

中文題目：退伍軍人菌相關的頸椎脊髓炎併發吸入性肺炎和急性呼吸窘迫徵候  
群：一病例報告

英文題目：*Legionella*-associated Cervical Myelitis Complicated with Aspiration  
Pneumonia and Acute Respiratory Distress Syndrome: A Case Report

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**Background:** Transverse myelitis is the inflammation of the spinal cord characterized by rapidly evolving muscle weakness in the lower extremities, defects in sensory level and sphincter dysfunction. *Legionella pneumophila* infection was rarely associated.

**Case Report:** A 45 y/o previously healthy man had numbness and weakness of both legs for several months. As symptoms worsened, he had difficulty in walking, frequent choking and bladder distention. There were no fever, chills, and dyspnea. Upon the ER, brain CT showed no active brain lesions. Brain MRI showed mild intramedullary T2WI hyperintensity in ventral aspect of C2-C6 spinal cord, suggesting myelopathy. He was admitted on May 16, 2014. Blood data were within normal limits. Cerebrospinal fluid (CSF) analysis showed unremarkable findings except mild elevated protein of 92.1 mg/dL (normal, 15-45) and increased IgG level of 11.2 mg/dL (normal, < 3.4). CSF oligoclonal banding for multiple sclerosis and cryptococcal antigen were negative. He received steroid therapy. Yet, the symptoms persisted. On May 20, CXR showed infiltrates over RUL with rapid extension to RLL, suspicious of aspiration with acute respiratory distress syndrome (ARDS). Then he was transferred to ICU. A urine *Legionella* Ag test was positive. Levofloxacin was given but his condition still declined. Follow-up data included WBC, 800/ $\mu$ L; band, 15%; myelocyte, 23%; platelet, 92,000/ $\mu$ L; CRP, 7.92 mg/L and lactate, 3.1-7.9 mmole/L. Arterial blood gas showed SaO<sub>2</sub>, 90.8%; FiO<sub>2</sub> 100% and P/F ratio, 102 mmHg. On May 23, WBC became 35,300/ $\mu$ L, platelet, 28,000/ $\mu$ L and procalcitonin, 156.99 ng/mL. Hypoxemia worsened with SaO<sub>2</sub>, 70.2%; FiO<sub>2</sub>, 100% and P/F, 40.7 mmHg. PiCCO monitor and nitric oxide inhalation were used but in vain. Then high-frequency oscillatory ventilation achieved mild improvement (FiO<sub>2</sub> 55% and P/F 163.8 mmHg). A sputum culture yielded *Klebsiella pneumoniae*. Imipenem and erythromycin were used. On May 31, CXR showed substantial improvement. On June 2, however, he had refractory tachyarrhythmia despite use of digoxin, verapamil, amiodarone, adenosin and DC shock. The patient died on June 5, 2014.

**Conclusion:** We report a patient of cervical myelitis with concurrent *Legionella* infection, who was complicated with aspiration syndrome and ARDS. Although lung condition improved, he died in refractory tachyarrhythmia of unidentified etiology.