

Streptococcus constellatus

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[Streptococcus constellatus](#), a coccus from the normal genital, oral, and [gut microbiota](#), has a tendency to form [abscesses](#), but not to cause infective [endocarditis](#) (IE). Also, S. constellatus is an extremely rare causative agent of [brain abscess](#).

Case reports

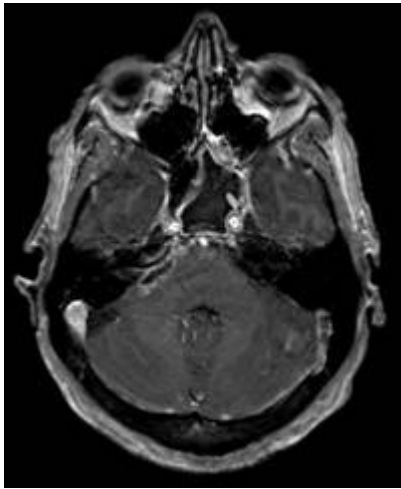
15-year-old and 12-year-old female children with subdural empyema after SARS-CoV2. The patients presented limitation of the eye in the outward gaze, impaired speech, drowsiness, fever, and vomiting and they also tested positive for COVID-19. MRI indicated subdural empyema and surgical interventions were needed to relieve intracranial pressure and drain pus after receiving broad-spectrum antibiotics treatments. The microbiological analysis of abscess material revealed Streptococcus constellatus which is extremely rare in an immunocompetent child and the patients received appropriate IV antibiotic therapy. Eventually, patients became neurologically intact. Pediatric patients with CoV infections should be closely monitored for neurological symptoms. Further research and more data on the correlation between CoV infections would provide better recognition and treatment options in an efficient manner in children ¹⁾.

García Carretero report the case of a woman with a colorectal tumor who presented with IE and [cerebellar abscesses](#) due to an S. constellatus [bacteremia](#) ²⁾.

Case report from the HGUA

A 38-year-old man underwent a molar **Tooth** extraction and has had a **fever** since then. He vomited and has a progressive generalized **headache** that is preventing him from **sleeping**.

In the **blood culture** a *Streptococcus constellatus* has grown



Extra-axial **collection** in the left **cerebellopontine angle** adjacent to the affected portion of the **cerebellar hemisphere**, consistent with an **epidural abscess**, with approximate diameters compatible with an abscess of 1.6 cm maximum diameter, 2.6 cm anteroposterior, 2.3 cm transverse, and 0.7 cm craniocaudal. There is another similar collection in the right pontocerebellar angle adjacent to the right middle cerebellar peduncle and hemipontine measuring 1.7 cm craniocaudal, 1.7 cm anteroposterior, and 0.7 cm transverse.

Supine position with right lateralized head. Incision and right **retrosigmoid craniotomy** near **asterion**. **Dural opening** with purulent material exiting between the tentorium and the lateral **tentorial** surface of the cerebellum. Cerebellum was initially under tension until the pus was drained, which relaxed it. Semi-hermetic closure with **Tachosil**. Cranium replaced with 2 Synthes mini plates. Muscular and subcutaneous planes closed with absorbable suture and skin with staples."

1)

Yazar U, Aydın ZGG, Özkaya AK, Kırımlı K, Güvercin AR. Subdural empyema in immunocompetent pediatric patients with recent SARS-CoV-2 positivity: case report. Childs Nerv Syst. 2023 May;39(5):1335-1339. doi: 10.1007/s00381-022-05803-1. Epub 2022 Dec 19. PMID: 36534133; PMCID: PMC9762647.

2)

García Carretero R. Cerebellar abscesses, infective endocarditis and bacteraemia due to a rare pathogen: *Streptococcus constellatus*. BMJ Case Rep. 2017 Sep 1;2017. pii: bcr-2017-221374. doi: 10.1136/bcr-2017-221374. PubMed PMID: 28864559.

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