

UCLA

UCLA Previously Published Works

Title

1783

Permalink

<https://escholarship.org/uc/item/0b43n4nd>

Journal

Critical Care Medicine, 44(12)

ISSN

0090-3493

Authors

Nguyen, Peter
Kamangar, Nader

Publication Date

2016-12-01

DOI

10.1097/01.ccm.0000510456.12955.1a

Peer reviewed

novel approach to provide continuous vancomycin levels in the gut lumen along with elimination of all flora in the rectal stump with oxychlorosene irrigation plus fecal implantation into the rectal stump as well as small bowel. We believe this is the first successful treatment of this profound infection using these multiple approaches in combination.

1782

A RARE CASE OF VEILLONELLA BACTEREMIA FROM PROTOCOLITIS: FIRST KNOWN REPORTED CASE

Khushbu Patel, Ravish Singhal, Leonard Navarro

Learning Objectives: Veillonella species (spp.) are normally part of the human flora in the mouth, vagina, and gastrointestinal (GI) tract. The species has rarely been cited as pathogenic. We present a rare, and to our knowledge only, case of sepsis secondary to Veillonella spp. bacteremia from proctocolitis. **Methods:** A 66 year old male with a history of end stage dementia with chronic tracheostomy to ventilator and percutaneous endoscopic gastrostomy (PEG) feeds who was sent in from nursing home for tachycardia to the 130s and fevers. His blood pressure was 92/53 mmHg and a heart rate of 105 beats per minute with normal respirations and oxygen saturation on home ventilator settings. Physical exam was unrevealing with intact tracheostomy and PEG sites. White blood cell count was elevated to 16.9 K/uL and lactate to 2.74 mmol/L. Blood cultures grew Veillonella spp. which prompted a computed axial tomography of the abdomen and pelvis revealing circumferential thickening of the distal sigmoid and rectum representing proctocolitis. Ampicillin/sulbactam was started for treatment. **Results:** When Veillonella spp. is isolated from clinical cultures, it is routinely thought to be a contaminant and nonpathogenic organism. However, when it is cultured as an isolated pathogen in a patient, it should be regarded as pathogenic. Of the cases reported, osteomyelitis appears to be the most commonly reported, however Veillonella spp. has been cited as a cause of endocarditis, obstructive pneumonitis, lung abscess, chronic sinusitis, chronic tonsillitis, liver abscess, and meningitis. It has never been associated with bacteremia from proctocolitis even though is part of normal GI flora. The identification of Veillonella spp. isolates to the species level remains taxing. Most laboratories are not equipped with the specialized genetic testing methods needed to adequately discriminate between species. Limitations in our laboratory prevented speciation. This was an unique case because it is the first reported case of proctocolitis and secondary bacteremia caused by Veillonella spp.

1783

TUBERCULOSIS MENINGOENCEPHALITIS CAUSING CEREBRAL SALT WASTING AND SEVERE HYPONATREMIA

Peter Nguyen, Nader Kamangar

Learning Objectives: Tuberculosis has been known as the great masquerader for its varied presentations. Tuberculosis (TB) meningoencephalitis is rarely implicated as a cause of cerebral salt wasting syndrome (CSWS). This is a case of TB meningoencephalitis presenting with severe hyponatremia due to CSWS. **Methods:** A 23 year old male born in Guatemala presented with headache, fever, and altered mental status. Initial lumbar puncture had an elevated opening pressure of 55cm H₂O with studies consistent with fungal or viral infection. CT of the head was significant for hydrocephalus with no significant MRI findings. He

