

## COMMUNITY ACQUIRED CARBAPENEM RESISTANT ENTEROBACTER (CRE) MONOMICROBIAL NECROTISING FASCIITIS (NF) OF THE LOWER LIMB

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**Introduction:** *Klebsiella pneumoniae* (KP) is emerging as pathogenic organism of a monomicrobial necrotizing fasciitis and associated with a high mortality rate. Two emerging *klebsiella pneumoniae* strains are hypervirulent which are hypermucoviscous and carbapenem-resistant strains. We report a case of necrotizing fasciitis of lower limb caused by community acquired carbapenem-resistant KP (CR-KP).

**Discussion:** A 28 year old restaurant truck driver with underlying type 1 Diabetes Mellitus presented with fever and swollen right heel for 1 month. On admission, he was found to be lethargic, foul smelling 8x6cm wound at the right heel with sloughy base. His right foot radiograph showed gas shadow at the heel region. Systematically, he was in sepsis requiring noradrenaline infusion support and he was in diabetic ketoacidosis (DKA) condition secondary to the ongoing infection. Upon further questioning, he was only given tablet ampicillin-sulbactam for the past one month for his right heel swelling. There were no other surgeries. A series of surgical debridements were done within few days. However, when another bout of DKA resurfaced, right below knee amputation was done in which his DKA resolved within 24 hours. His blood culture and tissue culture returned as carbapenem resistant enterobacterie *Klebsiella pneumoniae*. He was treated with intravenous meropenem for two weeks and discharged after obtaining blood culture clearance and wound improved.

**Conclusion:** Carbapenem resistant *Klebsiella pneumoniae* is a virulent form of CRE. This case was a community acquired CRE with exposure to only one antibiotic prior to admission.