The Staph, The Serpent and the Infiltrate

2019 SD/NE Regional ACP Meeting

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Avera Medical Group - Pierre

80 year old male, admitted 8/17/16
CC: fevers and fatigue

HPI: 3-5 days weakness, anorexia, chills, agitation/combativeness and failed op Rx Augmentin and Azithromycin for presumed CAP

PMHx: COPD, HTN, CKD III, DM II, OA

Meds: Quinapril, Symbicort, Simvistatin, Metoprolol, PPI, ASA, FeSo4

Unremarkable exam

DATA HIGHLIGHTS

- WBC 12.3
- CRP 35
- UA NEG
- CREAT 1.5 (1.2)
- CMP Normal
- Cultures sputum and blood NEG at 48 hrs

- CXR – “possible“ LLL infiltrate
- ECHO – EF 55%, Diastolic failure
- MRI Brain – R frontal lobe infarct, possible enceph/vasculitis
- LP – 0 wbc, Normal glucose, protein

8/22/16 – 9/24/16

- Admit to SNF 8/22
  - Doxycycline + Acyclovir + Prednisone taper for CAP and possible Encephalitis
- D/C to home from SNF 9/10
- Outpatient visit 9/13 with fever
- Readmitted to Hospital 9/24
  - CC: Confusion, Weakness, chills despite 10 days of Levofloxacin PO
  - Dx: Sepsis due to CAP and Delerium
  - Empiric Rx Vancomycin + Zosyn for MDRO risk

HOSPITALIZATION # 2
CLINICAL HIGHLIGHTS

- “ Bad tooth”
  - Extraction planned
  - Panorex and Dental eval negative for infection
- Back Pain – Acute on Chronic??
  - Worse since fell backwards startled by snake
  - Lumbar film 4/2016 = DJD
  - MRI Lumbar and Thoracic spine ordered 9/28

