

中文題目：萬古黴素抗藥性腸球菌引起之左側膿胸：一病例報告

英文題目：Left Empyema Caused by Vancomycin-Resistant Enterococcus: A Case Report

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Background:

Vancomycin-resistant enterococcus (VRE) has emerged as important nosocomial pathogens. Frequently associated with local and systemic complications, particularly empyema, the crude mortality rate was 64%. Invasive infection caused by VRE is an emerging problem among hospitalized patients in Taiwan, particularly those with severe underlying diseases.

Case Report:

A 68-year-old male of atrial fibrillation, diabetes mellitus, and end stage renal disease suffered from dyspnea for three days. He was brought to emergency department on July 15, 2017. Laboratory data revealed WBC, 9,000 / μ L; platelet count, 25,100 / μ L; c-reactive protein, 64.7 mg/L; creatinine, 4.18 mg/dL; K, 6.8 mmol/L. Emergent hemodialysis was arranged for hyperkalemia. CXR showed progression of left massive pleural effusion. Thus the pigtail was inserted. The pleural effusion analysis showed exudative pattern. Antibiotic with amoxicillin/clavulanic acid was prescribed. Thus he was admitted to ward. Chest computed tomography revealed left retroperitoneum and left posterior abdominal wall abscesses formation; pneumonia with left lower lobe abscess and left complicated parapneumonic effusion. Thoracic surgeon was consulted and favored empyema. Video-assisted thoracoscopic surgical decortication was performed on July 15. She was transferred to intensive care unit. Fluid resuscitation and vasopressor agent were given for hypotension. Blood transfusion with cryoprecipitate, fresh frozen plasma, and platelet count were given for thrombocytopenia and correct coagulopathy. Pleural effusion culture yielded VRE. Shifted antibiotics to tigecycline and fosfomycin were used. Nevertheless profound shock then developed, requiring high dose vasopressors. Her condition remained worsening despite aggressive treatment. Family members requested palliative therapy and patient expired on August 27, 2017.

Conclusion:

Empyema is a serious, life-threatening infectious complication of thorax. Antibiotics and chest tube drainage are effective methods of treating pyogenic empyema thoracis in resource-poor settings. Mortality still remains high in the disease despite the use of modern powerful antibiotics and advances in the care of critically ill patients.