJ Prasad, S Datta

...... 50

Role of Enteric Fever in Ileal Perforations: An Overstated Problem in Tropics?
MR Capoor, D Nair, MS Chintamani, J Khanna, P Aggarwal, D Bhatnagar

...... 54

www.ijmm.org
Brief Communications
Evaluation of a Modified Double-disc Synergy Test for Detection of Extended Spectrum β-lactamases in Ampc β-lactamase-producing Proteus mirabilis
MKR Khan, SS Thukral, R Gaind

Antimicrobial Susceptibility Profile of Neisseria gonorrhoeae at STI Clinic
C Shilpee, VG Ramachandran, S Das, SN Bhattacharya

Detection of Extra-cellular Enzymes of Anaerobic Gram-negative Bacteria from Clinically Diseased and Healthy Sites
JM Nagmoti, CS Patil, MB Nagmoti, MB Mutnal

Haemagglutination and Siderophore Production as the Urovirulence Markers of Uropathogenic Escherichia coli
MA Vagarali, SG Karadesai, CS Patil, SC Metgud, MB Mutnal

The use of Dried Blood Spots on Filter Paper for the Diagnosis of HIV-1 in Infants Born to HIV Seropositive Women
S Mini Jacob, D Anitha, R Vishwanath, S Parameshwari, NM Samuel

Evaluation of the Usefulness of Phage Amplification Technology in the Diagnosis of Patients with Paucibacillary Tuberculosis
D Biswas, A Deb, P Gupta, R Prasad, KS Negi

Case Reports
Cytomegalovirus Oesophagitis in a Patient with Non-hodgkin’s Lymphoma
SS Hingmire, G Biswas, A Bakshi, S Desai, S Dighe, R Nair, S Gupta, PM Parikh

Hydatid Cyst of Mediastinum
S Sehgal, B Mishra, A Thakur, V Dogra, PS Loomba, A Banerjee

Ochrobactrum anthropi Septicaemia
U Arora, S Kaur, P Devi

Intestinal Myiasis Caused by Muscina stabulans
S Shivekar, K Senthil, R Srinivasan, L Sureshbabu, P Chand, J Shanmugam, R Gopal

Pyopericardium Due To Group D Streptococcus
K Karthikeyan, KR Rajesh, H Poornima, R Bharathidasan, KN Brahmadathan, R Indra Priyadharsini

Pleural Effusion: A Rare Complication of Hepatitis A
A Bukulmez, R Koken, H Melek, O Dogru, F Ovali

Correspondence
Prevalence of Inducible AmpC β-lactamase-Producing Pseudomonas aeruginosa in a Tertiary Care Hospital in Northern India
A Bhattacharjee, S Anupurba, A Gaur, MR Sen

Parental History of Ulcer and the Prevalence of Helicobacter pylori Infection in their Offspring
KS Ahmed, AA Khan, JD Ahi, CM Habibullah
Ciprofloxacin Breakpoints in Enteric Fever - Time to Revise our Susceptibility Criteria
C Rodrigues, N Jai Kumar, J Lalwani, A Mehta

West Nile Virus in the Blood Donors in UAE
M Alfaresi, A Elkoush

Estimation of Antibodies To HBsAg in Vaccinated Health Care Workers
TV Rao, IJ Suseela, KA Sathiavathy

Seroprevalence of Rubella Among Urban and Rural Bangladeshi Women Emphasises the Need for Rubella Vaccination of Pre-pubertal Girls
A Nessa, MN Islam, S Tabassum, SU Munshi, M Ahmed, R Karim

Novel Digestion Patterns with Hepatitis B Virus Strains from the Indian Subcontinent Detected using Restriction Fragment Length Polymorphism
P Vivekanandan, HDJ Daniel, S Raghuraman, D Daniel, RV Shaji, G Sridharan, G Chandy, P Abraham

Acute Urticaria Associated with Dicrocoelium dendriticum Infestation
A Sing, K Tybus, I Fackler

Book Reviews

Guidelines to Authors
HYDATID CYST OF MEDIASTINUM

We report a case of hydatid cyst of the mediastinum in a 32-year-old female patient who was admitted with chest pain. CT scan reported posterior mediastinal mass towards the right side. Surgical exploration revealed a loculated cyst in posterior mediastinum on the right side, adherent to the overlying lung and underlying bone. Posterolateral thoracotomy was performed for cyst aspiration and excision. The patient was discharged on albendazole.