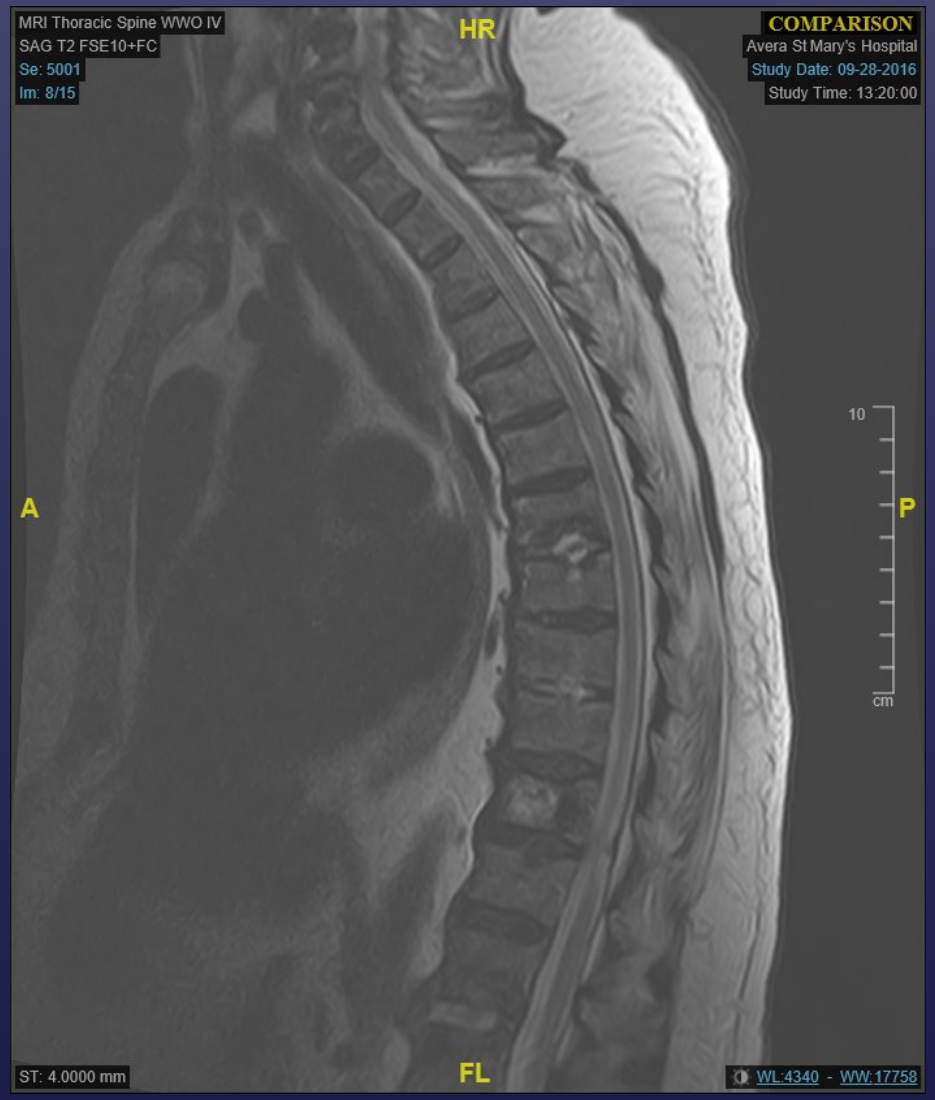
HOSPITALIZATION # 2
DATA HIGHLIGHTS

- CXR +/- LLL infiltrate, CT Chest NEGATIVE
- WBC 14.5, Neuts 84%, Hgb 10
- CRP 24
- UA NEG
- AST/ALT 150/160
- **9/24 INITIAL BLOOD CULTURES POSITIVE - MSSA**

