

An elderly male with fever

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A 70-year old, single, uncared male

Medical history:

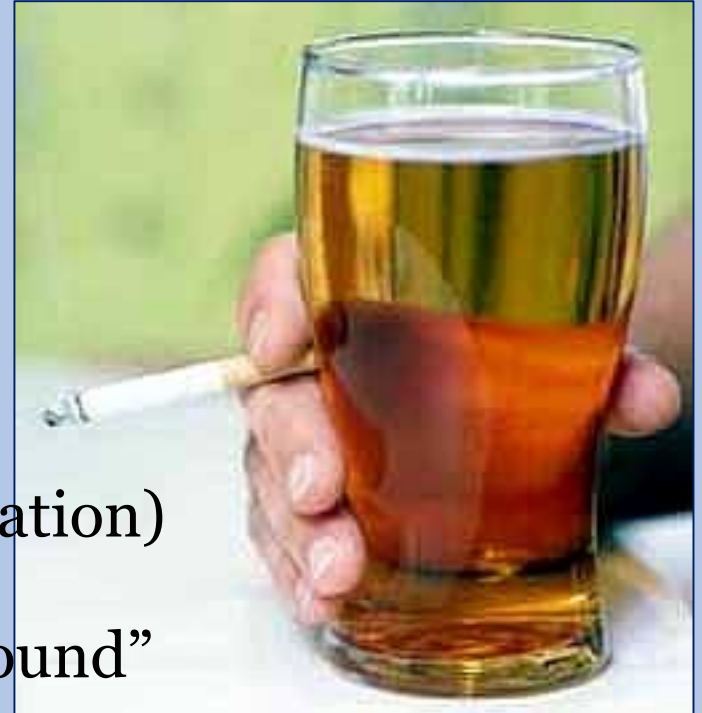
In young age: pulmonary tbc

Heavy smoker for decades

Heavy drinker
(frequently finds himself in detox station)

Since 1/2 year he have noticed a „wound”
on the lower leg

Recently: fever for several days



Important lab findings:

We: 46 mm/h

WBC: 18 G/l

RBC: 3,7 tera/l

CRP: 80 mg/l, procalcitonin 3 ng/mL, lactate 2 mmol/l

COVID-19: negative

Chest X-ray: basal infiltrate, calcifications in the upper lobes

Wide spectrum antibiotics, infusion, hemoculture

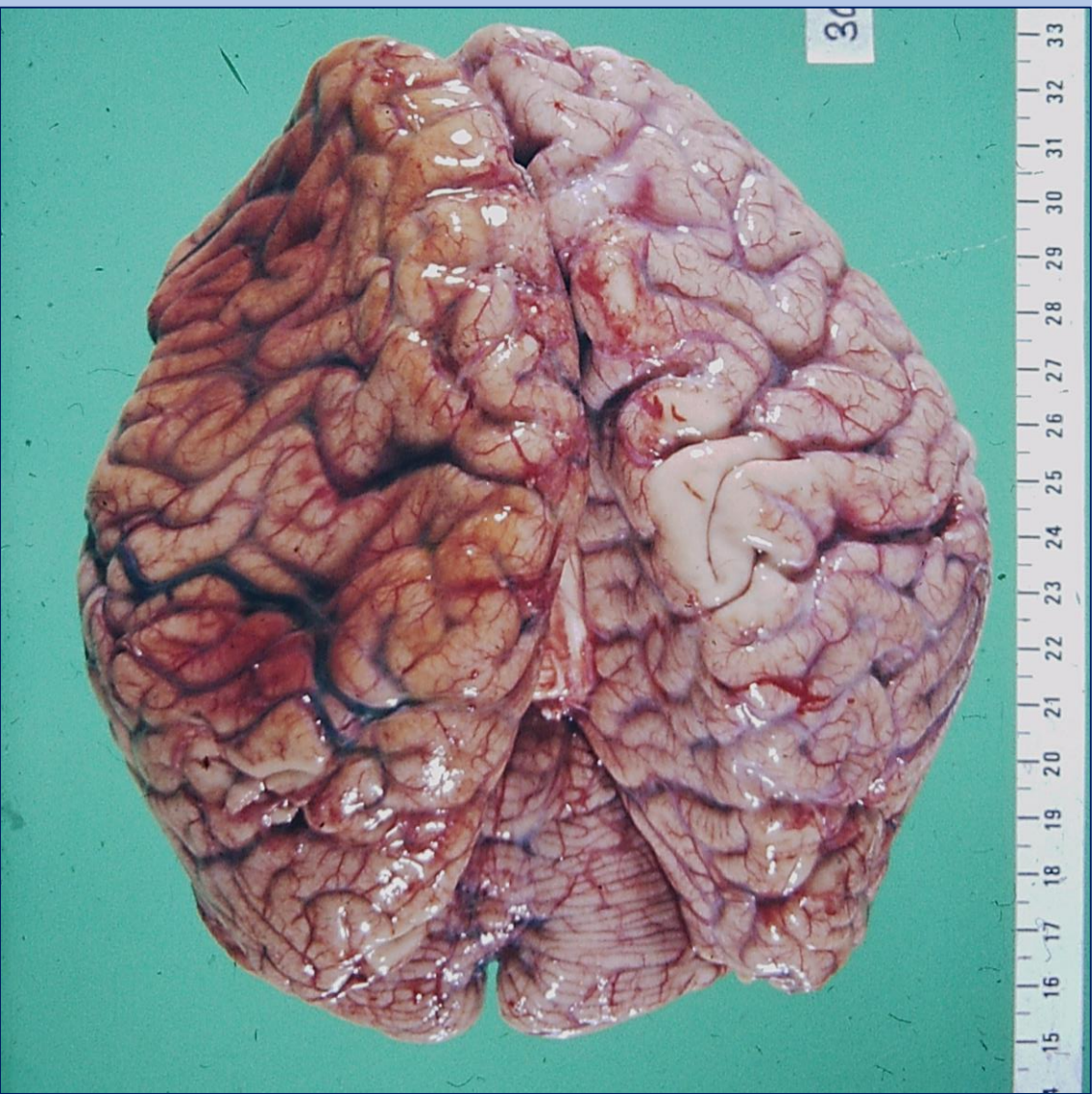
Two days later: more severe dyspnea, unchanged fever, confusion

