

Abstract Form

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Project Title:	METHICILLIN RESISTANT STAPHYLOCOCCUS EPIDERMIDIS ENDOCARDITIS, FROM TUNNEL TO SPINE

Research Category (please check one):

<input type="checkbox"/> Original Research	<input checked="" type="checkbox"/> Clinical Vignette	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Medical Education Innovation
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Abstract

Purpose: Staphylococcus epidermidis is a common clinically encountered species of coagulase-negative staphylococci. Its ability to produce biofilm particularly in the presence of central lines can lead into serious infections including endocarditis. Here we demonstrate a case of a 68-year-old female on hemodialysis with exposed tunnel part of her dialysis catheter resulting in infective endocarditis and spinal osteomyelitis.

Methods : Approval was obtained from IRB (ID# 21078). A single patient case report was conducted.

Case Presentation : Patient is a 68-year-old female with End Stage Renal Disease on hemodialysis who presented with 4 weeks of worsening lumbar spine pain. Upon presentation she was afebrile. Her examination was significant for lumbar spine point tenderness and left jugular tunneled catheter entry site dehiscence exposing the catheter. Patient stated the skin over the tunnel opened five months prior. Her laboratory studies showed ESR of 100 and CRP of 25. Her blood culture grew Methicillin-resistant S. epidermidis (MRSE). Her tunneled catheter was removed, and a new catheter was place in same area due to lack of access and stenosis of central venous on the other side. MRI lumbar spine showed near complete loss of the intervertebral disc at L4-L5 with severe erosive endplate changes. An Interventional radiology (IR) guided bone biopsy of lumbar spine also grew MRSE. The patient persistently remained bacteremic with MRSE despite IV antibiotics. Transesophageal echocardiogram revealed sub-aortic 0.6x0.9 cm with no signs of abscess or valvular dysfunction. Despite lack of alternative access for dialysis due to stenosis there was no choice but to remove the tunneled catheter again and temporary catheter was placed at an alternate site. IR performed balloon angioplasty for central venous stenosis and insertion of left, IJ tunneled dialysis catheter after blood cultures remained negative.

Conclusion: Persistent bacteremia with Staphylococcus epidermidis in the presence of central line can lead into serious and metastatic infections. This requires successful source control in addition to antibiotic therapy.