

中文題目：急性雙腔導管洗腎病患出現喘，下背痛以及下身偏癱

英文題目：Dyspnea, low back pain and paraplegia in a patient received double-lumen catheter for emergent hemodialysis

作者：楊文萍¹ 杜興洋² 洪惠萱³ 夏清智³ 徐永勳³

Wen-pin Yang¹, Hsing-Yang Tu², Huei-Shiuan Hung³, Ching-Chih Hsia³, Yung-Hsun Hsu³

服務單位：台北市立聯合醫院仁愛院區內科¹；影像科²；腎臟科²

Departments of Internal Medicine¹; Radiology²; and Nephrology³, Taipei City Hospital, Jen-Ai branch, Taipei, Taiwan, ROC.

Vascular access infections can lead to sepsis, endocarditis, and metastatic infectious foci, and account for up to 10% of the deaths in hemodialysis (HD) patients. Vertebral osteomyelitis and spondylodiscitis are two of the severe metastatic infectious foci in disseminated bacteremia. We present a female diabetic patient who developed fever, dyspnea, and paraplegia after placing a double-lumen catheter for emergent dialysis. Follow up imaging studies revealed osteomyelitis over T8-T9 in association with contiguous right lung abscess. Our case demonstrates that disseminated infections must be considered when sepsis persists after the infected dialysis catheter is removed.

Case report

A 75-year-old woman with a history of stage 5 diabetic nephropathy and hypertension was admitted because of intestinal bleeding, hypovolemic shock, and acute on chronic renal failure. A temporary double-lumen hemodialysis catheter was inserted into her right femoral vein for emergent hemodialysis. Thirteen days later, the patient complained of low back pain and had fever up to 38 °C. The catheter was immediately removed and the subsequent blood and catheter tip cultures grew methicillin-resistant *Staphylococcus aureus* (MRSA). In spite of combining vancomycin and daptomycin therapy for 21 days, the patient's low back pain exacerbated with bilateral lower legs sensory impairment and decreased muscle power. Dyspnea was also developed. Since her fever and leukocytosis persisted, gallium inflammation scan was then arranged and showed thoracic spine T8-T9 and paravertebral tissue uptake (figure 1). Chest computed tomography (CT) scan followed revealed osteomyelitis over T8-T9 in association with contiguous right lung abscess (Figure 2). Corpectomy was arranged after 8 weeks antibiotic treatment and the patient expired after surgery.

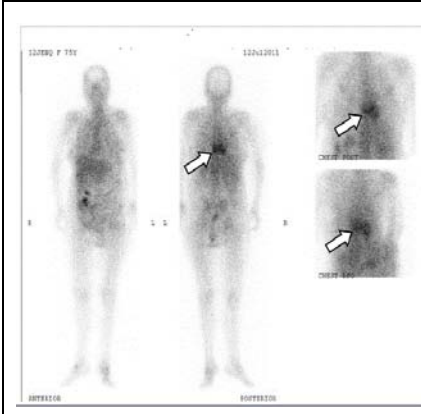


Fig 1 : Gallium-inflammation scan: A focal area of intense tracer accumulation noted in the T8-T9 thoracic spine and the surrounding soft tissue.



Fig 2: Chest CT: The T8 vertebral body is destroyed and compressed(arrow). Lung abscess is noted as the heterogeneous density material in the T8 and T9 paravertebral region (arrow head).