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Klebsiella pneumonia induced rhabdomyolysis complicated with prostatic abscess and renal abscess

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Case Study:

Rhabdomyolysis is a syndrome characterized by muscle necrosis and the release of intracellular muscle constituents into the circulation. Rhabdomyolysis can be caused by various causes; including trauma, hyperkinetic states, seizures, myopathies, malignant hyperthermia, alcoholism, and infection. Herein, we present Klebsiella pneumonia infection induced rhabdomyolysis

A 66-year-old male with a medical history of hypertension, benign prostatic hyperplasia, cerebral hemorrhage and cerebral infarction, presented to the hospital with general weakness and voiding difficulty. On initial evaluation, his blood pressure was 110/78mmHg, pulse was 95/min, respiratory rate 18/min and body temperature was 36.0°C. Laboratory workup revealed the following data: white blood cells, 51,790/uL; serum creatinine, 3.35mg/dL; blood urea nitrogen, 62mg/dL; aminotransferase, 570 IU/L; alanine aminotransferase, 224 IU/L; creatine kinase(CK), 9,211IU/L; lactate dehydrogenase, 1,913 IU/L; C-reactive protein, 21.55 mg/dL, serum myoglobin, >30000.00ng/mL (exceeding limit); urine myoglobin >30000.00ng/mL (exceeding limit). His urinalysis showed hematuria exceeding 1/2 of high-power field, proteinuria +++, pyuria exceeding 1/2 of high-power field. Abdomen computed tomography without contrast revealed prostate gland enlargement and followed-up CT after 2days with contrast revealed prostatic abscesses and acute pyelonephritis on right kidney (Figure 1). The patient was treated with ciprofloxacin intravenously. On day 3, hemodialysis was performed due to azotemia. A total of 10 hemodialysis sessions were performed. Serial laboratory findings are presented in table 1. Percutaneous abscess drainage with catheter was performed. After drainage, the abscess was divided into two small abscesses at 6.7 x 8.4 cm, and was reduced to 2.1 cm on the left and 1.6 cm on the right. Blood cultures became positive for Extended-spectrum beta-lactamase (ESBL)-negative Klebsiella pneumoniae. The patient was discharged with serum creatinine of 1.05mg/dL. Klebsiella pneumoniae is a common cause of urinary tract infection. To our knowledge, we present the first case of Klebsiella pneumonia induced rhabdomyolysis complicated with prostatic abscess and renal abscess.

Figure1 and Table1