

**Title:**  
**Listeriosis during the period 2003-2016**

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DOI: 10.17235/reed.2018.5497/2018

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:  
Barreiro Alonso Eva, Santamaría del Tío Javier, Fonseca Aizpuru Eva María.  
Listeriosis during the period 2003-2016.  
Rev Esp Enferm Dig 2018. doi:  
10.17235/reed.2018.5497/2018.

Enero 2017 • Volumen 109 • Número 1 • Páginas 1-86

CODE: READER ISSN: 1001-0168

Revista Española de Enfermedades Digestivas  
THE SPANISH JOURNAL OF GASTROENTEROLOGY

Acceso al texto completo en: [www.reed.es](http://www.reed.es) o [www.sped.es](http://www.sped.es)

Factor de impacto 100 (ISI) ICIJ: 1.451-1248  
SCR: 0.34-1020

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SEPO

<b>Editorial</b> Colitis diverticular bleeding. Have we identified the risk factors for massive bleeding yet? J. W. Barcia Valencia	<b>Lesión de Bowdener: diagnóstico por gastroscopia</b> R. Barreiro Alonso, M. N. Barcia Ferrás, M. del Pozo y J. E. Domínguez Muñoz	65
<b>Trabajos Originales</b> Risk factors for severity and recurrence of colitis diverticular bleeding N. Anzueto, P. Cabrita, A. Arduini, M. Escobar and N. Guzmán	<b>Notas Clínicas</b> Cefar crisis in adults: a case report and review of the literature focusing in the prevention of relapsing syndrome M. de Alaveda-Nemón, V. L. Barcia-Cabrita and S. Latorre	67
Microsporidian and inflammatory bowel disease: the other diagnosis? J. Barreiro, A. Aljola, S. López-Castejón, J. Cuervo, M. Acuña-Ramos, M. Hernández-Serra, C. García, M. de la Cruz, D. Barcia and A. López-Santamaría	Herangopitosis: tumor pathosis. Una localización infrecuente de tumor intestinal I. Alvarado Abad, J. M. García-González, L. Aguirre-Díaz, A. M. Quintana-Rivero y A. Colla-Morales	69
Influence of sustained vital response on the regression of fibrosis and portal hypertension in cirrhotic HCV patients treated with antiviral therapy A. Barrio, J. Cabrita, M. J. López-Alcalá, I. López, M. T. Ariza, A. Galarraga, F. Castell, E. Fabrega and J. Crespo	Hemólisis por eritropoiesis suprarrenal: un caso reportado C. Pérez-Carpas, A. Escobedo-Sánchez, M. A. Paredes-Capó, J. Aranzabal-Arribas y C. García-Delgado	70
Malnutrition risk questionnaire combined with body composition measurement in malnutrition screening in inflammatory bowel disease A. A. Cortés, A. Muñoz, Z. Pili, I. Pall and P. Muñoz	Endoscopic removal of intubated large variceal gastric: a case report M. Ochoa-García and J. Sainza-Munizaga	73
A survey-based analysis of endoscopic quality indicators compliance among Spanish endoscopists I. Fernández-Cruz, F. Argüelles, P. Alonso, J. Salas and S. Soriano	Mezclas de hidratos de carbono en un caso de síndrome de intestino corto A. Tapia-Palacio, M. R. Barreiro-Alvarado, J. C. Cortés-Ramos, J. Corrales-Laraño and L. Cortés-Pérez	76
<b>Revisión</b> Endoscopic resection of colonic polyps in patients on antiplatelet therapy: an evidence-based guideline for clinicians G. Piana, M. Sostero-Salvi, C. Salinas, F. Day and M. J. Cuervo	<b>Cartas al Editor</b> Neoplasia neuroendocrina intestinal, un tumor poco habitual M. de Barrio-Sanz, J. Santos-Fernández y M. N. Barcia-Rodríguez	79
<b>Indicadores en Patología Digestiva</b> Síndrome de la arteria mesentérica superior: una causa infrecuente de obstrucción intestinal J. Sainza-Munizaga, P. Alvarado-Sánchez y J. C. García-Pérez	Presentación intestinal de tuberculosis por micobacterias no-tuberculosas asociada a consumo de Bazedoxifeno y glicina conjugada Y. Pardo-Vargas, D. M. Aguilera y L. A. Alvarado	80
Neumatosis cística intestinal A. F. Barreiro-Alonso y V. Barreiro-Zalaga	Parasitosis intestinal: un diagnóstico difícil en un paciente con múltiples divertículos Y. Pardo-Vargas, D. M. Aguilera y L. A. Alvarado	81
Síndrome de Weller a cinco años de diagnóstico C. Ochoa-Sandoval, C. L. Fernández-Segura, J. Pineda-Rodríguez y A. N. González-Fernández	Actinobacillus baumannii: un patógeno oportunista en un paciente con síndrome de intestino corto R. Fernández-Cruz, A. Barcia-Cabrita y E. Palencia-López	83
Endoscopic removal of leiomyomas in a scleroderma patient J. L. Barreiro-Hernández, M. E. Torres-Castro and M. Trujillo-Rodríguez	Altophona anata como manifestación parasitológica de un síndrome autoinmune sistémico J. Barreiro-Alonso, F. Fernández-Santamaría y J. de la Fuente-Aguado	83
All that glitters is not gold. A different cause for an "alkaline colitis" A. Pineda, M. Sainza, J. Villaverde and S. Navas	<b>Revisores 2016</b>	85

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**CE 5497 inglés**

**Listeriosis during the period 2003-2016**

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**Key words:** *Listeria monocytogenes*. Listeriosis.

