

***Vibrio alginolyticus* in the U.K.**

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Sir,

Vibrio alginolyticus is a rare infection in the U.K. In 1976 two patients with wound infection and one with otitis externa were reported by Ryan.¹ Reports from elsewhere include cases of conjunctivitis,² intracranial infection following injury,³ peritonitis in ambulatory peritoneal dialysis,⁴ and bacteraemia.⁵

A 40-year-old woman sustained a laceration to her left lower leg while swimming off the coast of Cornwall. Following suture the lower half of the wound became red and painful with erythema and central necrosis. Swabs were sent for culture. The patient was given a 2-week course of Cephadrine 250 mg q.d.s. but the wound remained red and painful. Oxytetracycline 500 mg t.d.s. was then administered for 2 weeks with subsequent healing and resolution of symptoms.

Culture plates were incubated in air at 37 °C and after 24 h revealed a heavy growth of a halophilic organism. On Columbia blood agar the culture produced round colonies which were 2 mm in diameter, convex, grey, translucent and smooth becoming larger, more irregular, and rather tenacious on further growth. A highly pleomorphic Gram-negative organism with bacillary, filamentous, coccoid, and swollen round forms was seen on staining. Some comma-shaped cells were present. On subculture to thiosulphate citrate bile salt medium there was a heavy growth of large, smooth, yellow colonies. The isolate was motile, swarmed at 22 °C but failed to grow at 42 °C. Conventional biochemical tests and results from API 20 NE identified the organism as *V. alginolyticus*. This was confirmed by the Division of Enteric Pathogens, Central Public Health Laboratory, Colindale. The culture was sensitive to gentamicin, cephradine, tetracycline, ciprofloxacin and colistin but resistant to penicillin, ampicillin, erythromycin, and carbenicillin.

Vibrio alginolyticus may have a colonial morphology similar to aerobic spore bearers and *Pseudomonas* sp. and requires differentiation by Gram-stain and biochemical tests. A history of contact with sea water should alert clinicians and microbiologists to the possibility of *V. alginolyticus* infection which should respond to tetracycline.

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