Nonserotypeable Shigella dysenteriae isolated from a Dutch patient returning from India (letter)
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Published in:
European journal of clinical microbiology & infectious diseases

DOI:
10.1007/BF01708247

Citation for published version (APA):
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Shigellosis or bacillary dysentery is an acute diarrhoeal disease predominantly involving the large bowel. Shigella dysenteriae, the classical cause of severe bacillary dysentery, is commonly found in travellers with diarrhoea who have visited Africa, South and Central America, or Southeast Asia. Shigella dysenteriae is usually identified by biochemical reactions and serotyping and encompasses 15 serotypes for which commercial antisera are available (1). Recently, we cultured a new provisional serotype of Shigella dysenteriae from a Dutch patient with dysentery who had returned from India.

The patient, a 52-year-old male, developed high fever, chills, abdominal cramps, and watery diarrhoea just before returning home from a six-week visit to southern India. Twenty-four hours after his return to Amsterdam, his diarrhoea changed to a bloody defecation and he visited the outpatient clinic of tropical medicine at our institution. The physical examination was normal except for abdominal tenderness. Signs of ileus or peritonitis were absent. His body temperature was 37.7°C. Laboratory tests revealed mild dehydration: haemoglobin 9.2 mmol/l, sodium 135 mmol/l, potassium 3.2 mmol/l, and creatinine 100 μmol/l. The leucocyte count was 3.6 x 10⁹/l (71% neutrophils, 24% lymphocytes, and 5% monocytes). The quantitative buffy coat analysis and thick smear for malaria were negative. A fresh stool sample examined microscopically for parasites was negative. Since the presumptive clinical diagnosis was enterocolitis due to Shigella, enteroinvasive Escherichia coli, Salmonella, or Campylobacter, treatment with ciprofloxacin 500 mg b.i.d. was initiated. The symptoms of enterocolitis completely resolved within the next 48 h.

All faecal cultures remained negative except for a Shigella-like strain that was isolated from the MacConkey-tellurite agar medium. This isolate had all of the characteristics of Shigella dysenteriae (Table 1), but slide-agglutination using sera encompassing Shigella dysenteriae serotypes 1–10 (Murex Diagnostics, UK) was negative. Additionally, the strain did not react with specific antisera against Shigella dysenteriae serotypes 11–15, Shigella flexneri (types 1–6, groups 3, 4, 6, 7, 8), Shigella boydii (types 1–19), or Shigella sonnei (forms I and II), as confirmed by Dr. B. Rowe, Laboratory of Enteric Pathogens, Central Public Health Laboratory, Colindale, London, UK, and Dr. N.A. Strockbine, WHO Collaborating Center for Shigella, Centers for Disease Control and Prevention, Atlanta, GA, USA. The strain contained the ipaH gene, present chromosomally and located on the invasion plasmid of Shigella spp. and enteroinvasive Escherichia coli isolates, as shown by the polymerase chain reaction using the appropriate primers and oligonucleotides for hybridisation (2). Susceptibility testing by disk diffusion showed that the isolate was susceptible to amoxicillin, ceftriaxone, gentamicin, nalidixic acid, and ciprofloxacin and resistant to tetracycline, trimethoprim-sulphamethoxazole, and chloramphenicol.

Because of the findings of the biochemical tests, the inability of known Shigella antisera to recogn...
nise this isolate, and the presence of the *ipaH* gene, we conclude that this strain represents a provision-
al new serotype of *Shigella dysenteriae*. The strain is currently under further investigation, and pre-
liminary data (reviewed by Dr. N.A. Strockbine) show that it is antigenically related to *Escherichia
coli* O159.

Historically, *Shigella dysenteriae* consisted of ten serotypes that can be recognised with commercial anti-
ersa (1). However, since 1990, five new sero-
types designated as 11, 12, 13, 14, and 15 have been identified by several laboratories (3–5). In partic-
ular, serotypes 14 and 15 are recovered from pa-
tients in India and Bangladesh. Since none of the commercially available antisera recognises these new serotypes, the proportion of each serotype among *Shigella dysenteriae* strains causing diar-
rhoea in patients returning from India or Bangla-
desh is currently unknown. Therefore, we suggest that *Shigella dysenteriae* strains biochemically identified but not recognized by the available anti-
sera be sent to a reference laboratory for addi-
tional typing.

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