

中文題目：B型壞乳鏈球菌引起鏈球菌毒素休克症候群在罕見先天靜脈畸形骨肥大症候群病人－個案報告

英文題目：Streptococcal toxic shock syndrome (STSS) caused by *Streptococcus dysgalactiae* in a rare case of Klippel-Trenaunay syndrome

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**Introduction:** Streptococcal toxic shock syndrome (STSS) was firstly reports in patients with severe skin and soft tissue infection such as necrotizing fasciitis by group A streptococcus (*S. pyogenes*) complicated with multiple organ failure and occasional mortality. The prevalence of STSS caused by serogroup C or G streptococci such as *S. dysgalactiae* has been increased as emerging pathogen in recent decades.

**Case presentation:** A 46-year-old male who has received the diagnosis of rare Klippel-Trenaunay syndrome since youth with manifestations of capillary nevus and early onset of varicose veins in the affect left lower limb with soft tissue and bone hypertrophy. He got few episodes of cellulitis of left lower limb within his life. He was admitted to the hospital on July 10th, 2021 via Emergency Department (ED) with complaints of intermittent high fever up to 40 °C, diarrhea, and painful sweling left lower limb for 2 days. At ED, hypotension, progressive respiratory distress, and decreased urine output with elevated serum creatinine (2.39 mg/dl) were noted. Toxic shock syndrome was impressed initially and resuscitation with vigorous fluid infusion and oxygen supplement were instituted immediatly. Empiric antibiotic therapy with oxacillin was used and changed to ampicillin while two sets of blood culture yielding *S. Dysgalactiae*. The symptoms of respiratory distress and acute renal failure resolved remarkably two days after admission, and he was discharged on July 22nd, 2021. Prophylatic antibiotic treatment with benzathine penicillin intramuscularly at interval of 1-2 months is also required for prevention of recurrent skin and soft tissue infection.

**Discussion:** Klippel-Trenaunay syndrome is a rare congenital abnormality of venous structures and soft tissue, which occasionally lead to bacterial invasion with skin and soft tissue infections, and STSS may occur under such circumstance. Early detection and agressive therapy with circulation restoration and appropriate antibiotics are essential for adequate treatment of STSS.