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Clinical course of patient with septic acute kidney injury complicated by disseminated emphysematous infection

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Case Study: Emphysematous hepatitis and emphysematous cystitis usually share common features which is a necrotizing, gas-forming infection. However, unlike emphysematous cystitis or pyelonephritis, emphysematous hepatitis or osteomyelitis has rarely been reported. In emphysematous infection (EI), sepsis easily develops unless appropriate treatments are immediately given. Thus, a proper diagnosis and treatment of EI are important. Herein, we report clinical course of patient with septic acute kidney injury (AKI) complicated by disseminated EI caused by poorly treated liver abscess.
A 88-year-old female visited emergent department due to fever. She has no diabetes, but she suffered from liver abscess 6 months ago. The initial liver abscess was about 2 cm and the abscess were not suitable for percutaneous drainage. She improved after 3 weeks of only antibiotic treatment. However, she did not visit the outpatient clinic. Laboratory data showed severe metabolic acidosis and DIC pattern. Her vital signs were unstable. Abdominopelvic computed tomography showed intralesional gases at various sites including liver, urinary bladder, left gluteus muscle and vertebra. We performed antibiotic treatment, bladder catheterization and percutaneous drainage for the large liver abscess. We also initiated continuous renal replacement therapy (CRRT) for septic AKI. *Klebsiella pneumoniae* was cultured in blood, urine and abscess. After only 1 week, she markedly improved. Three weeks later, AKI and laboratory abnormalities were also normalized.
This patient presented with a disseminated EI and recovered from septic AKI through the aggressively medical intervention. Diabetes and urinary tract obstruction are regard as a risk factor of EI. The poorly treated abscess and inappropriate host response can be also a risk factor. EI can spread extensively to various sites beside urinary tract system, and disseminated EI can easily lead to septic AKI. Conclusively, even in patients without diabetes, the elderly patients with the poorly treated infection require careful monitoring for the development of EI

Abdominopelvic computed tomography showed gas forming at various sites including liver, urinary bladder wall, intra-vertebral area and left buttock muscle.