

pathogen associated with skin and soft tissue infections after the tsunami in Thailand. Along with other gram-negative organisms such as *Shewanella* and *Chromobacterium*, *Aeromonas* infections are associated with floods and other hydrologic disasters. *Aeromonas* infection and sepsis can occur in patients with trauma (including severe trauma with myonecrosis), patients with seawater-contaminated wounds, and burn patients exposed to the organism by environmental (freshwater or soil) wound contamination. Reported mortality rates range from 25% among immunocompromised adults with sepsis to >90% among patients with myonecrosis. Patients with *A. dhakensis* bacteremia have higher 14-day mortality rates than do those whose bacteremia is attributable to other species. *Aeromonas* can produce ecthyma gangrenosum (hemorrhagic vesicles surrounded by a rim of erythema with central necrosis and ulceration; [see Fig. A1-34](#)) resembling the lesions seen in *Pseudomonas aeruginosa* infection. This organism causes nosocomial infections related to catheters, surgical incisions, or use of leeches. Other manifestations include meningitis, peritonitis, pneumonia, and ocular infections.

TREATMENT

***Aeromonas* Infections**

([Table 158-2](#)) *Aeromonas* species are generally susceptible to fluoroquinolones (e.g., ciprofloxacin at a dosage of 500 mg every 12 h PO or 400 mg every 12 h IV), third- and fourth-generation cephalosporins, carbapenems, and aminoglycosides, but resistance to all those agents has been described. Because *Aeromonas* can produce various β -lactamases, including carbapenemases, susceptibility testing must be used to guide therapy. Antibiotic prophylaxis (e.g., with ciprofloxacin) is indicated when medicinal leeches are used.

***Elizabethkingia/Chryseobacterium* Species** *Elizabethkingia meningoseptica* (formerly *Chryseobacterium meningosepticum*), a nonfastidious aerobic nonfermentative gram-negative bacillus, is an important cause of nosocomial infections, including outbreaks due to