**A RARE CASE OF PACEMAKER-DEFIBRILLATOR DEVICE INFECTION CAUSED BY *ACHROMOBACTER XYLOSOXIDANS***

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**Case Presentation:** A 75-year-old man with a past medical history of severe ischemic cardiomyopathy (left ventricular ejection fraction 25%) with a biventricular pacemaker/defibrillator (PM/ICD) and atrial fibrillation presented with one week of fever, chills, and weakness. Given the concern for systemic infection, blood cultures were obtained and grew *Achromobacter xylosoxidans* resistant to numerous agents, but susceptible to meropenem. Transthoracic echocardiogram (TTE) and transesophageal echocardiogram (TEE) were both negative for vegetations or evidence of intracardiac infection. The patient underwent a 3-week treatment with intravenous meropenem and was discharged once clinically improved and repeat blood cultures were negative. A few days later, the patient re-presented with similar symptoms and was found to have recurrence of bacteremia with *A. xylosoxidans.*Given treatment failure and rapid recurrence of bacteremia, there was concern for an infected PM/ICD system. This subsequently led to a laser lead extraction and device explantation. Surgical and pathologic examinations of the device were compatible with*A. xylosoxidans*abscess and infection. The patient was treated with 4 weeks of intravenous meropenem and blood cultures were sterile prior to a new device being implanted. After new device implantation, an additional 6 weeks of IV antibiotics were recommended resulting in complete resolution of symptoms and bacteremia.

**Discussion:** *Achromobacter xylosoxidans* is a rare opportunistic bacterial infection commonly encountered among immunocompromised hosts. Upon review of the literature, infection has been reported in patients with comorbidities and/or indwelling medical devices, but we were unable to find another case of *A. xylosoxidans*device infection/bacteremia withoutprior cardiac surgery or concomitant valvular involvement*.* Given the resistance profile, the best course of treatment for*A. xylosoxidans*device infection has not been elucidated*.* In our case given the persistent bacteremia and presence of a device, we felt source control (device removal) and a prolonged course of antibiotics was the best and safest options for treatment.