Kingella spp (LTR79362)

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Organism

Kingella spp.

- *K. kingae*
- *K. denitrificans*
- *K. oralis*

Clinical

These organisms are part of the normal flora of the upper respiratory (especially children) and genitourinary tracts.

- ***K. kingae*** - Although of low pathogenicity, has been associated with endocarditis, bacteremia, and bone/joint infections. The majority of bone/joint infections occur in children < 4 years of age, and blood cultures are often negative. Endocarditis tends to occur in patients with underlying heart disease and affects mostly adults and older children. It has rarely been associated with pneumonia, epiglottitis, meningitis, and ophthalmic infections.
- ***K. denitrificans*** - has been associated with granulomatous diseases in patients with AIDS and rarely with endocarditis.
- ***K. oralis*** - may be associated with periodontitis.

Usual susceptibility pattern

Kingella spp. are usually susceptible to penicillins, cephalosporins, TMP-SMX, quinolones, chloramphenicol, aminoglycosides, and tetracycline. β-lactamase production has rarely been reported (remains susceptible to amoxicillin/clavulanate). They are often resistant to clindamycin (resistance to TMP-SMX, ciprofloxacin and erythromycin have been reported rarely).

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

	CSF/ Brain	Blood/ Sterile Body Site	Other	Comments
β-lactamase	*	*	*	Test but do not report
Ampicillin	✓	✓	✓	If β-lactamase positive – report amp R
Cefotaxime	✓	✓	2	Report if patient <1 month instead of ceftriaxone 2nd line if amp I/R
Ceftriaxone	✓	✓	2	Do not report if patient ≤1 month 2nd line if amp I/R
Ciprofloxacin		✓	✓	Do not report in patients < 18 y
Tetracycline			✓	Do not report in patients < 8 y
TMP-SMX		✓	✓	

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**.