

中文題目：陰溝腸桿菌和克雷伯氏肺炎桿菌引起之急性膽囊炎破裂：一病例報告

英文題目：Acute Ruptured Cholecystitis Caused by Enterobacter cloacae and Klebsiella pneumoniae: A Case Report

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Background :

Acute cholecystitis is usually a mixed infection most commonly by Escherichia coli accompanied with Enterococcus species and anaerobes. But acute cholecystitis by Enterobacter cloacae and Klebsiella pneumoniae is rare. We report our experience with a case of acute cholecystitis with bacteremia caused by Enterobacter cloacae and Klebsiella pneumoniae.

Case Report :

This 79-year-old man has underlying diseases of congestive heart failure, chronic hepatitis C and gallstone. She was brought to emergency department due to persistent diffuse abdominal pain on 103-9-29. Septic shock with acute respiratory failure was noted, so she was intubated for mechanical ventilation support. Then she was admitted to intensive care unit. Abdominal CT showed acute cholecystitis with rupture. Surgical consultation was not recommended surgery, because unstable hemodynamic status and older. Percutaneous transhepatic gallbladder drainage (PTGBD) was done. Antibiotic with Flomoxef was given. Hemodynamic support with fluid resuscitation and infusion of vasopressor were administered. Laboratory data revealed WBC, 19000/ μ L with 3% bandemia; platelet count, 178,000/ μ L; c-reactive protein, 69.8 mg/L. CXR showed mild cardiomegaly with pulmonary edema pattern with bilateral pleural effusion. Blood culture showed growth of Klebsiella pneumoniae with Biles culture showed growth of Enterobacter cloacae and Klebsiella pneumoniae on 103-9-30. Antibiotic was changed to Doripenem with Tigecycline. Oliguric acute renal failure with severe metabolic acidosis was treated with continuous venovenous hemofiltration on 103-10-1. Her condition remained worsening despite aggressive treatment. Family members requested palliative therapy and the patient expired on 103-10-7.

Conclusion:

Our case experienced poor response to doripenem with tigecycline therapy for ruptured cholecystitis by Enterobacter cloacae and Klebsiella pneumoniae. Although tigecycline may have high concentration in the bile, but treatment failure may suggest the need of surgical intervention for the difficult-to-treat cholecystitis, particularly with rupture.