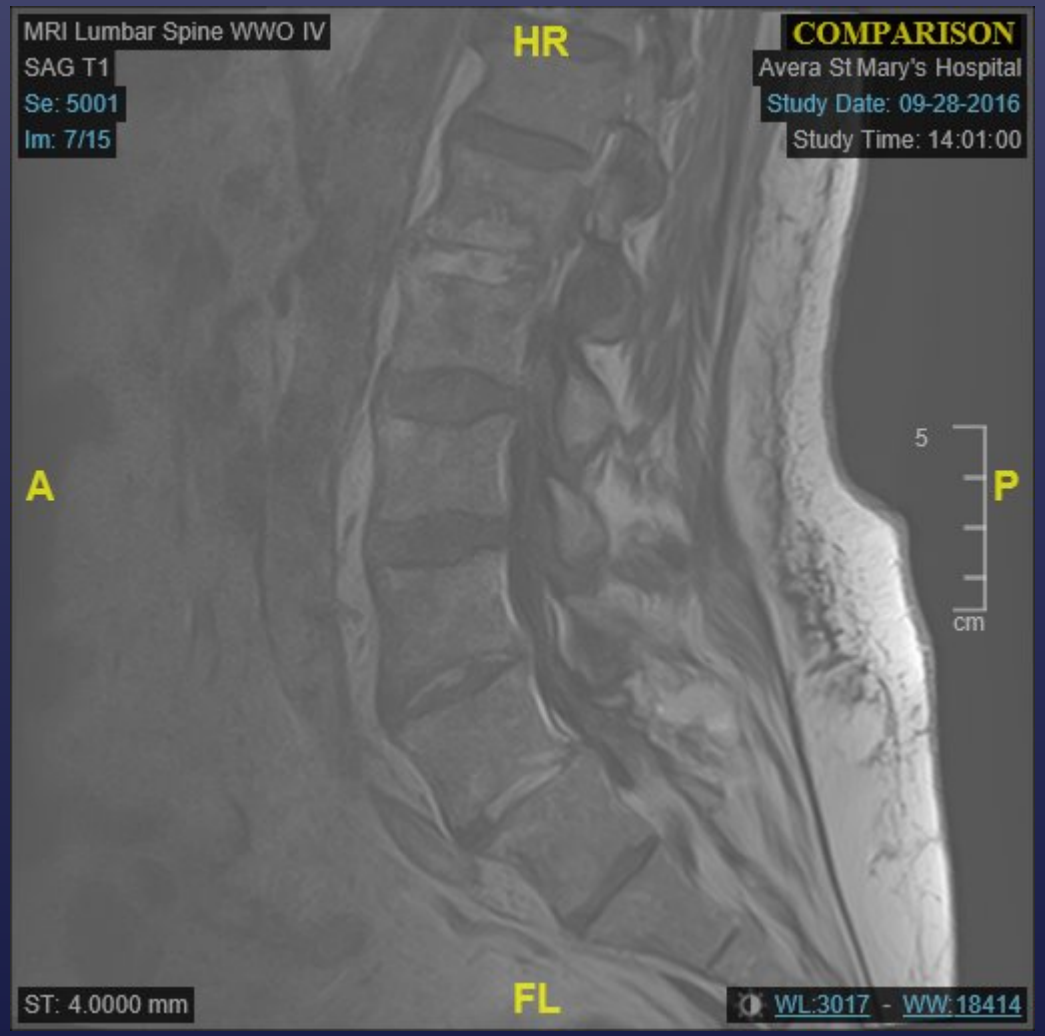
BLOOD CULTURES

- 9/24 = MSSA
- 9/27 = MSSA
- 9/29 = MSSA
- 10/2 = NEGATIVE

Discitis and Osteomyelitis five levels



Discitis and Osteomyelitis Five levels



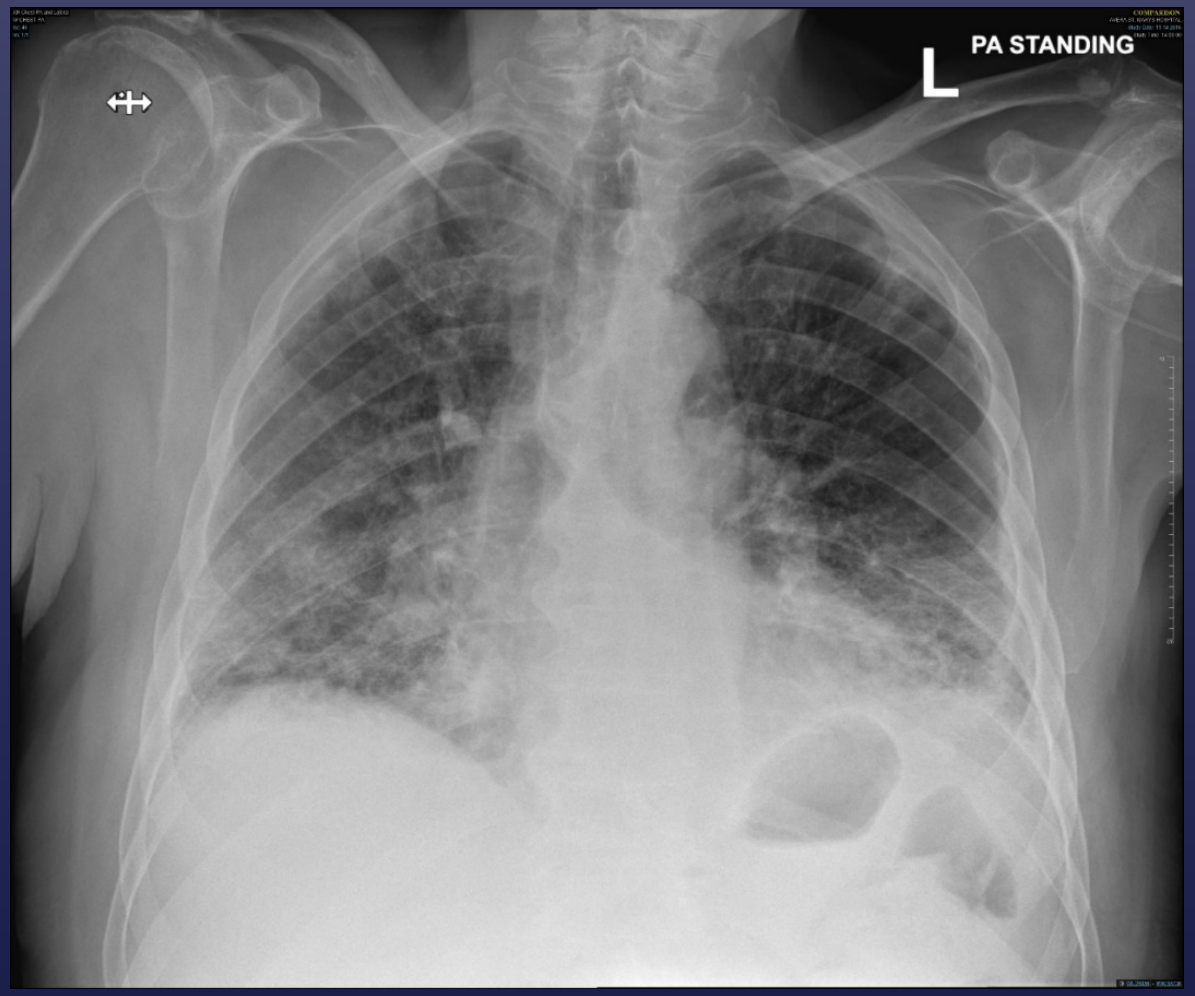
SNF admission # 2

- Admit to SNF 10/7
  - Daptomycin X 6 weeks by PICC
  - Failed Vanco due to intolerance / “Red Man” syndrome

