Group A Streptococcus Bacteremia after Hemorrhoidectomy

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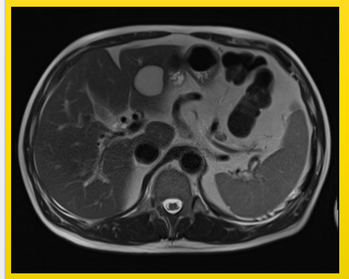
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Introduction

Hemorrhoidectomy is a common colorectal procedure and is relatively low risk. Life-threatening complications such as bacteremia are uncommon and are typically due to gram negative organisms such as E. coli and Bacteroides. We present a case of Group A Streptococcus bacteremia following hemorrhoidectomy.

Figure 3 MRI showing peripheral discontinuous nodular enhancement with delayed fill-in; consistent with benign hemangioma



References Lee CY, Lee YJ, Chen CC, Kuo LJ. Streptococcal toxic shock syndrome after hemorrhoidectomy: A case report. World J Clin Cases. 2021 Nov 26;9(33):10238-10243. doi: 10.12998/wjcc.v9.i33.10238. PMID: 34904094; PMCID: PMC8638029.
McCloud JM, Jameson JS, Scott AND. Life-threatening sepsis following treatment for haemorrhoids: a systematic review. *Colorectal Dis*. 2006;8(9):748-755. doi:10.1111/j.1463-1318.2006.01028.x

Case Report

This is a case of a 60-year-old man who underwent elective 3 column hemorrhoidectomy (left lateral and right anterior/posterior). On post-op day 7, he re-presented following 48 hours of chills and fever of 39 °C without leukocytosis. Chest x-ray was unremarkable. CT abdomen and pelvis with contrast showed a small amount of free fluid along the rectosigmoid colon and distal rectal wall thickening. Incidental 3.0 x 3.6 cm hepatic lesion was also noted within segment 3. Blood cultures were obtained, IV ceftriaxone and metronidazole were initiated, and the patient was consented for anorectal examination under anesthesia with anoscopy. Intraoperatively, previous suture lines showed adequate hemostasis and no signs of infection, abscess, or necrosis. Infectious Disease switched the patient to vancomycin until blood cultures came back as pan susceptible Streptococcus Pyogenes. Ceftriaxone was re-initiated. Echocardiogram showed no signs of infectious endocarditis and liver MRI found the hepatic lesion to be consistent with benign hemangioma. Blood cultures re-drawn on hospital day 3 and the patient was discharged with PICC line for 2 weeks of IV antibiotics.

Discussion

The most common complications following hemorrhoidectomy include bleeding, pain, and urinary retention. Bacteremia is an uncommon complication and has been reported to occur in up to 8% of cases**.** In cases of bacteremia following hemorrhoidectomy, the most common causative organisms include E. coli, B. fragilis, and S. aureus. Streptococcus pyogenes is an exceedingly rare causative organism in these patients and few cases have been reported in the literature. In these patients, delayed presentation is common and can results in life-threatening sepsis, shock, and death. Given its rarity, thorough diagnostic work-up is necessary to rule-out more common sources and properly identify the source of infection. Our case demonstrates a quality outcome in a patient at high-risk of further complications related to their bacteremia.

Figure 1 CT images showing Incidental 3.0 x 3.6 cm hepatic lesion within segment 3



Figure 2 CT imaging showing nonspecific free fluid adjacent to the rectum



Conclusions

Group A Strep bacteremia is a rare complication of hemorrhoidectomy with possible life-threatening complications. Surgeons should be aware of this possible sequela, as well as the work-up to rule out other sources of infection in this cohort of patients.