CONSERVATIVE TREATED PLEURAL EMPYEMA IN LIVER TRASPLANT RECIPIENT FOR FULMINANT HEPATITIS:CASE REPORT

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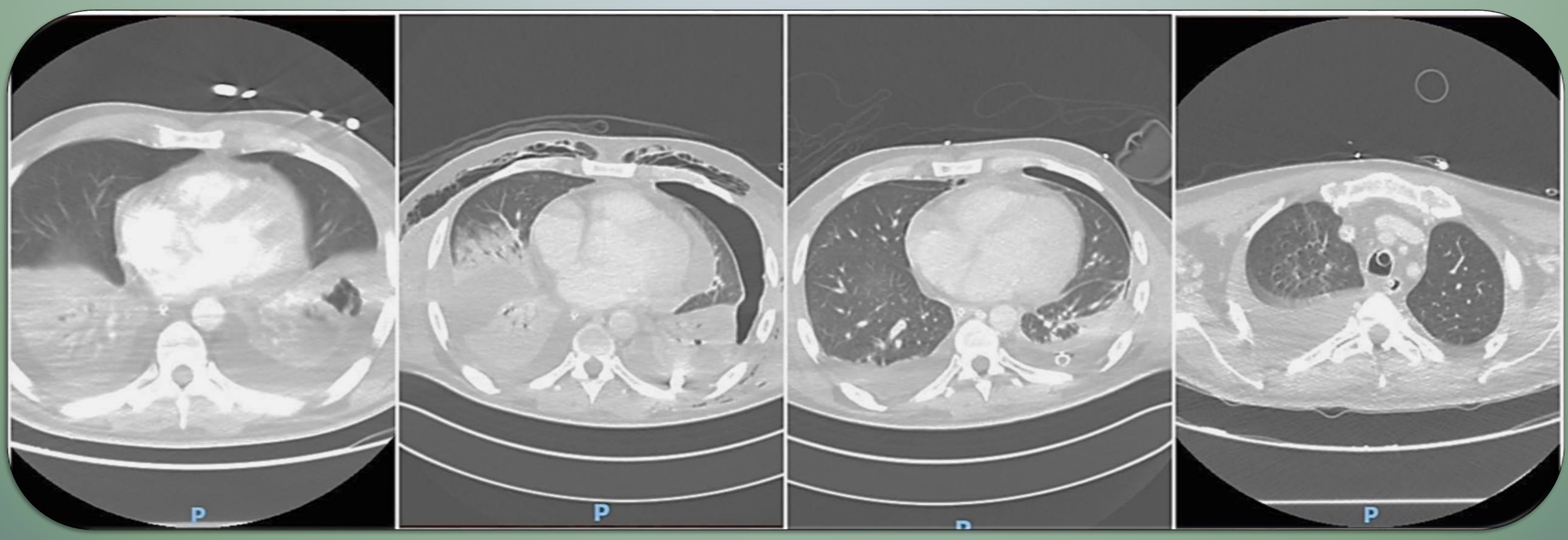
BACKGROUND

Pleural empyema (PE) is a pathology that complicates about 2% of bacterial pneumonias in USA. Some of the most common causes of PE include bronchial carcinoma and chest trauma. Bacterial pneumonia, as a complication in patients undergoing liver transplantation, may occurs in about 5-38% of cases, but PE is very rarely described.

CLINICAL CASE

We describe the case of a 43-year-old man who, following the ingestion of mushrooms developed fulminant hepatic failure (FHF) with neurological impairment and need of invasive ventilation (IV). An emergency liver transplantation (OLT) was performed. According to our local immunosuppressive protocol corticosteroids, basiliximab, tacrolimus and mycophenolate were administered. Ceftazidime, ampicillin and anidulafungin were, instead, used for perioperative antimicrobial prophylaxis. Ceftriaxone and lamivudine were also given to prevent donor-derived infection. On POD5 chest x-ray under IV showed post-OLT right pleural effusion; on POD7, S. Aureus was revealed in BAL; on POD11, a severe respiratory failure (RF) occurred. CT scan showed left lung PE with extensive bilateral effusion. Diagnostic thoracentesis resulted positive for Prevotella Buccae, E. Faecium and E. Coli: a six-week cycle of meropenem, linezolid and fosfomycin was started. Worsening of RF required bilateral pleural drainages, complicated by pneumothorax, subcutaneous emphysema and left bronchopleural fistula. On POD20 liver biopsy showed minimal drug-related acute cellular rejection, probably meropenem-induced. Therefore, antibiotic therapy was switched to tigecycline for the last 2 weeks. About two months after transplant, pulmonary function gradually improved and the patient was weaned from IV. Discharge from the ICU occurred 60 days after transplant.



Chest-TC on POD10, POD18, POD36, POD45

CONCLUSIONS

Although PE is a severe pathology with up to 50% mortality in general ICU patients, our case shows that early conservative management of PE allowed good outcome even in immunocompromised transplant recipient.