

中文題目：異乳鏈球菌引起之急性膽囊炎：一病例報告

英文題目：Acute Cholecystitis Caused by Streptococcus dysgalactiae: A Case Report

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Background :

Acute cholecystitis is usually a mixed infection most commonly by *Escherichia coli* accompanied with *Enterococcus* species and anaerobes. But acute cholecystitis by *Streptococcus dysgalactiae* is not reported. We report our experience with a case of acute cholecystitis with bacteremia caused by *Streptococcus dysgalactiae*.

Case Report :

This 85-year-old man has underlying diseases of chronic kidney disease, heart failure and hypertension. He was brought to emergency department due to abdomen pain on 103-4-30. Abdominal CT showed acute cholecystitis with pericholecystic fluid collection. Septic shock with acute respiratory failure was noted, so he was intubated for mechanical ventilation support. Then he was admitted to intensive care unit. Initial hemodynamic support with fluid resuscitation and infusion of vasopressor were administered. Percutaneous transhepatic gallbladder drainage (PTGBD) was done on 103-5-1. Blood culture showed growth of *Streptococcus dysgalactiae* susceptible to penicillin. Tazocin was used. Acute on chronic renal failure was found. Double lumen was inserted for hemodialysis on 103-5-3. Persistent abdominal pain with elevated lipase (1402 IU/L), so abdominal CT was repeated, which showed equivocal swelling of the pancreas on 103-5-8. He started to try diet and PTGBD function was smooth. As his general condition improved, he was transferred to our GI ward on 103-5-14. Blood culture showed no growth but bile culture showed Vancomycin-Resistant *Enterococcus faecium*. Antibiotic was changed to Tygacil. As the patient's general condition and vital signs were stable, the follow-up cholangiography showed that the contrast medium can pass into the duodenum without obstruction. PTGBD was removed on 103-5-23. His general condition improved and vital signs were stable. As a result, he was discharged and scheduled for OPD follow-up.

Conclusion:

The case fatality in patients with *Streptococcus dysgalactiae* bacteremia has been 15-18%. To cover other bacteremia in gallbladder, we used tazocin to treat our case. Tigecycline may have high concentration in the bile and could be suggested as an antibiotic to treat VRE cholecystitis. Our case experienced significant response to tazocin and tigecycline therapy for the *Streptococcus dysgalactiae* and VRE gallbladder infections, respectively.