

中文題目：大腸桿菌引起之急性呼吸衰竭：一病例報告

英文題目：Acute Respiratory Failure Caused by Escherichia coli: A Case Report

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Background :

Acute respiratory failure is rare in Escherichia coli. We presented an alcoholic liver cirrhosis patient developed Escherichia coli septicemia.

Case Report:

This 50-year-old man has underlying diseases of esophageal varices bleeding s/p ligation and alcoholic liver cirrhosis. He was brought to emergency department due to tarry stool and hypotension on 104-5-27. Panendoscopy showed minimal esophageal varices, reflux esophagitis, LA grade A. Emergent ventilator support was used due to dyspnea and respiratory failure. Then he was admitted to intensive care unit. Fluid resuscitation and infusion of vasopressors were given. CXR showed patchy pneumonic consolidation of the perihilar region in the right lower lobe. He received empirical antibiotic with piperacillin/tazobactam. Laboratory data revealed WBC, 20400 / μ L with 18% bandemia; platelet count, 60,000// μ L; c-reactive protein, 120.8 mg/L; lactate, 5.1 mmole/L; creatinine, 6.3 mg/dL; and K, 5.6 mmol/L. Arterial blood gas showed pH, 7.433; PCO₂, 20.9 mmHg; PO₂, 70.5 mmHg; HCO₃, 17.7 mmol/L; Base Excess, -8.2 mmol/L. Oliguric acute renal failure with severe metabolic acidosis was treated with continuous venovenous hemofiltration (CVVH). CVVH discontinued on 104-5-31. Blood culture yielded Escherichia coli. The antibiotic was shifted to tienam due to persistent septic shock on 104-5-28. The blood pressure gradually restores and the vasopressors were tapered off. Upper gastrointestinal bleeding recurred on 104-6-2. Glypressin was added. CXR showed mixed airspace and interstitial infiltration in bilateral lung fields on 104-6-4. Profound shock then developed requiring high dose vasopressors. His condition remained worsening despite aggressive treatment. Family members requested palliative therapy and the patient expired on 104-6-7.

Conclusion:

Rapid progression of septic shock, hypoxia, and bilateral lung infiltrates and Escherichia coli septicemia led to the suspicion of pneumonia. Although Escherichia coli pneumonia is rare, we emphasize therapy with tienam for patients with rapidly worsening respiratory symptoms caused by Escherichia coli septicemia or with pneumonia.