中文題目：一位 77 歲糖尿病男性之非 O1，非 O139 霍亂弧菌菌血症合併門靜脈炎及多發性肝膿瘍

英文題目：Non-O1, non-O139 *Vibrio cholera* bacteremia with pylephlebitis and multiple liver abscess in a 77-year-old male with type 2 diabetes mellitus

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Introduction:

Vibrio cholerae is a Gram negative bacillus (GNB) with highly diverse species. It widely distributed in aquatic environments. Serogroups O1 and O139 *Vibrio cholerae* are responsible for well-known cholera pandemic and outbreaks of gastroenteritis. While non-O1, non-O139 *Vibrio cholerae* (NOVC) cause sporadic illness in healthy individuals. NOVC bacteremia is uncommon but in immunocompromised patients or those who with liver disease are to be especially susceptible, with high mortality rates. There are few cases of liver abscess caused by NOVC reported. Herein, we presented a case of pylephlebitis and multiple liver abscess with NOVC bacteremia.

Case report:

A 77-year-old male with a history of hypertension and type 2 diabetes mellitus suffered from one-day backache, dizziness, cold sweating prior to admission. The initial status was afebrile but hypotensive (blood pressure was 75/41 mmHg). Physical examination showed right costovertebral angle knocking pain. Laboratory data revealed leukocytosis with left shift, elevated C-reactive protein (67 mg/L), and impaired renal function (creatinine 1.92mg/dL). The urine analysis and the chest X-ray were unremarkable. Abdominal computed tomography revealed pylephlebitis with multiple microabscesses in the right hepatic lobe. Blood culture yield GNB, which was identified as *Vibrio cholerae* later. The isolate was sent to the Taiwan Centers for Disease Control and Prevention (CDC) and the organism was identified as non-O1, non-O139 serogroups. Ciprofloxacin in combination with doxycycline were prescribed initially according to the drug susceptibility and then switched to ampicillin due to persistent fever. However, the patient asked for against-advise discharge due to personal reason on the fourteenth day.

Discussion:

NOVC ubiquitously inhabit marine and estuarine of subtropical area. The common source of infection was seafood consumption, or bathing in contaminated water. Most patients, as is our case, have no identifiable sources. People with known liver disease, diabetes mellitus and malignancy are at high risk of invasive *Vibrio cholerae* infections. There are no definitive guidelines for NOVC bacteremia treatment because of rare literatures. Furthermore, NOVC lead to liver abscess, complicated with pylephlebitis is extremely rare. Since the high mortality rate, prompt diagnosis and appropriate treatment is necessary.