A Rare Case of Neck Abscess Caused by *Salmonella paratyphi* A
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**Abstract:** A rare case of neck abscess due to *S. paratyphi* along with conventional antibiotics resistant was retorted from UT of Dadra & Nagar Haveli, India. The results supports that the *S. paratyphi* A is capable to causing both intestinal and extra-intestinal infections in humans. It highlights the fact that *S. paratyphi* A should be included in differential diagnosis of abscesses in individuals coming from endemic areas & should be treated accordingly. Awareness of unusual clinical presentations of *S. paratyphi* an infection is important for physicians.

**Keywords:** *Salmonella paratyphi* A, Neck abscess, extra-intestinal infection

**INTRODUCTION**

*Salmonella paratyphi* A (*S. paratyphi* A), is Gram-negative bacterium and one of the causative agents of enteric fever. The organism bypass gastric defenses, multiply, penetrate the intestinal mucosa and disseminate via systemic circulation, causing infection [1]. The extra-intestinal infectious complications occur with *S. paratyphi* A infection is rare [2]. The selected workers have been reported extra-intestinal infectious complications like pulmonary system [3], hepatobiliary system [4-5], urogenital system [6-8], Head and neck infections[9-11], breast abscess[12-13]. This report presents a rare case of neck abscess caused by *S. paratyphi* A, a typhoidal *Salmonella* serovar, with classical presentations of enteric fever in past, translucent; non-lactose fermenting colonies were obtained on MacConkey’s agar. The isolate was identified as *S. paratyphi* A by Vitek-2 system (bioMerieux) and also by conventional biochemical reactions. The blood culture obtained found sterile after seven day. Serotyping of isolate suggested 2, 12 a type of antigenic structure . The Antibiotic sensitivity report suggested that the organism was sensitive to ampicillin, amoxicillin–clavulanic acid, ceftriaxone, Cefoperazone, Cefoperazone/sulbactam, Cefapine, Eratapenem, Imipenem, Meropenem, Tigecycline, Nitrofurantoin, Colistin, rimethoprim/Sulphamethoxazole.

The organism Resistant to Pipercillin/Tazobactum, Cefuroxime, Cefuroxime Axetil, Amikacin, Gentamicin, Nalidixic acid and Ciprofloxacin. On the basis of sensitivity, patient was treated for 3 days before admission. The Patients was treated 3 days with amoxicillin–clavulanic acid before to drain and debridement. The patient was treated seven days after drain and debridement of neck abscess with the same antibiotic and discharged. No recurrent abscess was observed for three months in follow up visits.

**DISCUSSION**

*S. paratyphi* A is true pathogen, capable of causing both intestinal and extra-intestinal infections in humans. However, the inherent virulence and host resistance are the deciding factors for the different types of the organism.
of manifestations. The neck abscess due to *S. paratyphi* A is very rare and only Behera et al, 2012 has reported similar case from the Yashoda Superspeciality Hospital, Andhra Pradesh, India. The previous workers have been encountered the resistance of *S. paratyphi* A to nalidixic acid [12], ciprofloxacin and levofloxacin [5]. However, the results of present investigation was suggestive that the organism was shown resistance to Amikacin, Gentamicin, Ciprofloxacin, Piperacilline/Tazobactum, Cefuroxime Axetil, Cefuroxime and Nalidixic acid. The result of antibiotic sensitivity of *S. paratyphi* A indicates the increasing trend in antibiotic resistance.

**REFERENCES**