was placed on broad antibiotic coverage in addition to fluconazole and acyclovir. Initial serum sodium was 140mEq/L but on day 2, decreased to 127. Initial urine studies showed an elevated urine osmolality and urine sodium consistent with cerebral salt wasting. He was treated with 3% hypertonic saline, however, the serum sodium decreased to a nadir of 119. Maintenance 3% hypertonic, which was initially started at 100cc/hr, was increased to 400 ml/hr due to polyuria at 300ml/hr and an elevated urine sodium. CSF studies from multiple lumbar punctures were negative. He had worsening symptoms with repeat lumbar puncture showing persistently elevated opening pressures. An external ventricular drain was placed and repeat MRI was notable for brainstem leptomeningeal enhancement consistent with meningitis. Hypertonic saline was continued at a rate of 400ml/hr to maintain appropriate serum sodium levels in the setting of polyuria. On day 20, sputum culture from day 9 was positive for TB, and RIPE treatment was started. His course was complicated by development of respiratory distress and worsening altered mental status after initiation of RIPE, and he died shortly thereafter. CSF studies obtained on admission was positive for TB 31 days after collection. **Results:** This case highlights the wide spectrum of CNS manifestations of disseminated TB, notably CSWS leading to severe hyponatremia and the protean manifestations of CNS TB which can be diagnostically challenging for intensivists.

1784

DISSEMINATED TUBERCULOSIS: A RARE DISEASE ENCOUNTERED IN CHILDREN IN THE UNITED STATES

Jaime Jump, Monika Gupta

Learning Objectives: The number of children and adults infected with tuberculosis (TB) worldwide has increased tremendously. On average, each adult who has pulmonary TB infects 8 to 15 individuals prior to TB diagnosis. Control of TB in children has been neglected because they are ineffective transmitters of the disease. However, much of the morbidity and mortality of TB occurs in childhood. **Methods:** 9 month old Pakistani male with the past medical history significant for developmental delay presents with the chief complaints of chronic left upper lobe infiltrate, fever, abdominal distention and bugling anterior fontanel. Patient with concerns for brain and lung masses with broad differential diagnosis including neuroblastoma, metabolic disorder or infection. MRI findings showed many ring enhancing lesions throughout the brain, single large lesions in the thoracic spinal cord, hepatosplenomegaly and hilar and paratracheal adenopathy. An extraventricular device was placed for ICP management and stereotactic brain biopsy was consistent with tuberculosis. Subsequently, the patient had a +PPD >10 mm induration with a positive AFB smear. The patient was started on RIPE protocol with the addition of pyridoxine. The patient's family had recently immigrated to the United States from Pakistan. The patient's father was found to have active TB infection and was the likely source of the patient's infection. The patient's hospital course was complicated by bacteremia, left frontal ischemic stroke, abdominal distention and feeding intolerance, cord compression s/p laminectomy, chronic bilateral subdural hematomas, drug resistance, multiple issues with VA shunt placement and profound neurological deterioration. **Results:** Childhood TB is a preventable and treatable disease. Higher risk of acquiring a TB infection is seen in immigrants and minorities in the United States. The most common forms of TB disease in childhood include pulmonary disease, lymphadenopathy and meningitis. Prompt diagnosis and treatment must be facilitated by a high index of suspicion and knowledge of epidemiology of the community.

Research Snapshot Theater: Case Reports: Infectious Disease V

1785

CHROMOBACTERIUM VIOLACEUM SEPTIC SHOCK IN A HEALTHY TEENAGER

Laura Wright-Sexton, April Palmer, Kenneth Muldrew, Steven Bondi

Learning Objectives: Chromobacterium violaceum is an aerobic gram-negative bacterium found commonly in the soil and water of tropical and subtropical areas. Human infection was first described in 1927, with only 150 cases reported since then. **Methods:** SV was a previously healthy 11 year-old female who

presented with worsening fever, vomiting and diarrhea of a presumed viral illness after returning from summer camp. Computer tomography of her abdomen showed multiple hepatic hypodensities suggestive of abscesses. Emergent laparotomy was performed after she developed an acute abdomen. Meropenem, cefepime and vancomycin were initiated, however she quickly progressed to septic shock. Forty-eight hours after admission, her blood culture grew Chromobacterium violaceum and her antibiotics were changed to meropenem and levofloxacin. She was supported with 5 days of inotropes and mechanical ventilation as well as continuous renal replacement therapy for acute renal failure. Significant