



Waterhouse Friderichsen Syndrome

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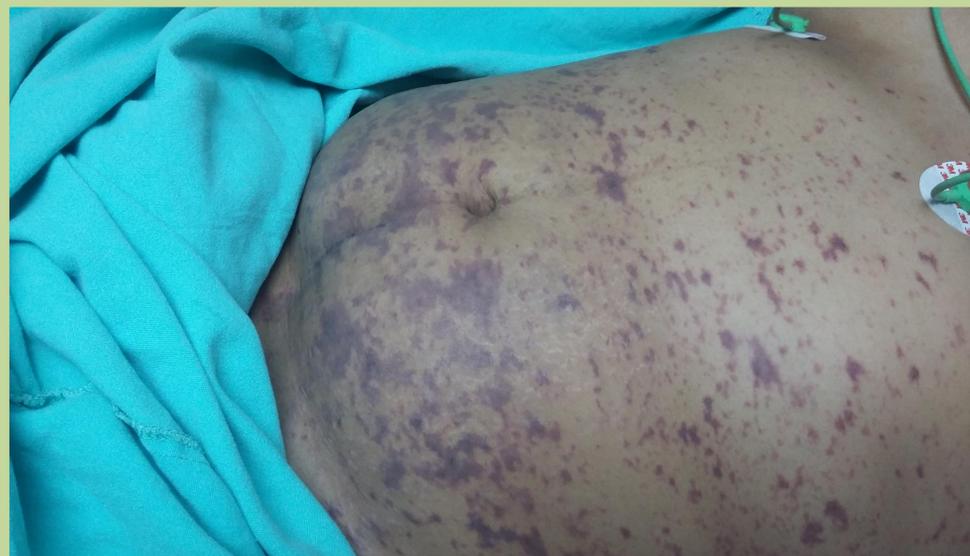
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CASE: Woman 24 years old with no history of importance except being operated caesarean operation two months and a half without incident, resulting in macrosomia product.

Enter a room trauma shock seizures witnessed at home and during transportation to the hospital, clouding, state initial shock, hypoglycemia, fever, with a history of nonspecific prodrome 7 days prior characterized by fatigue and weakness, adding fever 72 hours previous and also presenting with behavioral disorders disorientation 24 hrs prior to admission, the previous night generalized purpuric dermatosis is added. Upon initial review apparently Glasgow of 14, but disorientated and psychomotor agitation, presenting shock unresponsive to water resuscitation initial, feverish with suspected neuroinfection, so she underwent cranial tomography which is reported only discrete brain edema; passes intensive therapy for management of shock, after endotracheal intubation seizures and involvement of consciousness.

Upon arrival even with persistent hypotension despite double scheme amines (dopamine, norepinephrine) and fluid resuscitation, also high ventilatory requirements with data from acute lung injury, in frank anuria and acute renal injury, severe metabolic acidemia that warrants management bicarbonate, hematologic data franca fails with disseminated intravascular coagulation and purpura generalized data.

T/A (mmHg)	70/40	Prothrombin time	no coagulation
Heart Rate	140	Partial thromboplastin time	78.3 seg
Breathing frequency	20	fibrinogen	no coagulation
Temperature (° C)	38.5		
Uresis / hour (ml / hr)	10	Total bilirubin (mg)	1.0
		Direct bilirubin (mg)	0.4
		GOT (U / L)	70
Hemoglobin (g)	12.8	GPT (U / L)	52
Hematocrit (%)	39.9	Alkaline phosphatase (U / L)	156
Leukocytes (cell)	9,800	LDH (U / L)	815
Platelets (cell)	43,000		
		arterial pH	7.06
Glucose (mg)	62	pO2	87
Urea (mg)	51	pCO2	37
Creatinine (mg)	2.3	HCO3	10.5
Sodium (mmol)	133	SaO2	91
Potassium (mmol)	3.2	EB	18.8
Cl (mmol)	94	FiO2	100%
Calcium (mg)	9.8	Kirby Index	87
		PEEP	10
Tífico O/H	Negative	Dengue (NS1, IgM, IgG)	Negative
Brucella	Negative	Leptospira	Negative



The antimicrobial management that had been initially with ceftriaxone-vancomycin, leaving vancomycin-meropenem also dose intravenous hydrocortisone (500 mg) is given for suspected acute adrenal insufficiency (manifested by shock, tendency to hypoglycemia, hyponatremia, hypokalemia) is set, is it gives renal support with loop diuretic infusion as well as bicarbonate infusion.

He remains in the intensive care unit for 10 hrs, no response to management, a refractory shock, severe sepsis and multiple organ dysfunctions were considered. Since studied with neurological, metabolic and hematological disorders, kidney damage, lung damage, criteria for disseminated intravascular coagulation coupled with widespread purpura, Waterhouse Friderichsen syndrome was considered, which was devastating for the patient.

A 5-day incubation of blood cultures growth coagulase-negative staphylococci were reported, being sensitive to Vancomycin, definitive bacteriological diagnosis, staphylococcus haemolyticus. Negative serology for dengue and leptospirosis were reported, requested by endemic area meet such conditions.

First case reported in adults Waterhouse Friderichsen syndrome secondary to staphylococcus haemolyticus is concluded.



Información de identificación	Tiempo de análisis:	5,00 horas	Estado:	Final
Organismo seleccionado	98% Probabilidad	Staphylococcus haemolyticus		
Recuento:	Bionúmero:	030002046720231		
Mensajes de análisis de ID				

Información de sensibilidad	Tiempo de análisis:	13,00 horas	Estado:	Final	
Antibiótico	CMI	Interpretación	Antibiótico	CMI	Interpretación
Detección de ceftioxitina	POS	+	Resistencia inducible a clindamicina	NEG	-
Bencilpenicilina	>= 0,5	R	Eritromicina	>= 8	R
Ampicilina			Clindamicina	>= 8	R
Oxacilina	>= 4	R	Quinupristina/Dalfopristina	0,5	S
Gentamicina de nivel alto (sinergia)			Vancomicina	1	S
Estreptomina de nivel alto (sinergia)			Tetraciclina	4	S
Gentamicina	>= 16	R	Nitrofurantoína	<= 16	S
Ciprofloxacino	>= 8	R	Rifampicina	<= 0,5	S
Levofloxacino	>= 8	R	Trimetoprima/Sulfametoxazol	>= 320	R
Moxifloxacino	4	I			