

中文題目：一位全身紅斑性狼瘡的慢性腎病病人患有李斯特菌感染性心內膜炎與導管相關感染：個案報告

英文題目：*Listeria monocytogenes* Infective Endocarditis and Catheter-Related Infection in a Patient with Systemic Lupus Erythematosus and Chronic Kidney Disease: A Case Report

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Introduction: *Listeria monocytogenes* (*L. monocytogenes*) infections are rare manifestations in patients with systemic lupus erythematosus (SLE) as well as with chronic kidney disease (CKD). Here we reported a case of infective endocarditis (IE) and catheter-related infection with *L. monocytogenes* bacteremia in a middle-aged SLE female undergoing hemodialysis.

Case Report: A 50-year-old female, with underlying diseases of SLE, CKD stage V, hypertension and type 2 diabetes mellitus, presented to our hospital with a chief complaint of 1-day fever with chills. Fever persisted despite empirical antibiotic use with intravenous vancomycin and ceftriaxone, so PermCath was surgically removed; frank pus was found from the wound. Antibiotic was adjusted to ampicillin and gentamicin after 5 days after *L. monocytogenes* was identified from 2 sets of blood cultures. Transesophageal echocardiography revealed a vegetation on the right coronary cusp of aortic valve. Ampicillin was used for 4 weeks and gentamicin for 2 weeks. No gastrointestinal distress or focal neurologic deficits were found during hospital stay. Her clinical conditions got improved, repeated blood cultures showed negative findings, and there was smaller vegetation from follow-up cardiac ultrasound.

Discussion: *L. monocytogenes* often enters human body via gastrointestinal tract, and infection follows ingestion of contaminated foods. Gastroenteritis, meningoencephalitis and bacteremia are common manifestations of *L. monocytogenes* infection. Major risk factors of *L. monocytogenes* infection include old age and immunocompromise. Only scant case series for *L. monocytogenes* infection in patients with SLE and CKD, respectively, were published. Listeriosis in patients with SLE results from immune dysfunction from SLE itself or is related to immunosuppressive therapy. For CKD patients with *L. monocytogenes* infection, relatively common clinical syndrome included infective endocarditis, vascular access infection and central nervous system (CNS) infection. The prognosis of *L. monocytogenes* infection is highly variable, depending on host immune status, timely antimicrobial use, and site of infection.