

Unusual Case of *Streptococcus mitis* and *Streptococcus milleri* Group Chorioamnionitis and Maternal Septicemia

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Introduction

- *Streptococcus mitis* is a common constituent of oral flora, and *Streptococcus milleri* group is found in oropharyngeal, gastrointestinal, and genitourinary flora.
- Cases of *S. mitis* chorioamnionitis have been reported in association with periodontal disease and oral sex.¹⁻³

Aim

The purpose is to report a rare case of *S. milleri* group and *S. mitis* chorioamnionitis and maternal septicemia.

Case

Presentation

- A 35-year-old nulliparous woman underwent induction at 40+2 weeks gestation for gestational hypertension.
- She developed a fever intrapartum and was commenced on intravenous antibiotics for sepsis.
- Due to fetal tachycardia and recurrent variable decelerations in combination with maternal sepsis, she underwent an emergency Caesarean section 12 hours post rupture of membranes and delivered a live female infant with APGAR scores of 3 and 9 at 1 and 5 minutes.
- Blood cultures taken at time of initial fever and placental swabs were both positive for *S. mitis* and *S. milleri* group.

Progress

- Urine, high vaginal, fecal, breast milk cultures were negative for any growth.
- She underwent various imaging for intermittent episodes of tachypnea, right upper quadrant and suprapubic pain, and lumbar back pain, including CT abdomen/pelvis, echocardiogram, MRI lumbar spine, and pelvic ultrasound. None of these revealed any significant results to indicate source of infection.
- The patient denied a history of recent dental issues and any sexual activity leading up to delivery.
- Her stay was prolonged due to recrudescing fevers despite being on appropriate antibiotic therapy. She was discharged 11 days postpartum and completed a 14-day course of antibiotics.
- She was well at follow-up appointments 3 and 6 weeks postpartum and was recommended to seek a dental review for exclude gingivitis.

Discussion

- Unknown source of maternal septicemia and chorioamnionitis made this a perplexing case.
- This patient had no risk factors for cases of similar presentation, including prolonged rupture of membranes, cunnilingus from partner with gingivitis, nor a recent history of dental procedures.

References

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