

中文題目：大腸桿菌肺炎引起之急性呼吸衰竭：一病例報告

英文題目：Acute Respiratory Failure Caused by Escherichia Coli Pneumonia: A Case Report

作者：黃惠美¹ 蘇美玉¹ 余文良^{1,2}

服務單位：¹奇美醫學中心加護醫學部；²台北醫學大學內科學系

Background: Acute respiratory failure is rare in escherichia coli. We report acute respiratory failure caused by escherichia coli pneumonia in a patient.

Case Report: A 52-year-old male of gastroesophageal reflux disease and hepatic B suffered from fever and abdominal pain for two days. He was brought to emergency department on August 3, 2016. Laboratory data revealed WBC, 1,300 / μ L with 9% bandemia; platelet count, 72,000 / μ L; c-reactive protein, 53.1 mg/L; lactate, 7.1 mmole/L; creatinine, 1.27 mg/dL; ALT, 69 U/L. Diarrhea was also noted. Fluid resuscitation was given for hypotension. CXR showed increased infiltration over bilateral lungs. Abdominal CT revealed suspected colitis. Then he was admitted to intensive care unit. Fluid resuscitation and vasopressor agent were given for refractory hypotension. Empiric antibiotic treatment with imipenem, teicoplanin, and tigecycline were given. However, progressive dyspnea was persisted. Emergency intubation was performed. Because shock worsening was persisted, large amount fluid support was given later. Metabolic acidosis and lactic acidosis were elevated, oliguria was also noted. CVVH treatment was performed on August 4-10. Unstable oxygenation was noted. Inhaled nitric oxide therapy and lung protection were done. PICCO parameters were done for hemodynamic monitor. Blood culture yielded escherichia coli. Fever episodes were found. CXR revealed increased lung markings and acute pulmonary edema. Shifted antibiotics to ciprofloxacin and teicoplanin were done. Discontinued inhaled nitric oxide and adjusted ventilator setting were done for oxygenation improving. Probable hemorrhoids bleeding were found on August 11. Blood transfusion with PLT-PH and FFP were given to correct coagulopathy and INR prolong. Profound shock developed on August 14. A high dose of vasopressor agents were given. The condition was worsening despite the aggressive treatment. The family members requested palliative treatment. Then he expired on 16 August 2016.

Conclusion: Rapid progression of septic shock, hypoxia, and bilateral lung infiltrates and Escherichia coli septicemia led to the suspicion of pneumonia. Although Escherichia coli pneumonia is rare, we emphasize therapy with imipenem, teicoplanin, and tigecycline for patients with rapidly worsening respiratory symptoms caused by Escherichia coli septicemia or with pneumonia.