The Staph, The Serpent and the Infiltrate

2019 SD/NE Regional ACP Meeting
Philip F Meyer, DO, FACP
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
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