Intrauterine *Helicobacter cinaedi* Infection Presenting with Fetal Distress and Mucous Diarrhea at Birth

Eiji Ohta $^1)$, Takashi Setoue $^1)$, Chizuru Hashiguchi $^1)$, Makoto Tsutsumi $^1)$, Masatoshi Nakamura $^1)$, Yoshiaki Kawamura $^2)$, Shinichi Hirose $^1)$

- Divisions of Neonatology, Center for Maternal, Fetal and Neonatal Medicine, Fukuoka University Hospital
- 2) Chemo-Sero-Therapeutic Research Institute, Aichi Gakuen University

Abstract

Helicobacter cinaedi infection is well documented in immunocompromised individuals but is a rare pathogen in fetuses and neonates, with only a few cases of newborns with sepsis caused by *H. cinaedi* reported since 1993. We herein report a case of fetal *H. cinaedi* infection. A 2,257-g female was born via Caesarean section delivery because of fetal distress at 34 weeks' gestation. Her mother showed no signs of illness or diarrhea during pregnancy, although her amniotic fluid was cloudy. The baby excreted mucoid feces immediately after birth. Since *H. cinaedi* was isolated in the amniotic fluid, we concluded it to be the organism that caused the intrauterine infection. Although *H. cinaedi* is rarely isolated in a routine culture, it is important to be aware that *H. cinaedi* can be the causative pathogen for fetal and neonatal infections.

Key words: Gram-negative spirillum, perinatal infection, premature labor, human immunodeficiency virus, neonatal sepsis