

中文題目：Methicillin 抗藥性葡萄球菌引起之右上胸壁膿瘍併胸骨骨髓炎：一病例報告

英文題目：Chest Wall Abscess and Sternal Osteomyelitis Caused by Methicillin-resistant Staphylococcus aureus: A Case Report

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Background:

Community-acquired methicillin-resistant Staphylococcus aureus (MRSA) infections are not commonly recognized in healthy patients without predisposing risk factors. We report our experience with a case of spontaneous chest wall abscess and sternal osteomyelitis caused by Methicillin-resistant Staphylococcus aureus in a drug abuser.

Case Report:

This 48-year-old male patient had history of chronic hepatitis C with drug abuse. He suffered from right chest wall pain for one week with redness swelling for two days. On 102-10-24, he visited our emergency department, physical examination showed right chest wall tenderness and swelling. The lab data showed severe leukocytosis with left shift, elevated CRP level. The chest CT scan revealed gas-forming abscess in right pectoralis major muscle. Chest wall abscess was diagnosed.

Fasciotomy was done on the same day. After the operation, wound care, pain relief and antibiotic treatment were applied. Anti-HIV Ab showed negative. Blood and wound cultures showed MRSA (vancomycin MIC 2mg/L). Cardiac echo showed no obvious intra-cardiac vegetation or thrombus.

We adjusted antibiotics to fosfomycin with vancomycin on 102-10-30. Progressive soft tissue necrosis developed. He received another operation of debridement on 102-11-4. The wound condition improved gradually then. As the wound condition more stable, we performed flap reconstruction on 102-11-13. We also educated him about dressing change. The drains were removed as the amount decreased less than 10cc. Subsequent fucidin was used. As the clinical condition was stable, he was discharged on 102-11-28 and scheduled for OPD follow-up.

Conclusion:

Necrotizing fasciitis with abscess of the chest wall is a fairly uncommon condition. Early diagnosis and treatment are the two main factors responsible for the prognosis. Drug abuse may be the cause of the chest wall abscess of our case. It can be easily mistaken for a cellulitis during the initial examination. Mortality still remains high in the disease despite the use of modern powerful antibiotics and advances in the care of critically ill patients.