

# Bacteraemia following rubber band ligation for non-bleeding oesophageal varices in a patient with alcoholic liver cirrhosis

Dear Editor,

Rubber band ligation (RBL) for the treatment of oesophageal varices is a common procedure with low morbidity and mortality.<sup>1</sup> Significant complications such as bacteraemia have been reported in less than 6% of patients treated with RBL for bleeding oesophageal varices.<sup>2-4</sup> Septic complications following RBL for non-bleeding varices are, however, very rare.<sup>1,5</sup> Although antibiotic prophylaxis is indicated for all patients with variceal bleeding, some experts suggest that the decision to use antibiotic prophylaxis in high-risk patients solely to prevent infectious complications should be individualised.<sup>5,6</sup> According to the guidelines antibiotic prophylaxis is not indicated for patients undergoing RBL for non-bleeding varices.<sup>1,3</sup>

We report a case of bacteraemia with *Aeromonas sobria* following RBL for non-bleeding oesophageal varices in a 68-year-old male, with documented Child-A alcoholic liver cirrhosis. He was treated with RBL for bleeding oesophageal varices four weeks previously and was admitted to our hospital because of fever. One day before admission he had undergone RBL because of non-bleeding oesophageal varices. No recurrent oesophageal varices bleeding was observed. On examination, he appeared ill with a rectal temperature of 40.3°C, his blood pressure was 98/60 mmHg, with a pulse rate of 90 beats/min and a respiration rate of 12 breaths/min. Further physical examination was unremarkable. Chest x-ray and urine sediment were normal. Laboratory investigation revealed elevated inflammatory indices. After taking blood cultures, he was empirically treated with augmentin and gentamicin for the presumed diagnosis of bacteraemia. Blood cultures grew *Aeromonas sobria* sensitive to cefotaxime. Then he was successfully treated with intravenous cefotaxime for ten days.

Based on these recommendations,<sup>1,3</sup> the patient's history of alcoholic liver cirrhosis is not considered as a high risk, and our patient was not given antibiotic prophylaxis prior to the RBL procedure.

*Aeromonas sobria* is a facultatively anaerobic, oxidase positive, Gram-negative rod found worldwide in soil and in tap and brackish water. It can cause soft-tissue infections, which usually occur in traumatic wounds, complicated

by bacteraemia frequently after contact with tap/surface water or soil.<sup>7,8</sup> In this case, one may speculate that the RBL caused local oesophagus injury and that drinking tap water naturally containing this micro-organism may have caused local infection and bacteraemia. Whether antibiotic prophylaxis would have prevented bacteraemia in this patient is unclear. If bacteraemia after RBL for non-bleeding varices is also observed by others, antibiotic prophylaxis might be considered, at least in high-risk patients.

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