中文題目: 腎移植後發生大腸桿菌相關壞死性筋膜炎

英文題目: Escherichia coli related necrotizing fasciitis after kidney transplantation

作 者: 饒倫毓¹,王奕淳², 李朝樹³, 洪思群²

服務單位:台北慈濟醫院內科部<sup>1</sup>,台北慈濟醫院內科部腎臟科<sup>2</sup>,台北慈濟醫院 外科部一般外科<sup>3</sup>

A 45-year-old woman had end stage renal disease with regular hemodialysis for 4 years. She received deceased donor kidney transplantation in April 2014. Immunosuppressive agents including prednisolone, tacrolimus and mycophenolic acid were used after surgery. Due to little urine amount post transplantation, she received diuretics and a large amount of fluid supply. General edema developed and her body weight was increased from 68 kg to 85 kg. Two weeks later, neutropenic fever with pyuria occurred, so she received antibiotic treatment. Urine culture grew E.coli. Then she complained progressive right thigh pain and swelling. Erythematous skin, huge hemorrhagic bullae and diffuse ecchymosis on right thigh was found. Due to necrotizing fasciitis was suspected, emergent debridement was performed. Besides, she received continuous veno-venous hemofiltration due to septic shock and general edema. Biopsy for graft kidney revealed diffuse ischemia tubulopathy. Pus culture from her necrotized muscle grew E.coli. Therefore, antibiotic was used and immunosuppressive drugs were discontinued temporally. After repeated debridement, her wound gradually healed. Besides, her transplanted kidney function was preserved. Two months later, she recovered well and discharged without further hemodialysis.

Necrotizing fasciitis was a rare but life-threatening disease after kidney transplantation. In this patient, immunocompromised status, general edema and E. coli related urinary tract infection might be associated with its occurrence. Early diagnosis and aggressive treatment of necrotizing fasciitis might improve outcome and preserve renal function of transplanted kidney.