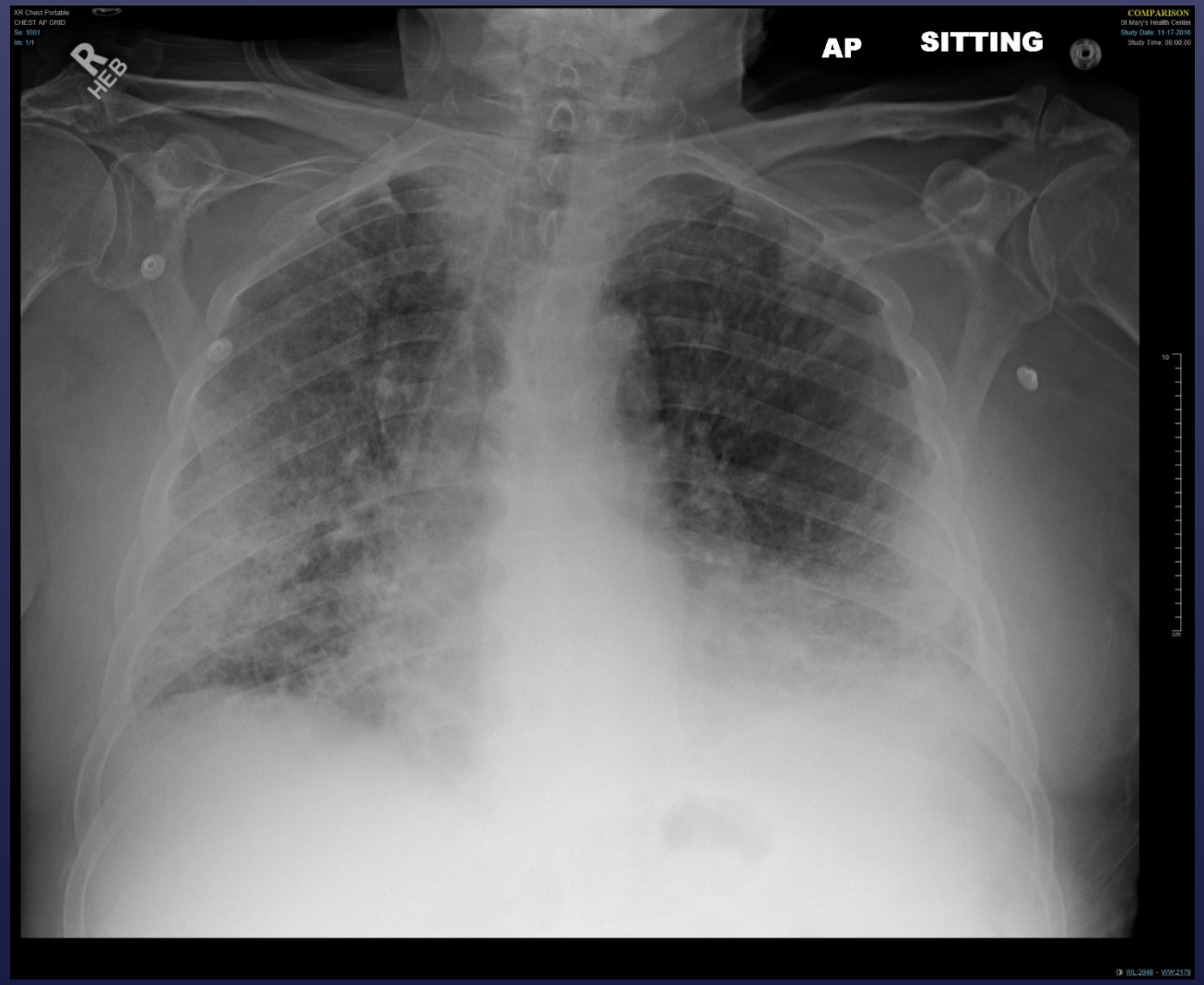
HOSPITALIZATION #3
Nov 16, 2016

- Emergency Dept visit 11/16
- CC: “ short of breath”
- Oxygen Sats 78% on room air
- ABG 7.40/35/60/22, WBC 10.2,NEUTS 71%, EOS 6%, ESR 129
- CXR = “ Diffuse infiltrates c/w pulmonary edema”
- Rx Furosemide and admitted

