- Stenotrophomonas maltophilia, previously known as Xanthomonas maltophilia or Pseudomonas maltophilia, is the sole member of the genus Stenotrophomonas. - It is a nonlactose fermenting Gram-negative aerobic bacillus - Despite previous reports of low virulence, Stenotrophomonas is becoming an increasingly important nosocomial pathogen. general - The combined presence of two chromosomally encoded This is due more to its opportunistic nature and to its notoriously cephalosporinases ensures high intrinsic resistance to most high intrinsic resistance to beta-lactams, especially carbapenems, beta-lactams, including carbapenems, cephalosporins and than to its virulence. aztreonam. resistance - Stenotrophomonas is widespread in the environment, - Qualitative and quantitative changes in membrane permeability, being found in water, sewage and a variety of plants. the presence of modifying enzymes and energy-dependent efflux pumps confer additional resistance to aminoglycosides and guinolones stenotrophomonas - Infections associated with Stenotrophomonas include nosocomial pneumonia, bacteraemia, endocarditis and skin and soft tissue infection. [created by -Co-trimoxazole remains active against most strains and is the agent - Predisposing factors for infection are the same as those associated infections Paul Young of choice. Good activity is noted with ticarcillin-clavulanate but less with other nosocomial pathogens. The most commonly cited are so with other betalactam / beta-lactamase inhibitor combinations. severe debilitation and prior exposure to multiple broad-spectrum 02/10/071 - Ticarcillin-clavulanate may be considered as an alternative agent for antibiotics, especially carbapenems. those intolerant of co-trimoxazole. However, there are few data and little therapy experience to support its clinical use. - Sensitivity to minocycline and doxycycline has been observed in vitro - the behaviour of Stenotrophomonas in the clinical setting, but, again, clinical experience using these agents against Stenotrophomonas especially its pattern of human carriage and transmission, and infections is limited reservoirs for dissemination, remains unclear. Although it has been recovered from several nosocomial sources. including shaving brushes, nebulisers, ventilator circuits, humidification transmission equipment, shower heads, sink traps and ice machines, these strains may differ from those found in clinical isolates. - few studies have investigated human carriage of this organism and its acquisition in the hospital environment