

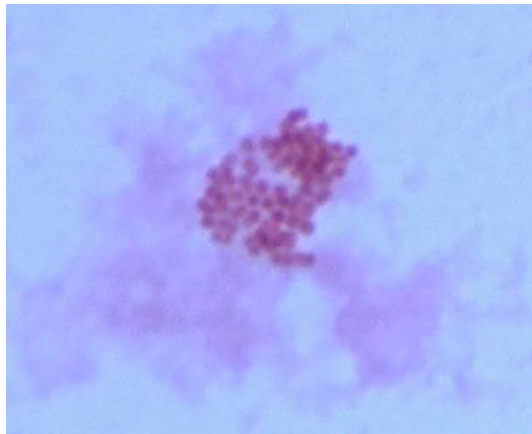
Endocarditis due to *Gemella morbillorum*

Takashi Shinha

Key words: *Gemella*, viridans streptococcus, endocarditis

(Intern Med 56: 1751, 2017)

(DOI: 10.2169/internalmedicine.56.8253)



Picture.

A 37-year-old man with a history of intravenous drug abuse presented with a 1-month history of a fever, chills and fatigue. The presence of a systolic ejection murmur was observed at the apex on a cardiac examination. Transesophageal echocardiography revealed a vegetation measuring 12 mm × 10 mm on the aortic valve. Multiple blood cultures turned positive; Gram staining revealed what appeared to be a Gram-negative coccus (Picture). *Gemella* species are Gram-positive cocci and were previously considered

to be viridans streptococci. *Gemella* spp. are commonly found as normal residents of the oral and gastrointestinal tracts, and they tend to cause endocarditis among patients with valvular diseases (1). *Gemella* spp. tend to decolorize easily on Gram staining due to their relatively thin cell walls; therefore, they may appear Gram-negative. The definitive identification of *Gemella* spp. is of clinical importance, since the treatment of endocarditis due to *Gemella* spp. requires a more intense and prolonged course of antibiotic therapy than usual. It normally requires the same treatment regimen as *Enterococcus* species (2).

The author states that he has no Conflict of Interest (COI).

References

1. Facklam RR. Physiological differentiation of viridans streptococci. *J Clin Microbiol* **5**: 184-201, 1977.
2. Taimur S, Madiha R, Samar F, Bushra J. *Gemella morbillorum* endocarditis in a patient with a bicuspid aortic valve. *Hellenic J Cardiol* **51**: 183-186, 2010.

The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).