# Cardiobacterium hominis (LTR58991)

**Edit Approved By: Dragan, Tatiana (11/17/2021)** **Revision: 5.00**

**Organism**

**Cardiobacterium hominis**

**Clinical**

This organism is part of the normal flora of the upper respiratory, gastrointestinal and genitourinary tracts. It has been associated with endocarditis (especially prosthetic valve endocarditis), septic embolization, and intra-abdominal abscesses.

**Usual susceptibility pattern**

This organism is usually susceptible to penicillins and cephalosporins. Beta-lactamase production is rare and its effect can be neutralized by clavulanic acid. It is susceptible to quinolones, aminoglycosides, chloramphenicol, rifampin and tetracycline but variable to macrolides. The therapy of choice is cefotaxime or ceftriaxone (one report of third generation cephalosporin resistance based on disc diffusion).

**Susceptibility method**

Etest method using Laked blood agar incubated in 5% $CO_2$ at 35°C for 24-72 hours.

**Note:** For Etest use 1.0 McFarland suspension (from 48-72 hour colonies) in broth.

**Susceptibility reporting**

| | Blood/ Sterile Body Site | Comments |
|---|---|---|
| β-lactamase | * | Test but do not report |
| Ampicillin | ✓ | If beta lactamase positive – report amp R |
| Cefotaxime | * | Report if patient ≤1 month instead of ceftriaxone |
| Ceftriaxone | ✓ | Do not report if patient ≤1 month |
| Imipenem | 2 | 2nd line if cefotaxime/ceftriaxone I/R |
| Meropenem | 2 | 2nd line if cefotaxime/ceftriaxone I/R |

**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 **HACEK group**.