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Oligella urethralis infection: Case series and review of literature

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Clinical infection due to *Oligella urethralis* has been rarely reported in the literature probably due to misidentification or uncertainty of its pathogenicity. The data of patients with *Oligella urethralis* infection were collected from 4 hospitals in Chicago area between January 2010 and December 2015. There were 16 cases identified, all were adults except for 1 patient who was 14 years old, mean age of 58.4 (14-91), 6 men (37.5%) and 10 females (62.5%). Source of infection was urinary tract infection in 9 out of 16 patients (56.2%). One patient had *Oligella urethralis* bacteremia with no identified source, urine culture failed to grow Oligella, renal ultrasound did not show any sign of obstruction. One patient had labial abscess and one had axillary abscess that grew *Oligella urethralis*. Contrary to previously reported risk factors being cancer and urinary tract abnormalities, no significant underlying immunosuppression was identified in our patients except that 56.2% had underlying diabetes mellitus; 2 had active cancer. No urinary obstruction was identified; however 2 patients had urinary incontinence. Antimicrobial susceptibility is not done routinely on *Oligella urethralis* isolates because of lack of standardized methods for susceptibility testing per Clinical and Laboratory Standardized Institute, 7 out of 16 isolates were resistant to quinolones, 2 were resistant to Aztreonam and all were sensitive to all B-lactam antibiotics. All patients were treated with antibiotics and recovered except for 1 patient who died secondary to sepsis, *Oligella bacteremia*. Our review suggests that further studies are necessary to understand this bacterium's clinical significance.

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Clinical consequences of non-compliance with directly observed therapy short course (DOTS): Story of a recurrent defaulter

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In 1993, the World Health Organization (WHO) declared tuberculosis (TB) a global emergency and subsequently introduced the directly observed therapy short course (DOTS) strategy, a technical and management package, based on the earlier work of the International Union Against Tuberculosis and Lung Disease (IUATLD) and international experience with DOTS which strategy beyond a doubt has played a great role in the initial success of this program, especially in hospitalized patients under the initial intensive phase of 4-drug, anti-TB treatment with isoniazid, rifampicin, pyrazinamide and ethambutol. This results in rapid clinical well-being and early sputum conversion. This is indeed epidemiologically very important to break the chain of infection. Despite successful implementation of most of the elements of this strategy in several African countries and settings, TB case rates continue to escalate where the prevalence of HIV infection is high. There are also various other reasons which render the patients defaulter. Non-compliance is not only detrimental to the defaulters themselves as seen in this case study, but overall exposes the community to increased risk. Development of acquired resistance is more common in these patients, which makes their management very difficult. Therefore, it is important to anticipate those at risk of being defaulters and make them adhere to anti-TB treatment. It is very rare to trace and know what happened to a defaulter after he or she has dropped out, especially after migrating from one place to another in the absence of any documentation. The following study is based on the story of a recurrent defaulter, a 64-year-old Saudi male who was admitted on 27 July 2011 to SBAH-City Rehabilitation Hospital & Medical Centre, Riyadh, Saudi Arabia.

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