

3rd Global Experts Meeting on

Medical Case Reports

May 09-10, 2016 New Orleans, USA

Persistent fever in a patient with Wunderlich syndrome

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Wunderlich syndrome is spontaneous, non-traumatic renal hemorrhage confined to the sub-capsular and perirenal space. We present a case of a patient with a Wunderlich syndrome complicated by renal abscess. Patient was a 43 year old male who presented with nausea and generalized weakness, found to have sepsis secondary to urinary source. Ultrasound obtained during work up showed an old right perinephric hematoma. Patient continued to be febrile despite IV antibiotics. Repeat imaging with CT scan showed large abscess in place of the previously described sub-capsular hematoma. Successful CT-guided drainage of the abscess led to marked improvement and resolution of fever. Wunderlich syndrome is secondary to neoplastic and non-neoplastic causes. It usually presents as mild flank pain, flank tenderness or hematuria. Depending on blood loss, symptoms, of hypovolemic shock may develop. Treatment varies according to severity ranging from monitoring of the hematoma to nephrectomy. Our case is interesting since Wunderlich syndrome provided a nidus for infection and eventual abscess formation causing persistent fevers and flank pain with preserved hemodynamic stability. It demonstrated the need for CT imaging in order to fully appreciate the extent of the hemorrhage which in this case converted into an abscess. In the right clinical scenario, Wunderlich syndrome should be evaluated as a possible factor in infectious presentations.

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Caustic ingestion of windshield wiper fluid and insecticide: A case of acute methanol poisoning

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A 59 year old male presented with respiratory failure and encephalopathy after consuming windshield wiper fluid and insecticide. The patient was emergently intubated and admitted to the medical intensive care unit. Work up revealed acute kidney injury and anion gap metabolic acidosis secondary to methanol toxicity. He received Fomepizole and was emergently dialyzed. In the following days, serum methanol level was confirmed to be high and the patient received a total of three doses of Fomepizole and was dialyzed twice with eventual resolution of metabolic acidosis. Unfortunately, the patients' neurological status was severely depressed prompting a computed tomography scan which revealed profound low attenuation involving the subcortical white matter of hemispheres, the cerebellar hemispheres and the putamen bilaterally. This pattern of disease was consistent with methanol intoxication. The patient did not make any meaningful neurologic progress after three weeks of continued aggressive care and after family discussions the decision was made to transition the patient to hospice. Acute methanol poisoning is an uncommon intoxication. The clinical presentation of methanol intoxication can vary. Intoxication produces severe metabolic acidosis with high anion and osmolar gap, high serum methanol levels and serious neurologic sequelae as evidenced by our case.

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