

中文題目：李斯特菌感染在一位 72 歲患有瀰漫性大 B 細胞淋巴瘤男性的病例報告

英文題目：*Listeria monocytogenes* in a 72-year-old man with diffuse large B cell lymphoma

作者：蔡明諺 蕭惠樺

服務單位：¹高雄醫學大學附設醫院內科部 ²高雄醫學大學醫學系

Introduction: *Listeria monocytogenes* is a food-borne pathogen which mostly infects neonates and immunocompromised patients. It seldom causes infection in the healthy individuals. We reported a case of diffuse large B cell lymphoma with the infection of *Listeria* bacteremia.

Case presentation: A 72-year-old man with a history of diffuse large B cell lymphoma and hypertension presented to our emergency department with symptoms of fever, poor intake and cough with sputum for two days. On physical examination, the drowsy consciousness was noted. There was no Kernig's sign or Brudzinski's sign. The initial lab data revealed elevated CRP (174.72 mg/L), WBC (7080/ μ L) within normal range and normal urine routine test. The chest X ray disclosed infiltration of bilateral lower lung. The brain CT was arranged and showed no evidence of intracranial hemorrhage. The patient had no recent travel history, contact history with animals or infected people or cluster history. During admission, the blood culture revealed positive for *Listeria monocytogenes*. The high dose Ampicillin (2g IV Q4H) was prescribed. The lumbar puncture was not done after the discussion with his family who finally requested DNR for him. The fever was noted off and on despite the use of Ampicillin. Under the condition of advanced diffuse large B cell lymphoma (stage IV) refractory to multiple courses of chemotherapy, patient had hospice care as his and family's wish. High fever up to 39.5°C and septic shock were noted on the 6th days of antibiotics therapy. The patient was declared of death later on.

Discussion: *Listeria monocytogenes* is one of the common bacterial pathogen in the immunocompromised patients. It is a facultative intracellular parasite widely distributed in the soil and decaying vegetable matter. The oral ingestion with subsequent intestinal mucosal penetration and systemic infection were thought to be the pathogenesis of most *Listeria* infections in adults. Foodborne infection have been found to be associated with a variety of foods, including pasteurized dairy products, pasteurized milk, soft cheeses made from pasteurized milk, ready-to-eat meals and so on. The risk of *Listeria* infection is higher among the immunocompromised patients,

older adults, neonate, pregnant woman and patients with hematologic malignancies. These individuals are more susceptible to the invasive *Listeria* infection such as *Listeria* bacteremia and meningitis. In this case, the 72-year-old man with underlying disease of advanced diffuse large B cell lymphoma was diagnosed of *Listeria* bacteremia during admission. He had fever with drowsy consciousness. The meningitis was highly suspected with the positive culture result from blood samples. Risk factors such as old age and ongoing cancer were noted in this case. The invasive *Listeria* infection was also found. According to the MONALISA study, a nationwide prospective observational cohort study from France, the strongest predictors for mortality in those with bacteremia or CNS infection were ongoing cancer, multiorgan failure, aggravation of pre-existing organ dysfunction, and monocytopenia. This is quite compatible with our case, who had advanced and refractory diffuse large B cell lymphoma and died of *Listeria* bacteremia.

Conclusion: The patients with hematologic malignancy are more susceptible to the listeriosis. And invasive listeriosis such as *Listeria* bacteremia and meningitis should be suspected in such kinds of patients.