

## Micrococcus spp (LTR79322)

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**Organism**                      **Micrococcus spp.**

- *M. luteus*
- *M. lylae*

**Clinical**

These organisms are part of the normal skin flora. They are also found in animal and dairy products and in the environment. They have been associated with a variety of opportunistic infections including septicemia, endocarditis, CNS infections (meningitis, brain abscess), peritonitis, septic arthritis and pneumonia, often related to indwelling catheters/invasive procedures.

**Usual susceptibility pattern**

These organisms are usually susceptible to  $\beta$ -lactams, macrolides, tetracycline, linezolid, rifampin and vancomycin. However clinical isolates resistant to these agents have been reported.

**Susceptibility method**

Etest method using Mueller-Hinton agar incubated in ambient air for 20-24 hours. Incubation should be prolonged for 48 hours for slow growing organisms.

**Note:** For Etest use 1.0 McFarland suspension in broth.

**Susceptibility reporting**

	CSF/Brain	Blood	Sterile Body Site	Comments
Clindamycin			✓	
Penicillin	✓	✓	✓	
Vancomycin	✓	✓	2	2 <sup>nd</sup> line if Penicillin R <b>See special consideration</b>

## Micrococcus spp., Continued

### Note

Consult Supervisor regarding the need for susceptibility testing.

At microbiologist's discretion, add comment:

"This organism is a low level pathogen and often represents a contaminant. Clinical correlation required." **&CON1**

On isolates where susceptibility results are reported, add comment:

"Susceptibility testing for this organism was performed by a non-reference method and/or required modifications to the standard test conditions. Results are probable but not definite." **&2130 &2338**

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### Special considerations

<u>Vancomycin:</u>	This organism should be susceptible to this antibiotic. Consult Supervisor if I/R. If I/R, the identification of the organisms and its susceptibility need to be confirmed by repeat testing. If confirmed, consider submitting isolate to a reference laboratory.
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### Interpretation

For Etest, report actual MIC result. For interpretation (S, I, or R) report according to the nearest higher doubling dilution (**Appendix 1**).

Use **CLSI** interpretive document for **Micrococcus spp.**