中文題目:一位血液透析病人發生葡萄球菌血症、主動脈瓣膜心內膜炎併發敗血 性肺部栓塞

英文題目: Staphylococcal bacteremia and aortic valve infective endocarditis complicated by septic pulmonary embolism in a hemodialysis patient 作者:魏鈺儒¹,許瑞昇²,蔡宜純¹,陳鴻鈞^{1,3},顧進裕^{1,3} 服務單位:高雄醫學大學附設醫院內科部¹高雄醫學大學附設醫院影像醫學部²高雄醫學大學醫學院醫學系內科³

Abstract

We report a case of methicillin-resistant staphylococci (MRSA) infectious endocarditis complicated by septic pulmonary emboli. A 63-year-old hypertensive woman with end-stage renal disease and hemodialysis was admitted to receive endovascular repair due to right arm arteriovenous graft (AVF) pseudoaneurysm rupture with bleeding and pus discharge. Right femoral vein double-lumen hemocatheter was indwelled for hemodialysis. Blood and wound pus culture showed MRSA and intravenous vancomycin followed by daptomycin was used. Her symptoms improved while transthoracic echocardiography showed equivocal aortic valve vegetation on the 11th day. She developed chest tightness, fever and chills on the 21th day and ceftazidime was added because acute coronary syndrome was not likely. However, she developed septic shock with consciousness disturbance, chest tightness and dyspnea on the 23th day during hemodialysis and daptomycin was changed to teicoplanin. Right lung consolidation was found on chest X-ray and serum d-dimer level was elevated. Chest enhanced computed tomography showed pneumonia and multiple pulmonary emboli. Transesophageal echocardiography on the 33rd day showed aortic valve vegetations and equivocal tricuspid valve vegetation, ceftazidime was changed to tienam and AVF was removed on the 40th day. Transthoracic echocardiography showed no vegetations on the 58th day and she was discharged on the 69th day.