

A rare polypnea: a case report

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Background. One of the main public health issues is the Carbapenemase's resistance in the Enterobacteriaceae. Furthermore, polypnea must be taken under high attention for proper and early diagnosis of sepsis.

Case presentation. This case is about a newborn from an emergency eutocic delivery, due to foetal heartbeat's alteration. Maternal vaginal swab negative for GBS. At birth: dyspnoea and meconium inhalation, oxygen therapy needed. At the chest x-ray: thickening of the lung parenchyma. Positive CRP: fearing the spread of sepsis, therapy with Ampicillin and Gentamicin was started. At the 5th day: persisting of polypnea and food vomiting. Second chest x-ray: improvement in the lungs but distension of intestinal loops. Blood culture positive for KPC-producing bacteria: started meropenem, discontinued gentamicin, added Fosfomycin. Health surveillance activated: isolation of the newborn, KPC rectal swabs for the mother (negative) and newborns of the ward (6 positive).

At 28th day fever peak and tachypnoea. Unsuccessful antibiotics? Add ceftazidime/avibactam?

Blood cultures positive also for *C. parapsilosis*, fluconazole sensitive.

Following sepsis due to KPC-producing bacteria and colonization of six children, for the past year we have been carrying out specific rectal swabs: at birth, at 4 days and on discharge.

Conclusions. The number of infections with MDR Gram-germs is increasing; the use of antimicrobials contributes to the development of fungal infections; prevention of the spread of these germs is vital, through infection control measures: methodological approach is mandatory at the hospital surveillance; affected newborn, compared to others with similar characteristics, presented meconium aspiration: meconium constituted the pabulum for this germ.