Key words: Hydatid cyst, hydatid disease, mediastinal cyst, mediastinal echinococcosis

Hydatid disease caused by Echinococcus granulosus, E. multilocularis and E. oligarthrus is an uncommon parasitic disease. The disease poses a serious problem in India, where it is endemic. The primary hosts for the infecting organism are the members of the Canidae family, usually dogs, wolves and coyotes. The intermediate hosts are sheep, cattle and deer. Humans enter the cycle through infected canine faeces. Liver and lungs are the most common sites of infection, but it can also be seen elsewhere in the body. Extrapulmonary location of the disease in the thorax is very rare. Intrathoracic extrapulmonary locations are generally the mediastinum, pleura, pericardium and chest wall. We report a case of posterior mediastinal mass, which was provisionally diagnosed as bronchogenic cyst and later confirmed to be hydatid cyst of the posterior mediastinum.

Case Report

A 30-year-old lady was admitted to the cardiovasculo-thoracic surgery (CTVS) department with complaints of chest pain for the past 6 months. Pain started at the back radiating to the right lateral side of the chest below the nipple. Pain was constant and had a pinprick quality in nature without any change for the last six months. There was no history of trauma, fever, syncope, haemoptysis, haematemeses and dyspnoea on exertion. Laboratory tests were normal except for mild leucocytosis. CT scan of thorax showed a well-defined lobulated cystic lesion 6.2 × 4 × 4.2 cm in size at the right posterior mediastinum (Figure). The mass lesion was compressing the posterior segment of the upper lobe of the right lung; otherwise, the lung appeared normal. Abdominal ultrasonography (US) revealed a normal liver, spleen and gall bladder. A preoperative diagnosis of bronchogenic cyst was made. Posterolateral thoracotomy was performed and the lung retracted. The cyst was found adherent to the lung. The fluid aspirating from the cyst was straw-coloured and contained some particulate matter. Hence, it was sent for microscopy to the Microbiology Department. Total cyst excision was performed, and the postoperative stay of the patient in the hospital was uneventful. Microscopy of the aspirated cystic fluid showed hooklets of Echinococcus.
granulosus. The patient was discharged on albendazole (400 mg once daily for one month).

Discussion

Hydatid disease has been acknowledged as an important clinical entity since ancient times. The disease is a serious problem in India, where it is endemic. Although hydatid cysts are mostly seen in the liver and lungs, they may also be located in various tissues of the body. Extrapulmonary but intrathoracic hydatid cysts are very rare. Cysts of bronchogenic, pleuroperticardial, thymic, intramural, oesophageal, lymphangioma, anterior meningocoele and enteric origin, as well as other rare types, may be found in the mediastinum of adults and children. In one study, out of 1,619 intrathoracic hydatid cysts, only eight (0.5%) were situated in the mediastinum. Primary hydatid cyst of the mediastinum, although extremely rare, is a distinct clinical entity, which must be considered in a patient with mediastinal mass in endemic regions. In general, mediastinal echinococcosis is neither clinically nor radiologically distinguishable from other mediastinal cystic lesions. Diagnosis can be reached after the combined assessment of clinical, radiological, historical and laboratory data of patients, as in the case presented here.

In conclusion, although very rare, hydatid disease should be considered in the differential diagnosis of a cystic lesion of the mediastinum, especially in endemic regions. Chest CT is the most efficient method of diagnosing these lesions. Surgical removal remains the treatment of choice for mediastinal echinococcosis. To avoid recurrence, additional adjuvant medical therapy is recommended.

References


*S Sehgal, B Mishra, A Thakur, V Dogra, PS Loomba, A Banerjee

Department of Microbiology, G.B. Pant Hospital, New Delhi -110 001, India

OCHROBACTRUM ANTHROPI SEPTICAEMIA

Ochrobactrum anthropi is an emerging opportunistic pathogen in immunocompromised patients. We report a case of septicaemia due to O. anthropi in an elderly male patient with coronary artery disease with severe left ventricular dysfunction admitted in the Intensive coronary care unit. Following intraaortic balloon pump (IABP) insertion, the patient developed a haematoma at the local site, which led to septicemia. In spite of intensive treatment, the condition of the patient continued to deteriorate and he died on the seventh day. This infection with the microbiological characteristics useful for identification of the organism is described.

Key words: Ochrobactrum anthropi, nonfermenter, septicemia

Ochrobactrum anthropi, formerly designated as Centers for Disease Control (CDC) groups Vd-1 and Vd-2, is an oxidase-positive, gram-negative, nonfermenting bacillus that oxidizes glucose and grows readily on MacConkey agar. It is an emerging pathogen in immunocompromised patients and is associated with implantation of foreign bodies particularly indwelling central venous catheters. The organism is capable of survival in water and can adhere to the silicon material of catheters. Acquisition of this pathogen via contaminated pharmaceuticals and puncture wounds has also been reported. We report the clinical and microbiological characteristics of O. anthropi in a patient following intraaortic balloon pump (IABP) insertion.

Case Report

A 64-year-old male, a known case of hypertension, diabetes and coronary artery disease with left ventricular dysfunction, presented with severe chest pain and was admitted in the intensive coronary care unit. The patient

www.ijmm.org