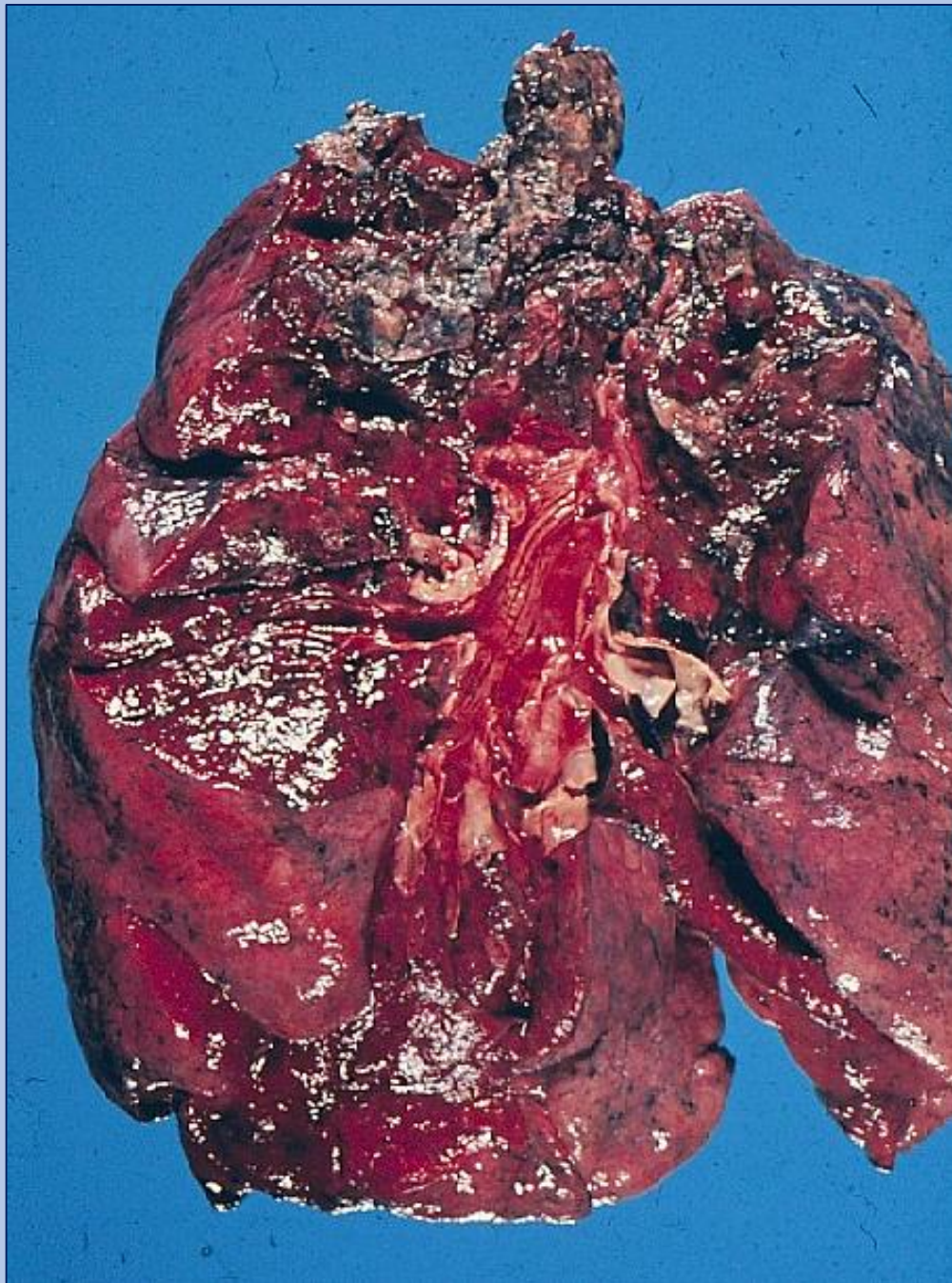
Based on hemoculture: change to targeted antibiotics, ICU

