

中文題目：流感流行季節之院內感染流感併單純性疱疹病毒肺炎：一病例報告
英文題目：Nosocomial Influenza with Herpes Simplex Virus-1 Pneumonia during an Epidemic Influenza Season: A Case Report

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Background: An influenza epidemic peak in February 2016 caused chaotic situations to the health care facilities and record-breaking death toll in Taiwan. Co-infection of nosocomial influenza with herpes simplex virus-1 pneumonia is rarely reported.

Case Report: A 74-year-old man of old cerebral vascular accident, gouty arthritis, chronic kidney disease and coronary artery disease post coronary artery bypass graft had upper abdominal pain for 2 days. There were no symptoms of diarrhea, cough, chest pain, chills or fever in recent days. He was admitted to gastrointestinal ward on January 16, 2016. CXR showed metallic wires fixation of the sternum and cardiomegaly with slightly increased lung markings. Laboratory data included WBC, 10,600/ μ L; Hb, 12.1 g/dL; CRP, 37.7 mg/L; BUN, 36 mg/dL; creatinine, 2.18 mg/dL; SGPT, 84 U/L; bilirubin (T/D), 3.47/2.49 mg/dL and albumin, 2.6 g/dL. Esophagogastroduodenoscopic examination revealed multiple irregular shallow ulcers, about 6mm-10mm in size, and biopsy confirmed chronic gastritis of antrum in the stomach. Abdomen CT showed gall stones and choledocholithiasis with stones in the distal common bile duct (0.2cm) and ampulla of Vater (0.7cm). During hospitalization, fever occurred and he received amoxicillin/clavunate therapy. On January 24, CXR showed worsening infiltrates on right lung field. Meanwhile, influenza A rapid antigen test of throat swab revealed positive. Oseltamivir was given. As respiratory failure post intubation, he was transferred to the intensive care unit on January 25. Procalcitonin was 31.37 ng/ml. Antibiotics with piperacillin-tazobactam and levofloxacin were used. However, CXR showed progressive consolidation of bilateral lung fields, suggested diffusely inflammatory process. Blood cultures did not yield any organism. Sputum cultures yielded normal mixed flora. Throat FluA-PCR revealed influenza A (H1N1). Herpes simplex virus-1 and influenza A were isolated in the throat swab viral cultures. The patient became hemodynamic unstable and multi-organ failure. As palliative therapy, the patient died on February 2, 2016.

Conclusion: Our case was admitted due to gastric ulcers and probably biliary colic pain. However, severe influenza A (H1N1) occurred after one week of hospital stay. Our patient highlights the need of being highly alert to the physicians for diagnosis of influenza in hospitalized patients of other diseases during the epidemic influenza season. Herpes simplex virus-1 co-infection with influenza has received less attention than other bacteria, such as pneumococcus and *Staphylococcus aureus*. However, the clinical significance of herpes simplex-1 remains uncertain.