

中文題目：腎絲球腎炎合併心內膜炎與血管炎的個案討論與文獻分析-病例報告

英文題目：Post Infectious Glomerulonephritis is associated between Infective Endocarditis and Leukocytoclastic Vasculitis : A Case Report

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**Case presentation:** *Actinobacillus actinomycetemcomitans* belongs to the HACEK group of bacteria. A 52-year-old man was hospitalized due to 3 months of fever, anorexia and weight loss. His past medical history included atrial fibrillation and congestive heart failure. He suffered subconjunctival hemorrhage, shortness of breath, grade 3 systolic murmurs, and skin rashes over bilateral lower limbs. Based on the Duke criteria for diagnosing infective endocarditis, our patient was in accordance with two major criteria and four minor criteria. Laboratory investigations showed hemoglobin of 9.8 g/dL, leukocyte count of  $11.6 \times 10^9/L$  with neutrophils of 79.9 %, platelet count of  $65 \times 10^9/L$ , blood urea nitrogen of 46 mg/dL, creatinine of 2.6mg/mL, potassium of 2.7 mmol/L, and sodium of 138 mmol/L, C3 of 54.6 mg/dL, C4 of 19.4 mg/dL, RA factor of 2390 U/mL, daily urinary total protein excretion 1.32 g/day. The echocardiographic aspects revealed severe mitral regurgitation and the ruptured mitral chordae tendineae. A renal biopsy reported postinfectious glomerulonephritis. Immunofluorescence revealed reactivity for IgG, C3 and C1q. A skin biopsy disclosed leukocytoclastic vasculitis. Acute kidney injury was associated between fluid overload and oliguria. Temporary hemodialysis was initiated with the performance of mitral valve replacement and neochordal reconstruction. Ceftriaxone 2gm QD was administrated for 4 weeks. He showed good clinical outcome allowing discharge.

**Discussion:** Acute infection remained highly suspected due to elevation of rheumatoid factor, immunoglobulin G, and immunoglobulin M, particularly reduced serum levels of C3. Our study highlighted that the identification and explication of different complications could be related to *A. actinomycetemcomitans*. Timely diagnosis and appreciate therapeutic strategy are important in these patients with infection of HACEK group, respectively.