Parvimonas micra

- A rare isolation of Parvimonas micra from cerebellar abscess in a patient with complex cyanotic heart disease
- Changes in the epidemiology of pediatric sinogenic and otogenic intracranial infections during the COVID-19 pandemic: a single-institution study
- Brain abscess caused by Parvimonas micra: A rare case report and literature review
- Brain abscesses caused by anaerobic bacteria
- A Case of Brain Abscess Caused by Actinomyces Cardiffensis and Parvimonas Micra
- Parvimonas micra: A potential causative pathogen to consider when diagnosing odontogenic brain abscesses
- Brain abscess in a patient with psoriatic arthritis treated with adalimumab: A case report
- Concomitant parasagittal meningioma and adjacent intracranial abscess of occult etiology

Spinal infection caused by Parvimonas micra (P. micra) is a rare infection. The characteristic imageology includes spondylodiscitis, spondylitis, paravertebral abscess, and epidural abscess. One case of spondylodiscitis of lumbar complicated with spinal epidural abscess caused by P. micra was admitted to the Department of Spinal Surgery, Xiangya Hospital, Central South University on February, 2023. This case is a 60 years old man with lower back pain and left lower limb numbness. MRI showed spondylitis, spondylodiscitis, and epidural abscess. The patient underwent debridement, decompression and fusion surgery. The culture of surgical sample was negative. P. micra was detected by metagenomic next-generation sequencing (mNGS). The postoperative antibiotic treatment included intravenous infusion of linezolid and piperacillin for 1 week, then intravenous infusion of ceftazidime and oral metronidazole for 2 weeks, followed by oral metronidazole and nerofloxacin for 2 weeks. During the follow-up, the lower back pain and left lower limb numbness was complete remission. Spinal infection caused by P. micra is extremely rare, when the culture is negative, mNGS can help the final diagnosis [1)].

A 47-year-old woman who presented with high fever, disturbed consciousness, headache, and neck pain. Imaging studies revealed a ring-shaped enhanced mass in the left frontal lobe causing a mass effect and midline shift. Magnetic resonance spectroscopy revealed a peak alanine concentration of 1.5 ppm. Supraorbital keyhole surgery with abscess removal was performed, and a bacterial culture confirmed a diagnosis of Parvimonas micra infection. After undergoing 6-week antibiotic treatment, the patient's symptoms resolved completely. No recurrence of abscess was observed during the follow-up period. Although brain abscess caused by P. micra has rarely been reported, an odontogenic origin should be investigated, especially when a patient has a history of periodontal infection or tooth extraction [2)]

1)
Yang Y, Wu J, Hu J, Wu T. Spondylodiscitis of lumbar complicated with spinal epidural abscess caused by Parvimonas micra: A case report and literature review. Zhong Nan Da Xue Xue Bao Yi Xue Ban. 2023 Dec 28;48(12):1929-1936. English, Chinese. doi: 10.11817/j.issn.1672-7347.2023.230139. PMID: 38448387; PMCID: PMC10930756.
2)
Chen KC, Sun JM, Hsieh CT. Brain abscess caused by Parvimonas micra: A rare case report and literature review. Anaerobe. 2023 Apr;80:102711. doi: 10.1016/j.anaerobe.2023.102711. Epub 2023 Feb 1. PMID: 36736989.