

中文題目：李斯特菌菌血症併疑似腦膜腦炎在一名台灣 HIV 患者的個案報告

英文題目：*Listeria monocytogenes* bacteremia with suspected meningoencephalitis in a HIV patient in Taiwan

作者：陳震勳¹ 盧柏樑^{1,2} 黃崇豪^{1,2}

服務單位：高雄醫學大學附設醫院¹ 內科部² 感染內科

Introduction :

Listeria monocytogenes is an uncommon infection but an important bacterial pathogen in immunosuppressed patients, the extremes of age including neonates, the elderly and pregnant women. To our knowledge, there was no invasive listeriosis in patient with HIV reported in Taiwan. We present a rare case of *Listeria monocytogenes* bacteremia with suspected meningoencephalitis in an HIV-infected patient .

Case presentation :

This 57-year-old man with acquired immunodeficiency syndrome without regular medication and chronic hepatitis B infection presented with conscious disturbance without knowing exact onset time. During emergent department stay, the fever was noted and the laboratory data revealed rhabdomyolysis and acute kidney injury. The Brain CT showed cortical atrophy with ventricular dilatation and periventricular lucencies. Three days after presentation, the blood culture grew *Listeria monocytogenes* and the consciousness worsened (from drowsy to stupor) and he was transferred to our neurologic intensive care unit (NICU). The antibiotic was switched from moxifloxacin to ampicillin/sulbactam as target therapy for listeriosis. The cerebrospinal fluid (CSF) study next day showed pleocytosis (cell count: 61/cumm) with lymphocyte predominant (98%), low sugar level (38mg/dL) and elevated protein level (238 mg/dL). This finding was compatible with clinical suspicion of *Listeria* meningoencephalitis, although further CSF culture revealed no growth of microorganism. After combination of ampicillin and trimethoprim/sulfamethoxazole (TMP/SMX) treatment, the consciousness became clearer gradually. The anti-retroviral therapy (ART) was added 8 days after presentation and the CD4 count was 24 cells /ul. Immune reconstitution inflammatory syndrome (IRIS) of pneumocystis pneumonia (PCP) and cytomegalovirus pneumonitis (CMV pneumonitis) developed after ART during hospitalization. After 2-month hospital stay, he was discharged with clear consciousness but some memory impairment.

Discussion:

HIV-infection is a risk factor of invasive listeriosis which was seen as an uncommon opportunistic infection. However, to our knowledge, *Listeria* meningoencephalitis in patients with HIV was not reported in Taiwan in English literature. In Taiwan, steroid use (>0.5mg/kg/day) is the most common risk for patients with *Listeria monocytogenes* infection followed by hematological malignancy and diabetes mellitus. Although rare,

invasive listeriosis is needed to be considered in patients with HIV, especially in advanced immunocompromised status.