

中文題目：於紅斑性狼瘡併蛋白質流失腸病變患者的 *Elizabethkingia anophelis* 腹水感染

英文題目：*Elizabethkingia anophelis* infected ascites in a patient with lupus-associated protein losing enteropathy

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<Case report>

A 69 year-old male with history of autoimmune disease related protein losing enteropathy, presented to our hospital with severe pitting edema and dyspnea for 3 months. High dose steroid was administered. Recurrent infection then developed during hospital course, including pneumonia, empyema and several episodes of bacteremia.

Fever, chilliness, tachycardia, dyspnea and then septic shock developed, when patient was under Doripenem for treatment of urosepsis and *Bacteroides uniformis* bacteremia. Blood culture soon yielded 2 sets of *Elizabethkingia meningoseptica*, which was identified by MALDI-ToF.

However, the pathogen was re-identified by whole genome sequencing as *Elizabethkingia anophelis*.

Levofloxacin 750mg QD and TMP/SMX was prescribed. Further survey for infection disclosed spontaneous bacterial peritonitis, with ascites culture also yielded *Elizabethkingia anophelis*.

*E. anophelis* was the major pathogen in *Elizabethkingia* infection. Most infection caused by *Elizabethkingia anophelis* were blood stream infection, pneumonia, but septic arthritis, infective ascites, meningitis, eye infection, biliary tract infection, ascites infection were also reported.

Among the infection caused by *Elizabethkingia anophelis*, most patient with underlying disease, including malignancy (ex. Lymphoma, hepatocellular carcinoma, lung cancer, pancreatic adenoma...), diabetes mellitus, chronic obstructive pulmonary disease, end-stage renal disease on hemodialysis and alcohol dependence. Moreover, mechanical ventilator use was also reported as a risk factor in *Elizabethkingia* infection. Use of immunosuppressive medication and other immune-compromising condition may also increase the risk of *Elizabethkingia anophelis* infection.