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***Nocardia asteroides* peritoneal dialysis related peritonitis: First case in pediatrics, treated with protracted linizolid**

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Peritonitis is a common problem in patients undergoing continuous ambulatory peritoneal dialysis (CAPD) and represents the most frequent cause of peritoneal catheter loss and discontinuation of CAPD. Common bacteria, particularly staphylococcal species are the usual causative agents. Fungi and higher bacteria such as *Nocardia asteroides* as etiological agents have been infrequent in patients undergoing CAPD. We report a 13 years old female with chronic renal failure, who was on CAPD for the last 3 years. She presented with peritoneal catheter exit site and tunnel infection. The condition progressed to frank clinical and laboratory evidence of peritonitis. The course of infection was stormy not responding to several combinations of antibiotics and then progressed to septic shock and cardiac arrest. *Nocardia asteroides* was isolated after two weeks after high index of suspicious. This is first case report in pediatrics which was complicated by an intra-abdominal abscess that required ultrasound guided drainage and a protracted long course of linizolid antibiotic. Linizolid was given IV for 3 months in hospital then orally for 5 months with close monitoring of side effects. Patient discharged home after 3 month of hospitalization on hemodialysis. In literature, a total of 11 adult patients reported with *Nocardia* peritonitis. None of the reported cases used linizolid as an option in the treatment. So, this is the first report of using linizolid in *Nocardia* species related peritonitis. Diagnosis and management can be problematic due to the slow growth and difficult identification of *Nocardia* species. The optimal duration of treatment for *Nocardia* peritonitis is not known. Finally, protracted linizolid can be used for treatment of *Nocardia* peritonitis in trimethoprim-sulphamethoxazole resistant cases. Linizolid can be used for pediatric age group with close monitoring of side effects..

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Hypothyroidism and congenital long QT: Additive effect causing torsades

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Hypothyroidism can result in a myriad of cardiovascular effects. We present a rare instance of a young female patient with torsades de pointes (TdP), a fatal ventricular tachyarrhythmia, potentiated by hypothyroidism superimposing a congenital long QT syndrome. Although hypothyroidism has been linked to torsades de pointes in few case reports, none of the reported patients have been tested for congenital long QT syndrome. Reversing cardiovascular risk has been documented when patients regained their euthyroid state after Levothyroxine replacement therapy. Patients should be given stress dose glucocorticoids while levothyroxine dose increases gradually to avoid precipitating acute coronary syndrome especially in patients with underlying coronary artery disease. Clinicians should be aware of life-threatening complications of hypothyroidism. Prompt diagnosis and treatment can lead to absolute recovery and a favorable long-term prognosis.

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