Review of: "Aerococcus urinae Endocarditis: An Emerging Infectious Disease"

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Potential competing interests: No potential competing interests to declare.

Case Report

". The INR was = 1.8, …." ;what are the values of pct and crp ?

"At surgery, his aortic valve showed significant leaflet destruction, with vegetations present and perforations at the base between the right and left coronary cusps" ; were the gram-positive cocci visible on pathological examination ? and coloration gram ? was there a culture and or a PCR 16s on the vegetations ?

Discussion

-"AU is a Gram-positive, microaerophilic, catalase-negative, alpha-hemolytic" (differential diagnosis with streptococci)

-*"Aerococcus urinae* isolates are usually susceptible to penicillin G and ampicillin as well as ceftriaxone, cefotaxime, meropenem, and vancomycin." ; fluoroquinolones which diffuse well in the urine, prostate, and on the biofilm are also active. But emergence of resistance to fluoroquinolones could also be a cause of therapeutic failure, and increases in aerococcal infections

"Aerococcal infections in general, and aerococcal endocarditis in particular, may have been underreported in the past due to lack of confirmatory identification, difficulties in growing the organism, and misidentification as another organism" ; like streptococci

"…and the advent of numerous on-line journals that accept case reports for publication, making it easier to publish such cases. " and perhaps also the increase in valvular replacement ?