ED VISIT 11/17/16

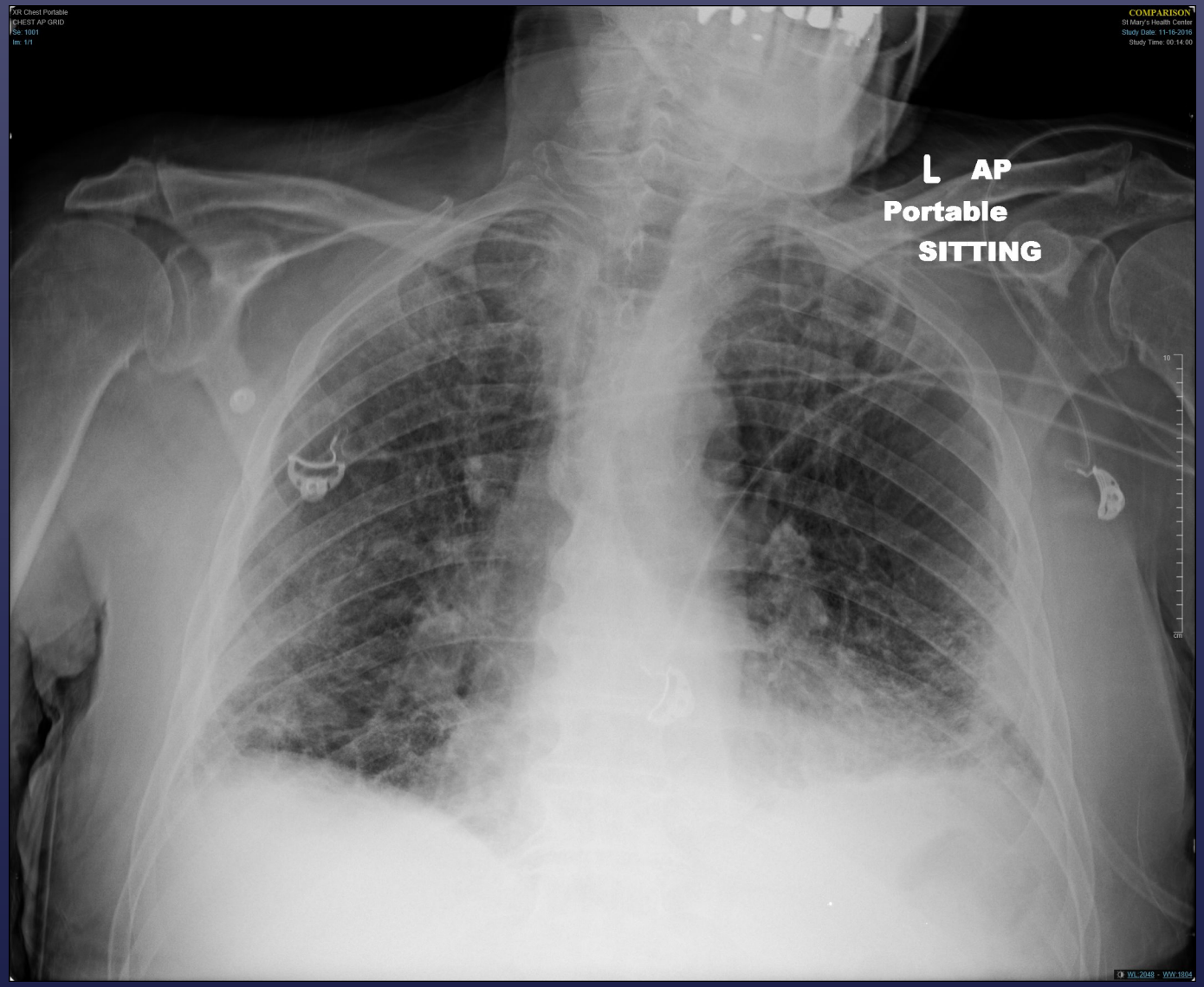


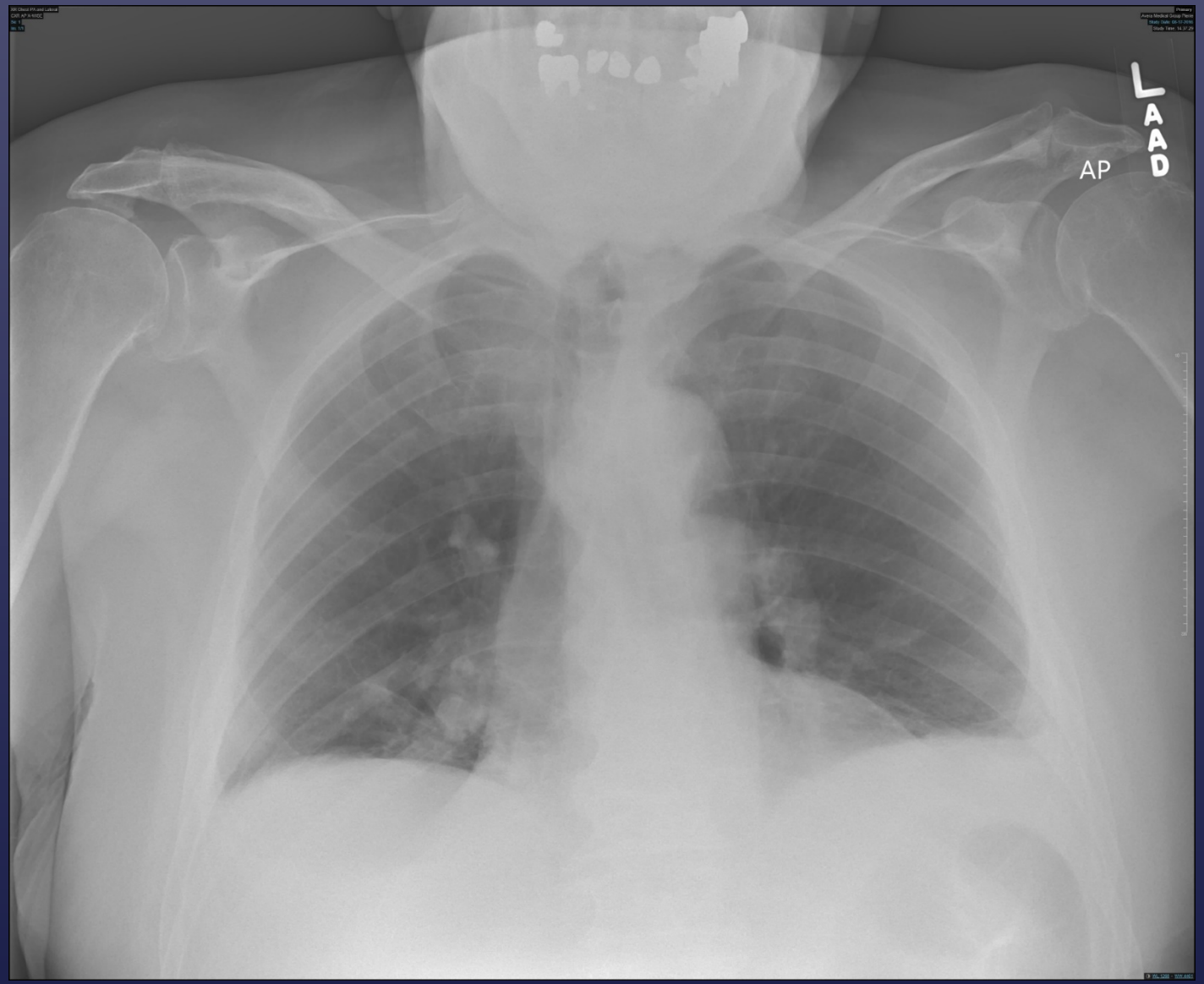
DAY 2 HOSPITALIZATION



CT CHEST PERFORMED

- Bilateral, patchy ground glass opacities
- Predominantly alveolar infiltrates
- Bilateral pleural effusions


XR Chest Portable
CHEST AP GRID
Se: 1001
Im: 1/1
COMPARISON
St Mary's Health Center
Study Date: 11-16-2016
Study Time: 00:14:00
L AP
Portable
SITTING
10
cm
WL: 2048 - WW: 1804


LAAD
AP

ACUTE EOSINOPHILIC PNEUMONIA

- Criteria
  - Febrile illness < 1 mos
  - Hypoxemic Resp Failure
  - Diffuse Pulmonary opacities (not peripheral like chronic)
  - > 25% EOS on BAL
  - Absence of known causes (Aspergillus, Asthma, Atopic Dz)
    - (peripheral EOS usually not present acutely)

ACUTE EOSINOPHILIC PNEUMONIA

- MEDICATIONS ASSOCIATED
  - COCAINE
  - **DAPTOMYCIN**
  - GEMCITABINE
  - INFLIXIMAB
  - RANITIDINE
  - VENLAFAXINE
  - SULFALAZINE/MESALAMINE