

Letters to the Editor

Gemella haemolysans: a rare and unusual cause of infective endocarditis

Sir,

Bacterial endocarditis is a serious complication of cardiac disease with a mortality of between 10% and 20%.¹ Mitral valve prolapse has been reported as the underlying cardiac abnormality in 10% of cases.² We report a case of endocarditis caused by *Gemella haemolysans* in a 74 year old man with mitral valve prolapse. We believe this to be the first case reported in the United Kingdom.

A 74 year old man diagnosed 10 years previously as having mitral regurgitation secondary to mitral valve prolapse was admitted with a 2-month history of non-specific myalgia and headaches. For 2 weeks he had had night sweats and rigors. He had not undergone any invasive procedures. On examination his temperature was 38.5°C. There was a faint macular rash on both legs and signs of mitral regurgitation. Echocardiography showed prolapse of the posterior leaflet of the mitral valve with a small mass attached suggestive of a vegetation. A Gram-variable coccus was isolated from all 6 blood cultures and endocarditis of the mitral valve was diagnosed.

Identification of the isolate was attempted using the API 20 Strep system and this suggested *Gemella haemolysans* or *Streptococcus morbillorum*. It was confirmed as *G. haemolysans* by the National Collection of Type Cultures, Colindale. The organism was sensitive to penicillin (minimal inhibitory and bactericidal concentrations of 0.015 mg/l and 0.03 mg/l respectively) and he was given intravenous benzyl penicillin and intravenous gentamicin daily. He became afebrile within 48 hours and remained so. After 2 weeks the penicillin was replaced by oral amoxicillin for 4 further weeks and the gentamicin given intramuscularly for 2 further weeks. Following cessation of antibiotics he continued to remain afebrile, with negative blood cultures.

Mitral valve prolapse is well recognized as predisposing to infective endocarditis. In this case the organism responsible for the infection, *G. haemolysans*, is most unusual. The organism is considered to be a commensal of the upper respiratory tract. The exact taxonomy of this species is disputed but *G. haemolysans* is related to the Streptococci and is biochemically similar to *Streptococcus morbillorum*,³ an organism which has also been reported as a cause of endocarditis.⁴ Infections caused by *G. haemolysans* were unknown until 1978–9 when three cases of endocarditis were reported in France.⁵ There have been further reports of *Gemella* infections from France, including two cases of septicaemia and a further case of endocarditis.⁶ A case of post-neurosurgical meningitis caused by *G. haemolysans* was reported from Oxford in 1985.⁷ The strains isolated in all of the reported cases were highly sensitive to penicillin and synergy between penicillin and gentamicin has been demonstrated.⁸ In this case the infection rapidly responded to antibiotic therapy and the patient continues to remain well with no deterioration of his mitral valve disease.

Acknowledgement

We are grateful to Mr H. Malnick of the National Collection of Type Cultures, Public Health Laboratory Service, Colindale, for the confirmation of the identity of this organism.

M.J. Brack
P.G. Avery
P.J.B. Hubner
R.A. Swann¹

Regional Cardiothoracic Unit,
Groby Road Hospital,
Groby Road,
Leicester LE3 9QE and
¹Department of Microbiology
and Public Health Laboratory,
Leicester Royal Infirmary,
Infirmary Road,
Leicester, UK.

References

1. Baron, D.W. & Hickie, J.B. Changing concepts in the management of infective endocarditis. *Med J Aust* 1977, **1**: 767.
2. Corrigan, D., Bolen, J., Hancock, E.W. & Popp, R.L. Mitral valve prolapse and infective endocarditis. *Am J Med* 1977, **63**: 215–222.
3. Berger, U. & Pervanidis, A. Differentiation of *Gemella haemolysans* from *Streptococcus morbillorum*. *Zbl Bakt Hyg* 1986, **261**: 311–321.
4. Maxwell, S. Endocarditis due to *Streptococcus morbillorum*. *J Infect* 1989, **18**: 67–72.
5. Chatelain, R., Croize, J. Rouge, P. *et al.* Isolement de *Gemella haemolysans* dans trois cas d'endocardites bactériennes. *Med Mal Infect* 1982, **12**: 25–30.
6. Laudat, P., Cosnay, P., Icole, B., Raoult, A., Raynaud, P. & Brochier, M. Endocardite à *Gemella haemolysans*: une nouvelle observation. *Med Mal Infect* 1984, **14**: 159–161.
7. Mitchell, R.G. & Teddy, P.J. Meningitis due to *Gemella haemolysans* after radiofrequency trigeminal rhizotomy. *J Clin Pathol* 1985, **38**: 558–560.
8. Buu-Hoi, A., Sapoeira, A., Branger, C. & Acar, J.F. Antimicrobial susceptibility of *Gemella haemolysans* isolated from patients with subacute endocarditis. *Eur J Clin Microbiol* 1982, **14**: 159–161.

Chlorhexidine-induced gastritis

Sir,

Acute gastritis is caused by a variety of ingestants and systemic conditions which have in common either a direct action on the surface epithelial cells or an indirect action on the mucous membrane through a reduction in blood flow and inhibition of the normal cellular turnover.¹ We report a case of gastritis induced by self ingestion of chlorhexidine gluconate 4% (Hydrex). To our knowledge, this has not previously been reported.

A 72 year old man was admitted to St Charles' Hospital