
Case discussion

(Dr. Noridah Nordin)

YELLOW MAN FROM INDONESIA

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- **13/6/11 10.27pm at emergency department Hospital Sungai Buloh**
 - **45 Indonesian Male**
no medical illness before
 - **High grade fever 3 days**
a/w chills and rigors
headache, arhtralgia, myalgia, lethargy and malaise
- abd pain at epigastric area**
vomiting 2/7 20x per day
diarrhoea 1/7 6x watery stools
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- LL swelling progressively worsening with rashes over the shins
 - In Malaysia for 6 years
Had recently gone home Indonesia for 3 months and came back to Malaysia 3 weeks ago
Currently staying in Sungai Sirih
 - Works in agriculture farm vegetable farm in Kuang for 3 weeks
 - No river swimming, jungle tracking
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- BP 92/60

HR 112/min, moderate volume, regular rhythm

SPO2 100% on NP 3L/min O2

RR 24/min

Temp 37.9

Abd: No tenderness, liver palpable 3FB, Traube's
space resonant

RS: Decreased breath sounds over both LZ

CVS: DRNM

- pH 7.381
HCO₃ 20.7
BE -4.0
Glu 6.4
Lac 3.2

- FBC:
WBC 7.5
Hb 10.9
HCT 32
PLT 13

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- a) Dengue fever decompensated shock
 - b) Severe malaria
 - c) Leptospirosis
 - d) Malaria
 - e) Gram negative sepsis
 - F) typhoid
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- What empirical antibiotic would you start after blood culture?

 - a) IV C penicillin
 - b) IV Rocephine/3rd gen cephalosporin
 - c) IV Rocephine/3rd gen cephalosporin + azithromycin
 - d) IV rocephine/3rd gen cephalosporin+ doxycycline
 - e) no antibiotic
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- 14/6/2011 at 4.30am ED
 - Rx as gram negative sepsis TRO leptospirosis
 - SPO2 on NP3L/min 100%
BP 114/70 --> total 3.5L of fluids given; currently on 5mL/kg/hr --> 350mL/hr and IVI Noradrenaline 0.1mcg/kg/min

ABG on NP 3L/min O2

- pH 7.340
pCO2 30.1
pO2 94.5
HCO3 17.6
BE -8.8
Glu 5.0
Lac 2.9
sO2 97.4

BFMP: no malarial parasites seen

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- Is referral to intensive care necessary now?
 - a) yes
 - b) no
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- 14/6/11 11.16am anaesth review in medical ward
 - GCS full
tachypnoeic, RR 40 on HFM 15 L/min
 - jaundice,
petechia rashes , oedema bilateral limbs up to thigh
peripheries warm
pulse bounding
 - BP 87/50 on norad 31ml/H & dobutamine 4.1 ml/H
PR 115
Lungs crepts Lt LZ & reduce a/e bibasal
abd soft, tenderness over RHC region, liver palpable
 - Patient intubated due to impending respiratory arrest and
septicaemic shock
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R
34

AP

SUPINE

PORTABLE

68-5
4A



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- Diagnosis of CXR?
 - a) ARDS
 - b) Pulmonary haemorrhage
 - c) cardiac failure
 - d) severe pneumonia
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- 14/6/11 1pm at ICU
 - BP 91/47 map 61 on iv noradrenalin DS 20mls iv dobutamine 4mls/hr 116
spo2 97% on simv fio2 1.0 peep 12
 - Hb 8 TW 11 plt 10
 - Urea 14.2 mmol/L
Sodium 127 mmol/L
Potassium 4.00 mmol/L
Creatinine 268.6 umol/L
 - Bilirubin Total 117.3 umol/L ALT 75 U/L ALP 191 U/L
INR 1.03
CK 4947
Amylase 1044
CRP 92
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- Would you escalate the antibiotic?
 - a) yes
 - b) no
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- iv hydrocortisone 100mg stat and 50 mg 6 hourly
 - iv ceftriaxone 2 g od
 - iv azithromycin 500 mg od
 - iv doxycycline 100mg od
 - vasopressin

Packed cell transfusion

- 15/6/11 Leptospira IgM taken on 13/6/11 positive
 - 15-16/6/11 CRRT
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- 21/6/11 Day 8 ICU patient extubated
 - 22/6/11 Transferred from ICU to general ward
 - 27/6/11 Discharged home

