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个案与短篇

肺假鼻疽伯克霍尔德菌败血症 1 例

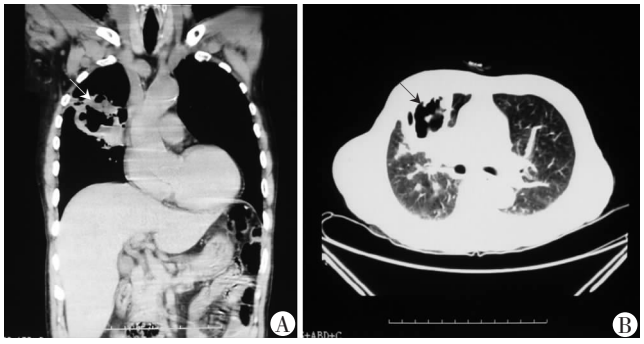
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[**关键词**] 假鼻疽伯克霍尔德菌;败血症;肺脓肿
[**中图法分类号**] R631.3 [**文献标志码**] B

类鼻疽(melioidosis)是由假鼻疽伯克霍尔德菌(*Burkholderia pseudomallei*)所致的地方性传染病,该病世界范围内主要流行于澳大利亚中部、东南亚等热带、亚热带地区,在美洲、欧洲等地也有病例报道[1]。在我国,假鼻疽伯克霍尔德菌主要分布在海南、广西、广东和福建等地区[2],其他地方罕有报道。本研究对重庆发现的 1 例假鼻疽伯克霍尔德菌感染病例报告如下。

1 临床资料

患者,男性,76 岁,以"畏寒、发热、咳嗽、气促 13 d"于 2013 年 10 月 25 日入院。13 d 前因受凉后出现畏寒、发热,体温高达 39 ℃,伴咳嗽,咳少量黄白色粘痰,痰液无臭味,活动后气促。至当地医院就诊,胸片提示:①右肺中野可见不规则占位性病变,考虑肺脓肿,肿瘤待排;②小肠高位不完全性梗阻。既往无糖尿病、肺结核病史,无手术、外伤、输血史,否认疫区居住史及疫水、疫源接触史。入院查体:体温 39 ℃,脉搏 89 次/min,血压 127/53 mmHg,急性热病容,全身浅表淋巴结不大,双肺呼吸音减弱,右肺可闻及少量湿性啰音,肝脾未及肿大。入院查血常规:WBC 20.72 × 10^9/L, NEU 91.5%, CRP > 160.0 ng/L,降钙素原 24.37 ng/mL,血沉 70.00 mm/h,真菌 1-3-β-D 葡聚糖 237.50 pg/mL,结核抗体阴性,HIV 抗体(-),梅毒试验(-)。胸部 CT 检查示:①右肺上叶前段占位性病变,考虑肺脓肿可能性大,肿瘤不能除外;②双肺多发小片状及结节影,考虑感染性病变(图 1)。入院后拟诊肺脓肿,给予注射用亚胺培南西司他丁钠 1 g,4 次/d 抗感染治疗,给予灌肠后,肠道梗阻解除。住院期间仍有发热,体温波动在 37.5 ~ 39 ℃,10 月 29 日血培养示:假鼻疽伯克霍尔德菌;30 d 痰培养示:假鼻疽伯克霍尔德菌,均对头孢他啶、复方新诺明和亚胺培南敏感。故诊断为:①败血症(假鼻疽伯克霍尔德菌感染);②右上肺肺脓肿。遂建议转传染病医院进一步诊治。在出院 7 d 后对其进行电话随访,得知在出院 2 d 后患者死亡。



A:冠状位;B:横截面;右肺上叶前段见 7.9 cm × 6.1 cm 后壁空洞,形态不规则,边缘不清,其内未见液平面(箭头示)

图 1 肺假鼻疽伯克霍尔德菌败血症患者胸部 CT 表现

2 讨论

假鼻疽伯克霍尔德菌为革兰阴性杆菌,常存在于疫区水、土壤、粪便以及腐烂尸体中。人畜之间可进行传播。主要传播途径包括接触含有致病菌的水或土壤,经破损的皮肤而受感染,或通过吸入带菌的尘土或气溶胶,经呼吸道感染[3-4],也可

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组织修复情况和雌激素对此的影响,都有待在后续实验中进一步研究。

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经消化道、性接触传播。假鼻疽伯克霍尔德菌在感染宿主后可长期处于静止期,而在多年后当宿主患有糖尿病、肾衰竭、肝硬化等使宿主免疫功能降低的疾病时,该病即可暴发,死亡率高达30%~50%[5],被称为宿主体内"定时炸弹"。

假鼻疽伯克霍尔德菌可感染和播散到人体多个器官,主要感染肺部,也感染皮肤或皮下组织、骨骼等组织[6]。肺类鼻疽的急性期主要表现为化脓性感染、急性肺炎或急性败血症伴高热。慢性期与肺结核症状相似。上述临床表现与其他细菌引起的肺炎临床症状很难区别,导致误诊、漏诊可能性增大。

本例患者为老年男性,在发生不全性肠梗阻后出现高热,伴咳嗽,咳少量黄白色粘痰,活动后气促,影像学检查提示肺部占位性病变、双肺多发小片状及结节影,血培养确诊为假鼻疽伯克霍尔德菌感染,与文献[7]报道一致。但有趣的是重庆地区尚无假鼻疽伯克霍尔德菌疫区报道,同时患者否认曾在疫区逗留,使得我们无法寻找传染源和传播途径。但根据病史情况可以推测:首先,患者为老年人,在发病前已经感染了假鼻疽伯克霍尔德菌,当患有不全性肠梗阻时,可能诱发假鼻疽伯克霍尔德菌的大量繁殖。其次,该患者生活在农村,卫生水平较差,与牲畜、土壤接触机会较多,也是感染该细菌的重要原因[8];第三,近20年来,川渝地区大多数农村青壮年去广东、福建乃至东南亚地区打工,他们生活的地区可能是疫区,他们被感染后可能无任何症状,但当他们返回家乡后,有可能经粪-口等途径传染给免疫力较弱的老年人。

目前尚无针对该病的疫苗,并且假鼻疽伯克霍尔德菌对多种抗生素天然耐药,仅对头孢他啶、复方新诺明和亚胺培南敏感,故常规经验治疗往往效果不佳。此外,在临床上肺上叶前段并非肺脓肿的好发部位,且痰液无臭味,不是典型肺脓肿的临床表现,在这种情况下临床医师需考虑患者存在其他病原菌感染的可能。

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