

Unusual Presentation of *Vibrio cholera* O1 Infection

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Abstract

We have reported a rare case of *Vibrio cholera* O1 Infection in a 45- year-old female diabetic patient, who came to a physician with the complaint of intermittent vomiting with no history of consumption of food outside and no symptoms of gastrointestinal infection or diarrhea. Finally, the patient recovered with a course of DOXYCYCLINE treatment without any further complications.

Key words: DOXYCYCLINE, Gastrointestinal infection, *Vibrio cholera* O1

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Introduction

Cholera continues to be an imperative health crisis in most of the developing countries including India. Human infections of *Vibrio cholerae* in intestinal and extra intestinal diseases are well documented; among them the majority of infections are attributable to intestinal manifestations. The epidemics are usually associated with *V.cholerae* infections and non O1 cholerae infections are more fatal in their disease progression and manifestations.

Herein, we report an unusual presentation of *V. cholerae* isolated from vomitus.¹⁻³

Case Presentation: A 45- year-old female diabetic patient reported to a physician with the complaint of vomiting episodes once in three days for about a week or so. On examination, her vitals were normal, no history of consumption of food outside and there were no symptoms of gastrointestinal infections. However, the vomitus collected from the patient demonstrated the presence of a pearly white, circular, soft mucous plug (Figure1).



Figure1: Appearance of vomitus sample collected for investigation

Physician prescribed ALBENDAZOLE treatment by suspecting the presence of any cyst and/or ova of parasites in vomitus and specimen was sought for microbiological and histopathological examinations. Microbiological investigations revealed interesting findings -like wet mount microscopy was negative for any cyst/ova of parasite and there were plenty of motile bacteria with no pus cells. The colony characters on agar plates, hanging drop preparation and biochemical tests indicated the presence of *V. cholerae* in vomitus. Further, the organism was identified and confirmed as *Vibrio cholerae* O1, Biotype El

Tor and serotype Ogawa as per CDC guidelines.⁴ The histopathological findings were not significant.

Then, the patient was put on DOXYCYCLINE antibiotic treatment for about three days and that resulted in complete recovery. Further, the patient was followed up for any complications related to *Vibrio* infection during her regular follow ups for diabetes. As there were no complications of diarrhea and associated gastrointestinal manifestations stool sample was not collected.

Conclusion

The clinical findings and microbiological results obtained in the present case would be an addition for the varying ranges of symptoms associated with *Vibrio cholerae* infections.

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