

# No Cards on the Farm: A Case of Cerebral Nocardiosis

David M. Fletcher<sup>1</sup>, Hunter Ratliff<sup>2</sup>, Daphne-Dominique Villanueva<sup>2</sup>

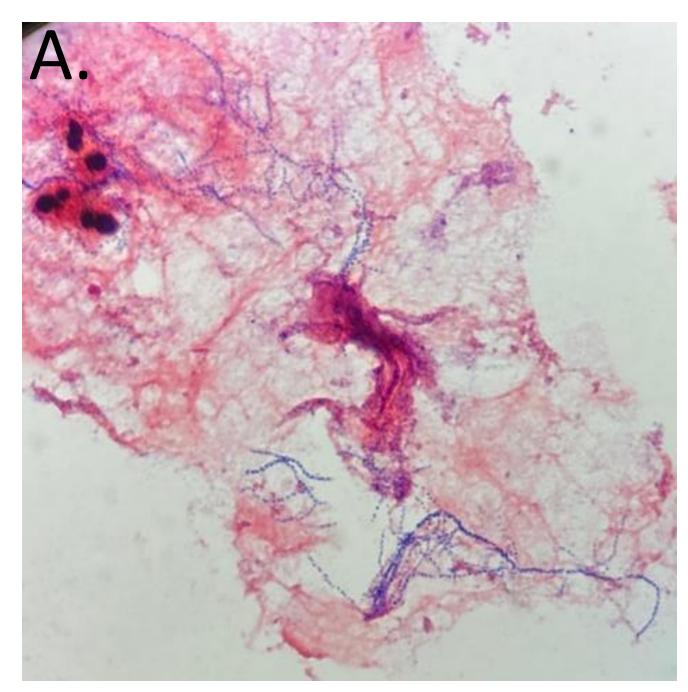
<sup>1</sup>West Virginia University School of Medicine, Morgantown, WV.

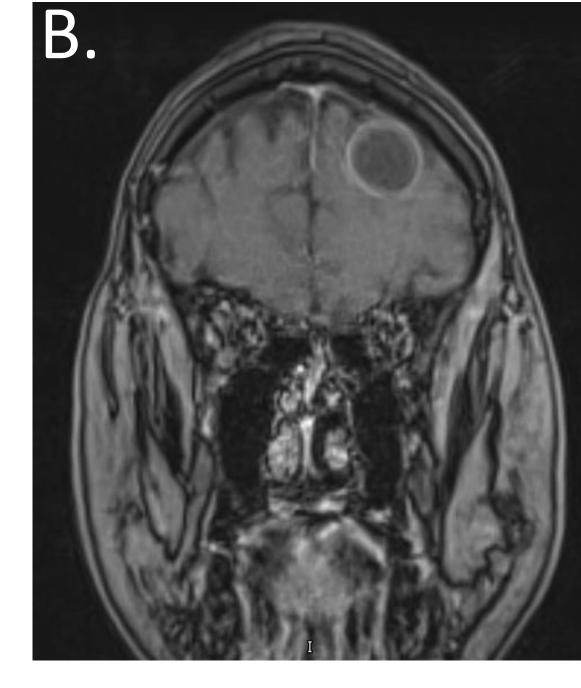
<sup>2</sup>Divison of Infectious Disease, Department of Internal Medicine, West Virginia University Medicine, Morgantown, WV.



Introduction

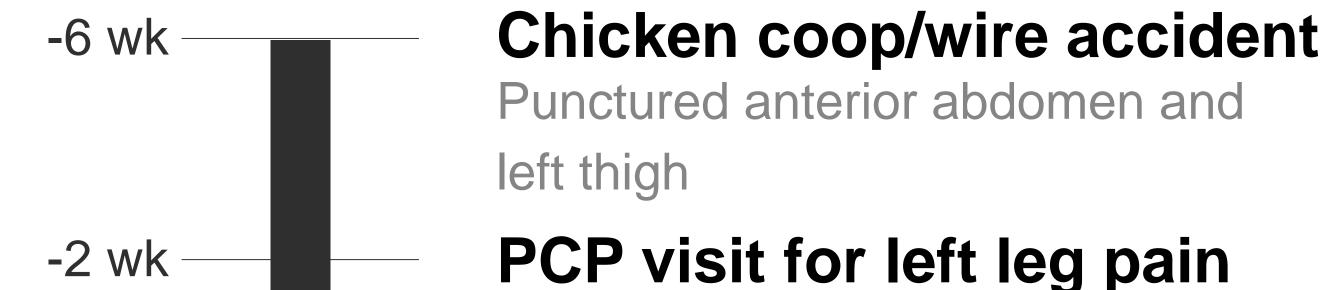
- Nocardia farcinica is a gram-positive, catalasepositive, filamentous, rod-shaped bacteria that is found in organic soil matter.<sup>1</sup> Infections of the brain parenchyma by Nocardia are rare and can pose a challenge to treat.
- Cerebral nocardiosis represents 2% of all cerebral abscess cases.<sup>2</sup>
- Most Nocardia spp. are sensitive to a combination of multiple antibiotics (TMP-SMX, carbapenems, third generation cephalosporins, linezolid).<sup>2,3</sup>
- The empiric treatment for disseminated nocardiosis includes TMP-SMX with at least one other antibiotic.<sup>3</sup>





**Image 1: Cultured** *Nocardia farcinica* and patient's MRI scan. **A.** Biopsy of the frontal abscess when cultured grew *Nocardia farcinica*. **B.** T1 MRI reveals a 2.3 cm ring enhancing lesion in the patient's left frontal lobe.

### Case Presentation



Prescribed doxycycline

#### Admission

Day 0

Day 2

Day 11

3 subcutaneous abscesses: 1
abdominal, 2 leg
Presents with pain, sepsis-like
symptoms
I&D of abscesses: *S. epidermidis*, *N. farcinica*, and *R. planticola*MRI for other possible abscesses

## Surgery for frontal abscess

MRI revealed left frontal lobe abscess
Neurosurgery drained abscess
Cultures grew same strand of *S. epidermidis*, *N. farcinica*ID started linezolid, trimethoprimsulfamethoxazole (TMP-SMX), and amoxicillin/clavulanic acid

Discharge

#### Discussion

- Because this patient had a cerebral abscess, TMP-SMX was chosen due to its excellent central nervous system penetration.
- Carbapenems (imipenem) would be contraindicated in this patient due to their increased seizure risk.
- The patient had risk factors for developing a frontal abscess such as recurrent sinus infections and numerous dental issues.
- It is suspected that the *Nocardia* spread to the cranium hematogenously.
- This case illustrates the importance of determining the causative organism for a given infection. A thorough history and critical communication between provider and laboratory are necessary to support antibiotic stewardship and provide patient-centered care.

## References

- 1. Beaman, B. L., & Beaman, L. (1994). Nocardia species: host-parasite relationships. *Clinical microbiology reviews*, 7(2), 213–264. https://doi.org/10.1128/CMR.7.2.213
- 2. Baldawa S, Nayak N, Kukreja S, D'souza D, Diyora B, Sharma A. Cerebral nocardiosis. (2014). *Asian Journal of Neurosurgery*, 9(4), 245–245. doi:10.4103/17935482.146661
- 3. Paige E, Spelman D. (2019). Nocardiosis: 7-year experience at an Australian tertiary hospital. *Internal Medicine Journal*, 49(3), 373-379. doi: 10.1111/imj.14068.