



Infectious Dissecting Aortic Aneurysm due to *Streptococcus pseudopneumoniae* Mimicked Large Vessel Vasculitis

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Clinical Image

A 71-year-old Japanese woman. She complained of back pain and computed tomography scan revealed a thoracic aortic aneurysm associated with Stanford type B aortic dissection (Figure 1A). Conservative treatment with antihypertensive drugs was performed, but the CRP level remained high. Fluorodeoxyglucose-Positron Emission Tomography (FDG-PET) showed SUVmax-8.01 accumulation in the aortic arch (Figure 1B, 1C). Four times of blood culture were negative. Based on the results of FDG-PET and blood culture, we diagnosed large vessel vasculitis [1]. Despite starting prednisolone, CRP level remained positive; therefore, the blood culture was retested and *Streptococcus pseudopneumoniae* was identified (Figure 2A, 2B). *Streptococcus pseudopneumoniae* is indigenous bacteria in the human oral cavity and is involved in the exacerbation of chronic obstructive pulmonary disease. To identify *Streptococcus pseudopneumoniae*, it is necessary to confirm that the pneumococcal capsule is not recognized and that it is resistant to optochin in a 5%

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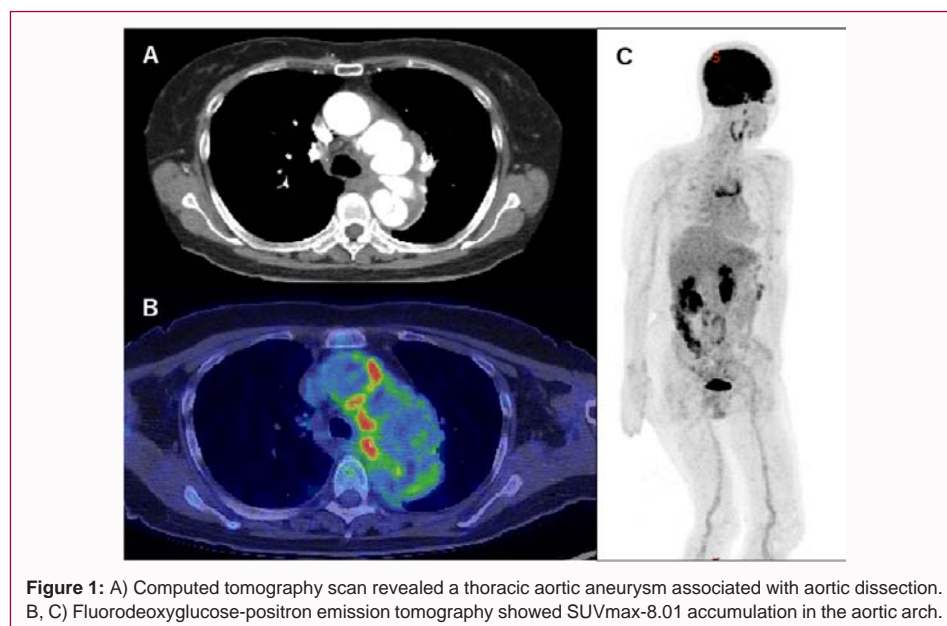


Figure 1: A) Computed tomography scan revealed a thoracic aortic aneurysm associated with aortic dissection. B, C) Fluorodeoxyglucose-positron emission tomography showed SUVmax-8.01 accumulation in the aortic arch.

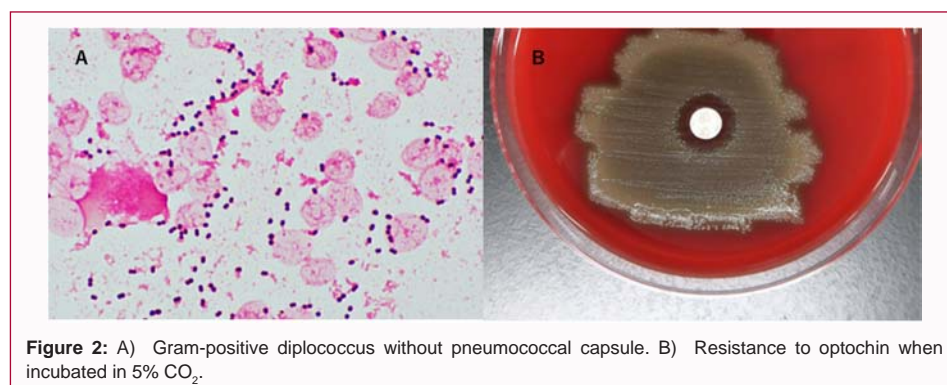


Figure 2: A) Gram-positive diplococcus without pneumococcal capsule. B) Resistance to optochin when incubated in 5% CO₂.

CO₂ environment [2].

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