

선행 질환 없이 발생한 Klebsiella Pneumoniae에 의한 급성 화농성 심낭염 1예

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A Case of Acute Purulent Pericarditis, Caused by Klebsiella Pneumoniae, without Preceding Diseases

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ABSTRACT

Acute pericarditis may be caused by a variety of disorders. Most cases of acute pericarditis without any initial apparent cause are idiopathic, although presumably viral in origin. While staphylococcus aureus, streptococcus pneumoniae and streptococcus pyogenes were the predominant organisms recovered prior to 1950, gram negative bacilli, anaerobic bacteria and fungus were recovered after 1950. These changes of the etiologic diversity of acute pericarditis were related to the development and advances of cardiac surgery, antibiotics, chemotherapy for cancer and immunosuppressive treatments. It is important for the therapy of acute bacterial pericarditis to establish the proper regimen of antibiotics and to drain pericardial effusion, if needed. We report a case of acute pericarditis, caused by Klebsiella pneumoniae, an uncommon pathogen that caused purulent pericarditis with cardiac tamponade. (Korean Circulation J 2002;32 ()80-84)

KEY WORDS : Pericarditis ; Klebsiella pneumoniae.

서 론

급성 심낭염의 70% 이상이 viral infection에 의해 발생한다.

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(idiopathic pericarditis)는 10% 이상을 차지한다.¹⁾²⁾ aspirin, NSAIDs, acute purulent pericarditis)는 1950년 이후 Streptococcus, Staphylococcus, 1970년대 이후

Gram-negative bacilli)에 의해 발생하는 호흡기 감염의 주요 원인으로 알려져 있다. HIV 감염은 이러한 감염의 위험을 증가시킨다. 1-4)

본 환자는 폐렴을 일으키는 *Klebsiella pneumoniae*에 의해 감염되었다.

증 례

30대 남성 환자로 20년 전부터 만성적으로 호흡기 질환을 앓고 있다. 10년 전부터 만성적으로 호흡기 질환을 앓고 있다. X-ray 검사에서 폐렴을 시사하는 소견이 관찰되었다. 초기 ECG는 특이적 이상을 보이지 않았다. 혈압 110/70 mmHg, 맥박 74/min, 호흡 20/min, SpO₂ 37.8%였다. 혈액 검사에서 백혈구 19,020/μL(정상 92.0%, 14.8%, 2.9%, 0.1%), 헤모글로빈 11.6 g/dL, 헤마토크릿 35.3%, 혈소판 436,000/μL였다. 신장 기능 검사에서 BUN 8.0 mg/dL, Cr 1.0 mg/dL, total protein 7.2 g/dL, albumin 2.7 g/dL, AST 26 IU/L, ALT 25 IU/L였다. ST-T 변화는 관찰되지 않았다. T-파는 심전도에서 관찰되었다. X선 검사에서 CT ratio 0.55로 폐렴을 시사하는 소견이 관찰되었다.

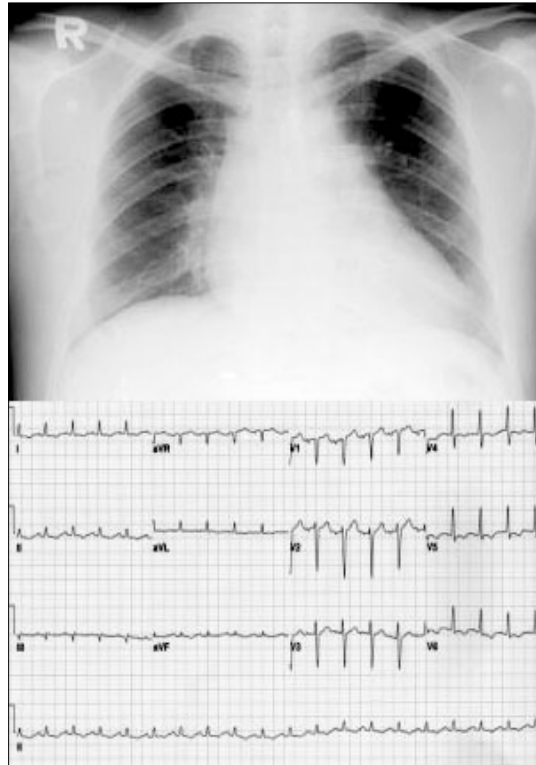


Fig. 1. Chest X-ray at admission reveals cardiomegaly (CT ratio=0.6) without lung parenchymal lesions, Initial ECG shows no specific abnormality.

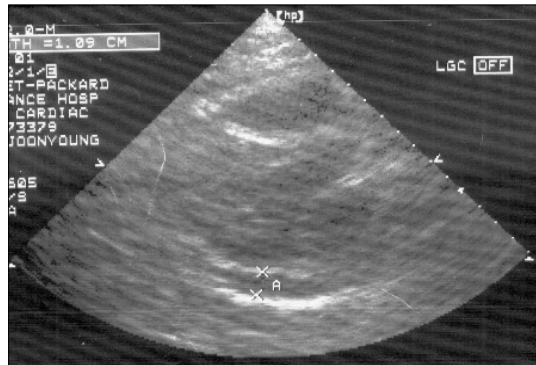


Fig. 2. Parasternal long axis view of echocardiography at admission shows pericardial effusion about 1.09 cm.

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중심 단어 : □□□□ ; □□ □□ .

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