

exposure to multiple antibiotics, and skin disruption. There is evidence that *C. jeikeium* is part of the inguinal, axillary, genital, and perirectal flora of hospitalized patients.

Broad-spectrum antimicrobial therapy appears to select for colonization. The organisms appear as gram-positive coccobacillary forms slightly resembling streptococci. *C. jeikeium* is resistant to the majority of antibiotic classes except oxazolidinones (e.g., linezolid) and glycopeptides (e.g., vancomycin). Effective therapy involves removal of the infectious source, whether a catheter, prosthetic joint, or prosthetic valve. Efforts have been made to prevent *C. jeikeium* infection with strict institution of infection control protocols for high-risk patients, particularly those in intensive care units.

***C. urealyticum* (Group D2)** Identified as a urease-positive nondiphtherial *Corynebacterium* in 1972, *C. urealyticum* is an opportunistic pathogen causing sepsis and urinary tract infection. *C. urealyticum* appears to be the etiologic agent of a severe urinary tract syndrome known as *alkaline-encrusted cystitis*, a chronic inflammatory bladder infection associated with deposition of ammonium magnesium phosphate on the surface and walls of ulcerating lesions in the bladder. In addition, *C. urealyticum* has been associated with pneumonia, peritonitis, endocarditis, osteomyelitis, and wound infection. It is similar to *C. jeikeium* in its resistance to most antibiotics except oxazolidinones and glycopeptides. Vancomycin therapy has been used successfully in severe infections.

***C. minutissimum* (Erythrasma)** Erythrasma is a cutaneous infection producing reddish-brown, macular, scaly, pruritic intertriginous patches. The dermatologic presentation under the Wood's lamp is of coral red fluorescence. *C. minutissimum* appears to be a common cause of erythrasma, although there is evidence for a polymicrobial etiology in certain settings. This microbe has also been associated with bacteremia in patients with hematologic malignancy. Erythrasma responds to topical erythromycin, clarithromycin, clindamycin, or fusidic acid, although more severe infections may require oral macrolide therapy.