Conclusions In our study S. aureus strains obtained from children purulent-infectious diseases have high sensitivity to aminopenicillin with clavulan acid, meropenem, some cephalosporins, gentamicin. Among clinical strains of S. aureus we found methicillin- and even vancomycin-resistant microorganisms.

Object To present a rare case of Lemierre syndrome in a 13 year old girl.

Case Report The child presented with pyrexia, pharyngitis and dysphagia of 9 days duration. On the fifth day of pyrexia she developed a painful mass on the left side of her neck with bilateral tonsillar enlargement with exudate.

The patient underwent cervical ultrasound and magnetic resonance angiography of the brain that revealed septic thrombophlebitis of the left internal jugular vein. Antibody testing for cytomegalovirus, Toxoplasma gondii and Bartonella henselae were negative for active infection. Blood cultures did not have any growth. Computed tomography of the chest revealed multiple bilateral septic emboli, although the patient did not have any overt respiratory symptoms.

The patient received intravenous ceftriaxone and clindamycin for 3 weeks, followed by amoxicillin-clavulanic acid orally for another 3 weeks along with anticoagulation therapy for 3 months in total.

Three months later, she was clinically asymptomatic, computed tomography of the chest was clear and the thrombophlebitis of the left internal jugular vein was stable.

Almost two years later, the patient remains in a very good clinical condition without any similar recurrences.

Conclusions Lemierre syndrome is a rare combination of tonsillitis and septic thrombophlebitis of the left internal jugular vein caused primarily by Fusobacterium necrophorum, an obligate anaerobic gram-negative rod. In our case, we did not isolate the causative agent, however the patient had an excellent outcome with antibiotic and anticoagulation therapy without any surgical intervention.

HEPATOSPLENIC CAT-SCRATCH DISEASE IN A 12-YEARS-OLD GIRL

Background Cat-scratch disease (CSD) is an infectious disease typically characterized by a self-limited regional lymphadenopathy. However, CSD can include hepatic and splenic involvement. There are few data in the literature regarding treatment of this situation.

It is stated that liver abnormalities of liver function. IgM (1/192) and IgG (1/3200) were positive for Bartonella henselae and PCR to CMV was negative, getting the diagnosis of an hepatosplenic form of CSD. Treatment with rifampicin and trimetoprim during 14 days was unsuccessful, therefore, triple therapy with rifampicin, doxycycline and azithromycin was started. Fever stopped after 6 days of treatment, but reemerged a week later, with a rebound of CRP and ESR levels. Finally, fever and analytical anomalies disappeared after several weeks, under monotherapy with azithromycin. No immunodeficiency was found.

Comments CSD must be suspected in the presence of prolonged fever with or without hepatosplenic involvement. In this case, little response was observed to the antibiotic therapy suggested in the literature, and evolution appeared to be self-limited.