

中文題目：退伍軍人症肺炎引起橫紋肌溶解症併急性腎衰竭：病例報告及文獻探討

英文題目：Legionella pneumonia causes rhabdomyolysis and acute renal failure:

A case report and literature review

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Introduction

Legionella pneumophila is an important pathogen that contribute to community acquired pneumonia and nosocomial pneumonia in Taiwan, which may cause Legionnaires' disease. As for its clinical manifestations are not very typical, sometimes it may be fatal. It has been recognized that Legionella pneumophila infection may causes rare complications of rhabdomyolysis and acute renal failure. Herein we present a case of legionella pneumonia complicate with rhabdomyolysis and acute renal failure.

Case presentation

A 48-year-old man with underlying disease of human immunodeficiency virus infection without regular follow up was brought to our emergent department in Kaohsiung Municipal Siaogang Hospital for progressive general weakness for 2 days; the associated symptoms including mild consciousness disturbance fever up to 40.1°C, cold sweating, short of breath, nausea/vomiting and diarrhea. The chest radiography revealed right lower lung radio-opacity, suspect right lower lobar pneumonia. The lab data disclosed leukocytosis, lactate acidosis, elevated C-Reactive Protein, elevated Creatine phosphokinase (CPK), acute renal function and liver function deterioration; rapid test of influenza A and B were negative; the urine myoglobin test were also positive. Because patient presented severe respiratory distress and hypoxemia, he received endotracheal intubation for mechanical ventilation support. Initially we prescribed patient Ceftriaxone 2g QD for the impression of severe community acquired pneumonia, and then shift to Levofloxacin 750mg QOD for urine Legionella Urinary Antigen Test showed positive finding. The CPK level gradually decline since admission under aggressive fluid resuscitation, but his renal function got deterioration in the subsequent days; the urine output gradually improved since admission Day 5, and the blood creatinine level improved since admission Day 14. Patient successfully disconnected from mechanical ventilator at Day 12, and discontinued levofloxacin after a treatment course of 14 days.

Discussion

Rhabdomyolysis with acute renal failure is a rare complication of legionella pneumonia; whether

legionella pneumophila itself or rhabdomyolysis causes acute renal failure is not clear until now. If patient has pneumonia symptoms along with hyponatremia, diarrhea and high spiking fever, or recently just discharge from hospital with above symptoms, we should assess patient carefully whether legionella pneumonia is favored or not. If patient present pneumonia with rhabdomyolysis and acute renal failure, the possibility of legionella pneumonia should be kept in mind.