

中文題目：因肺炎克雷伯氏桿菌引發的創傷後急性呼吸窘迫症候群的罕見併發症－病例報告
英文題目：An unusual complication of *Klebsiella pneumoniae* in a posttraumatic acute respiratory distress syndrome

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Introduction : The reported incidence of bacterial pneumonia in critically ill trauma patients varies from as low as 4% to as high as 87%, with fatality rates varying from 6% to 59%. The risk of bacterial infections in trauma patients seems to depend upon several factors. The most accepted pathophysiology for pneumonia in intensive care settings is the aspiration of oropharyngeal secretions. The oropharynx, colonized by microflora, is believed to be a major source of pathogens for respiratory tract infections.

Case report: A 49y male who was suffered from head injury and initial drowsy consciousness with chest wall pain was noted. Emergent intubation was performed and series study revealed bilateral subdural hematoma and subarachnoid hemorrhage, skull fracture and epidural hematoma (EDH), multiple right ribs and clavicle fracture. Due to worse EDH, emergency operation was arranged. After operation, hypoxemia become to more severe , Chest computed tomography data revealed consolidated patches in bilateral lung, suspect pulmonary edema or pneumonia and right 1st~8th ribs / clavicle /scapula fracture. The treatment of lung recruitment , bronchoscopy for pulmonary toilet were arranged and much purulent secretions over the bronchial trees was seen. Bronchial culture showed *Klebsiella pneumoniae* and *Staphylococcus aureus*. We had consulted infection men, ceftazidime and oxacillin for severe pneumonia treatment. After his general condition get improved. Thus, he was discharged and OPD follow up as schedule.

Discussion: Infection and multiple organ failure are the most common late complications in patients with multiple traumas. Pneumonia has the highest incidence of all posttraumatic infections, and both early diagnosis and specific treatment are mandatory.