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Thoracic paravertebral abscess and secondary meningitis in hemodialyzed patient: Case presentation

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Introduction: Catheter-related infections (exit site, tunnel and bacteraemias) are common complications and present high morbidity, mortality and costs. Bacteraemias are the most clinically important due to the potential to transform into sepsis. The prevalent central venous catheter (CVC) use in patients initiated in hemodialysis (HD) has increased to ~25% while >80%, in some countries.

Case Report: A 67-year-old woman with insulin-dependent diabetes mellitus, vascular lesions (aorto-coronary by-pass, left amputation), secondary hypertension, CKD stage 5, is HD initiated by right jugular tunneled CVC in 2016. The malfunctioning CVC is replaced in 2017 and after 7 days the patient accuses intense posterior chest pain and fever, without infection signs at exit site CVC with suspicion of infectious discitis. RMN and CT spine scan has been highlighted paravertebral abscess T3-T5 in contact with right pleura, without neuro surgical indication. After 5 days of treatment with Vancomycin, Rifampicin and Ceftriaxone, febrile syndrome persists and spatial and temporal disorientation together with cervical and thoracic spine stiffness is being installed. Diagnosis of *Staphylococcus aureus* meningitis was established by cerebrospinal fluid examination. 14 days of treatment with Linezolid 600 mg/day, i.v., together with Vancomycin 500 mg i.v./HD session and oral Rifampicin 600 mg/day for 6 weeks, is initiated. The patient presents in addition *Clostridium difficile*-associated diarrhea, treated with oral Vancomycin in lower doses and on alternate days. Clinical evolution was favorable with improved paraclinical parameters (MRI and cerebrospinal fluid cellularity).

Discussions: The first particularity of the case is its complexity through the two relatively rare complications; paravertebral abscess and secondary meningitis in patient with much comorbidity. Simultaneous administration of intravenous and oral Vancomycin for bacteraemia and *Clostridium difficile* treatment is the second particularity of the case.

Biography

Lavinia-Olita Bratescu has graduated from University of Medicine and Pharmacy from Timisoara in Romania in 2000. She has completed her studies with specialization in Nephrology in 2006. From 2007, she has worked as a Nephrologist in Sf Pantelimon International Healthcare Systems Nephrology and Dialysis Medical Center in Bucharest. She was the Chief Physician at the same medical center and in 2016 became Chief Physician at Diaverum Morarilor Nephrology and Medical Center also in Bucharest, Romania. She has completed her PhD in 2013.

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