中文題目:腎病症候群患者在接受過類固醇脈衝治療後致命的糞小桿線蟲過度感染-個案報告

英文題目:Fatal strongyloides hyperinfection in patient with nephrotic syndrome after steroid pulse therapy-a case report

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Introduction:

Srongyloidiasis is an infection with Strongyloides stercoralis which was most found in tropical or subtropical regions. Most of the patient were asymptomatic and host the parasites for years. Systemic infection will typically manifest gastrointestinal、pulmonary and dermatologic symptoms. Severe infection is life-threatening, especially in immunocompromised patient.

Case presentation:

The 80-year-old male with the nephrotic syndrome who underwent steroid pulse therapy 2 months ago. Diarrhea was noted one week after the treatment and anti-diarrhea medication was prescribed. However due to symptoms persisted and deterioration, he admission for further evaluation. Fever and pneumonia was noted 2 days after admission and empiric antibiotic with Amoxicillin/Clavulanic acid was used. Disease progression rapidly to respiratory failure 3 days later. The Strongyloides stercoralis was found from sputum smear. Ivermectin 12mg po qd was administered but the patient still progressed to septic shock and acute respiratory distress syndrome. The patient died after the treatment for 2 days.

Discussion:

The strongyloides hyperinfection can cause mortality especially in individuals who are immunocompromised. So the patient who were underwent chemotherapy, steroid pulse therapy or malignancy even AIDS patient need to pay more attention to it. The initial symptoms may be refractory diarrhea, abdominal pain of unknown cause or gastrointestinal bleeding. Then while the parasites mass production, cough and hemoptysis will developed. Pneumonia and acute respiratory distress syndrome will life-threatening. The first line treatment was Ivermectin 200 mcg/kg oral once per day for 2 days is used for uncomplicated infection. In immunocompromised patients, prolonged therapy or repeated courses may be needed. Combined therapy with albendazole and ivermectin also considered for hyperinfection. Even aggressive medical treatment, mortality rate still high. Clinicians should be alert about the rare atypical infection.