*Dear Editor,*

*Listeria monocytogenes* (LM) can cause invasive disease in immunocompromised patients (1,2). This retrospective study analyzed the characteristics of cases treated at the Hospital Universitario de Cabueñes (300,000 inhabitants) from January 1<sup>st</sup> 2003 to December 31<sup>st</sup> 2016, previously reviewed from 1991 to 2002 (3). Cases considered: compatible disease and isolation of LM in a sterile medium. SPSS was used for data analysis.

Thirty-three patients were diagnosed, with an average age of 64.9 years (35-88 ± SD 15.6); 21 were (63.6%) male. There was a total of 43 cases, which equates to 0.95/10<sup>5</sup> cases/inhabitants/year (3). Comorbidity was described in 29 (87.9%) cases (Fig. 1). Disease presentation was fever in 27 cases (81.8%), meningitis in 12 cases (36.4%) and diarrhea in two cases (6.1%). Fifteen (45.5%) cases had severe complications with the involvement of the central nervous system (CNS). Positive blood cultures were identified in 24 (72.7%) cases. These were treated with ampicillin and gentamicin in 12 cases, ampicillin and cephalosporin in six cases, ampicillin monotherapy in five cases and cotrimoxazole in four cases. There was a favorable evolution in 19 patients (57.6%) and 14 (42.4%) died, all with a comorbidity.

## Discussion

LM is an under-diagnosed disease of a voluntary declaration although its incidence has increased due to a greater awareness of the disease, senescence, immunocompromised individuals and an increased demand of microbiological cultures (4,5). Clinically, it can present as self-limited diarrhea, with a short incubation period that is often underestimated (4). The condition can be severe with high mortality in immunocompromised patients (1,4). The involvement of the CNS was identified as an independent risk factor associated with a higher mortality (4). Diagnosis is confirmed via the isolation of LM in normally sterile sites. Stool cultures are not considered to be useful, due to the existence of LM carriers without clinical disease. The treatment of choice is ampicillin and gentamicin. Cotrimoxazole is administered in penicillin allergic patients (5). The mortality rate can reach 30% (4). In our study, mortality was higher due to comorbidities and the involvement of the CNS. LM infection is potentially serious with a high mortality. A high index of suspicion and early antibiotic treatment are required, especially for immunocompromised patients.

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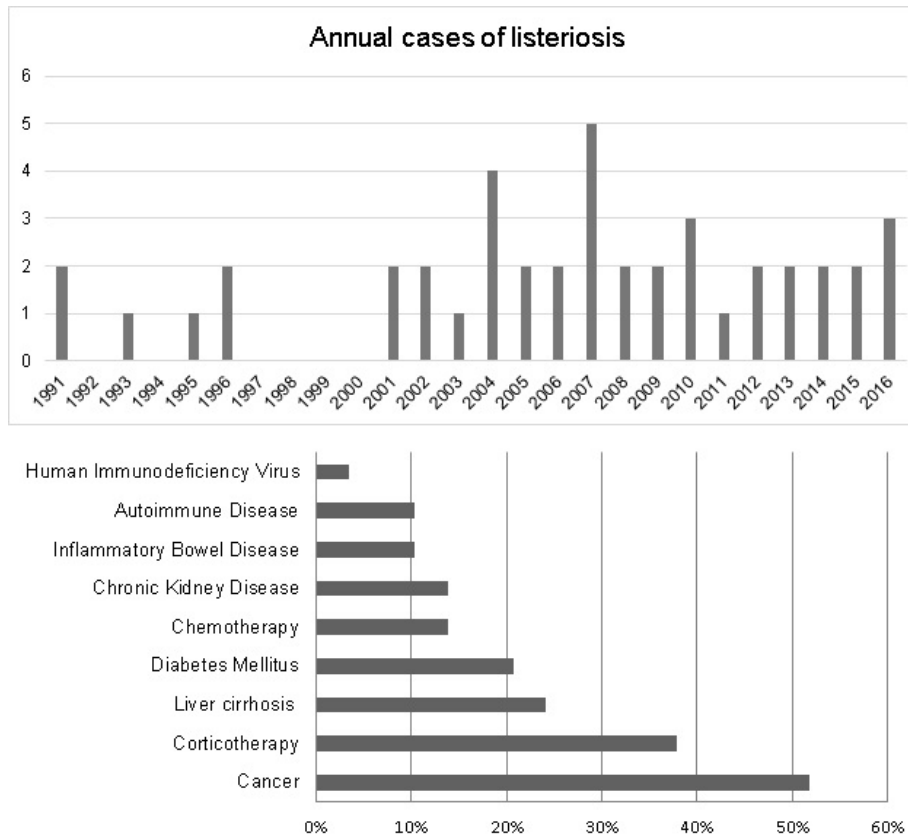


Fig. 1. Histogram of the annual cases of listeriosis. Associated comorbidity.