

中文題目：末期腎病患者因綠膿桿菌引起的血液透析導管相關性和敗血症的罕見病例報告

英文題目：A Rare Case of Hemodialysis Catheter-Related and Sepsis Caused by *Pseudomonas aeruginosa* in a Patient with End-Stage Renal Disease

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#### Introduction:

Infectious complications of the vascular access are a major source of morbidity and mortality among hemodialysis (HD) patients. The infection rate of arteriovenous (AV) shunt is high, but *pseudomonas aeruginosa* (*P. aeruginosa*.) etiology is rare. Herein, we report the first case of AV shunt infection caused by *P. aeruginosa*.

#### Case report:

The 81 y/o woman with diabetes and end-stage renal disease (ESRD) on hemodialysis by permcath presented to our emergency room (ER) due to general weakness for 2 days. She was admitted for left arm AV bridge ruptured with pseudoaneurysm formation, which was removed; and a new AV bridge was created at the same arm. However, general weakness, poor appetite, and productive cough with whitish sputum developed after discharge. HD on 9/18 was stopped early due to discomfort due to blood pressure revealed 75 /37mmHg. Physical examination disclosed coarse breathing sound. Laboratory revealed anemia, leukocytosis, thrombocytopenia, elevated c-reactive protein, hypokalemia, hyperglycemia. CXR showed cardiomegaly and mildly increased haziness of lung fields. However, fever up to 42 degree at ER. After initial management, still pus discharge from AV bridge surgical site, blood culture and pus culture from AV bridge culture were all confirmed *P. aeruginosa*. we kept antibiotic with ciprofloxacin and Ceftazidime combine therapy. Infection man, nephrologist and another CVS all suggested to remove the infected shunt after transfer the patient to the ward later.

#### Discussion:

Hemodialysis catheter infection management requires a balance to achieve eradication of infection and continued means to achieve hemodialysis with reduced overall morbidity. The duration of antimicrobial treatment should be sufficiently prolonged so as to minimize recurrence of bacteremia and prevent the occurrence of the previously mentioned infectious complications.