- 21/6/11

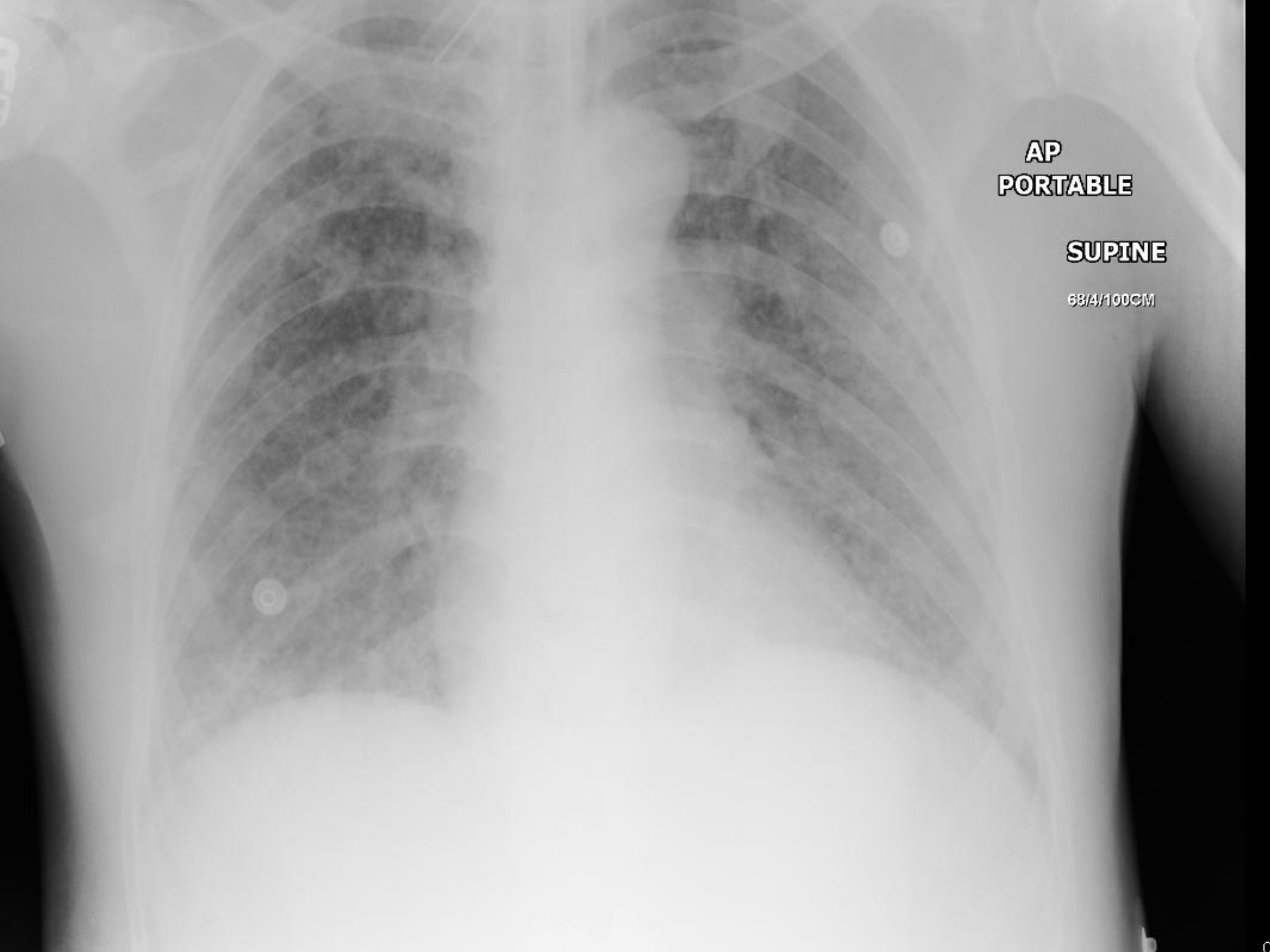
Amylase 283

CK 356

- 27/6/11

TW 7.8 Hb 9.8 Plt 556

Creat 57 Bil 36



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68/A/100CM