

中文題目：合併阿米巴肝膿瘍及疑似真菌性脾膿腫感染於一位後天性免疫缺陷綜合症的患者
英文題目：Combined Amebic hepatic and r/o candidiasis splenic abscesses in a patient with Human immunodeficiency virus infection disease.

作者：趙惠君, 楊煦星

服務單位：奇美醫學中心加護醫學部

Introduction: Early in the acquired immunodeficiency syndrome (AIDS) pandemic, some studies reported that the prevalence of invasive amebiasis was not increased in patients with increasing incidence of human immunodeficiency virus (HIV) infection. Amebic liver abscess (ALA) is the most common extraintestinal complication of amebic infection. Although loss of cellular immunity is thought to play a role in infection, whether HIV infection is also a risk factor for invasive amebiasis is controversial. We report the role of HIV infection in ALA with suspicious of candidiasis splenic infection and the clinical features in HIV-infected patients.

Case Report: This patient was diagnosed of HIV infection with AIDS during previous admission, This time, he suffered from fever, general malaise, black stool passage and abdominal fullness so he was admitted for further management. After admission, abdominal echo and computed tomography were arranged and two small residual liver abscess, multiple tiny hypodense lesions in spleen, and multiple hypodense lymphadenopathies in paraaortic region, iliac chains and perirectal region were noted, antibiotic therapy was adjusted, besides, esophagogastroduodenoscopy was arranged for survey of tarry stool passage and candida esophagitis was impressed. During admission, septic shock developed combined with lactic acidosis, acute oliguric renal failure, acute hepatitis, and acute respiratory failure so he was admitted to intensive care unit. However, profound shock persisted without response to fluid resuscitation, vasopressors/inotropics infusion, and stress dose steroid. We applied PiCCO monitor to guide hemodynamic support and PiCCO parameters showed very low SVRI under high dose of vasopressors, consistent with septic shock. In addition, peripheral perfusion was cold but PiCCO parameters showed adequate CO/CI/SVI, compared with the trend of lactate level, adequate CO/CI/SVI was favored. For the treatment of septic shock in AIDS patients, combination of antibiotic therapy was used, including cefrom and cravit for bacterial pneumonia, metronidazole for ameba infection, ambisone + candidas for fungal infection including PJP, gancyclovir for CMV infection, after antibiotic therapy, the trend of inflammatory parameters such as WBC/DC, CRP, PCT, gradually improved, therefore, we started negative fluid balance with colloid solution to improve hypoalbuminemia with low oncotic pressure and adjusted weight loss by continuous venous hemofiltration to improve acute mixed type pulmonary edema and general edema. Meanwhile, critical gas exchange was noted with high FiO₂ and high peak inspiratory pressure was noted so sedation with narcotics + muscle relaxants were used. As intensive care continued, his clinical condition mildly improved, we tapered FiO₂ to 40% to maintain adequate oxygenation, however, unexpected shock and dilated pupils developed and PiCCO parameters showed very low CO/CI/SVI, we tried to correct hemodynamic instability again but in vain. We discussed with families, they accepted comfort care, and the patient passed away in the hospital on 105/7/12.

Discussion: The diagnosis of hepatic or splenic abscesses in patients with HIV infection is frequently delayed. Many of the symptoms and signs related to the presence of such abscesses in patients with HIV infection are similar to the manifestation of HIV per se, they are often incorrectly thought to be arising from exacerbation of the existing disease. The abscess was drained, and the patient was treated with sulfasalazine and antibiotics. Follow-up ultrasonography of the abdomen showed a complete resolution of the abscesses. Liver abscess and splenic abscess are rare complications of HIV case. But we should bear in mind that hepatosplenic abscesses can be complicated in a patient with HIV, and its existence should be considered as a differential complication in a patient with HIV.