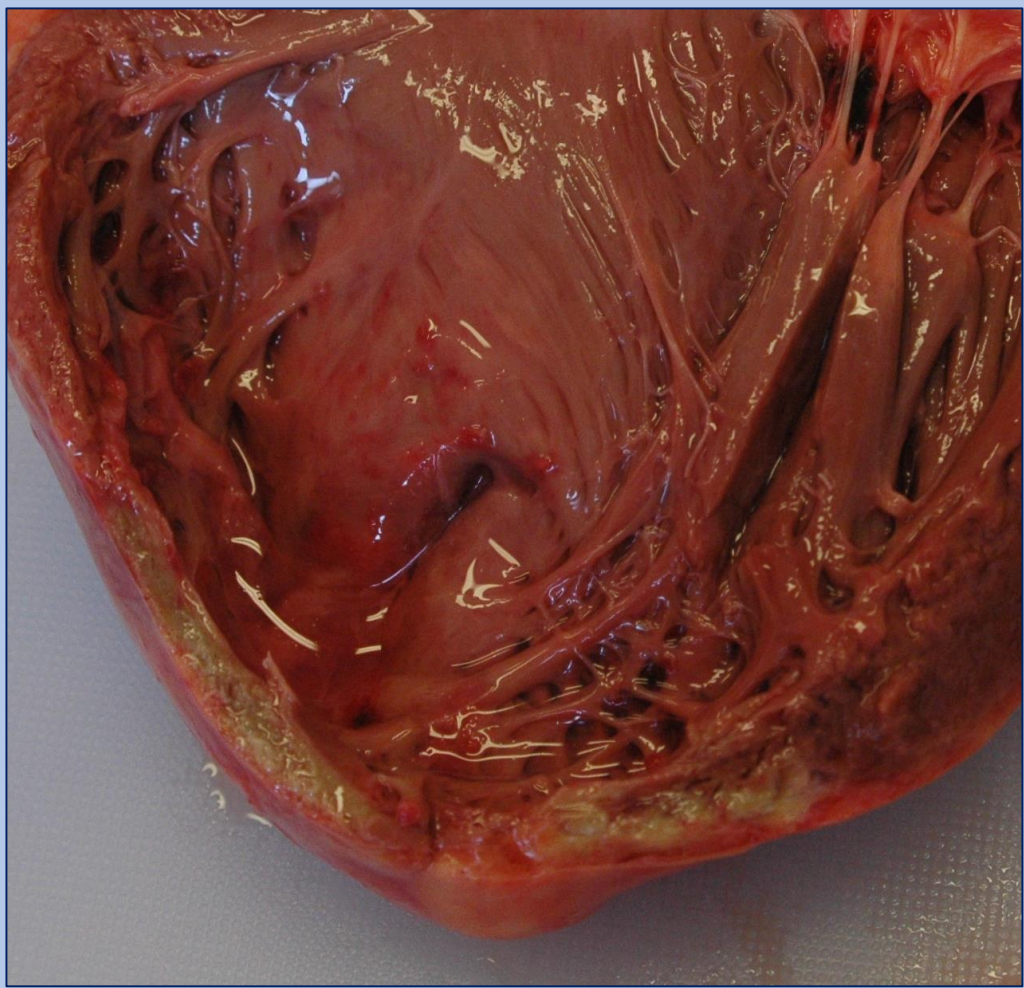
Metabolic chaos, unconsciousness, death



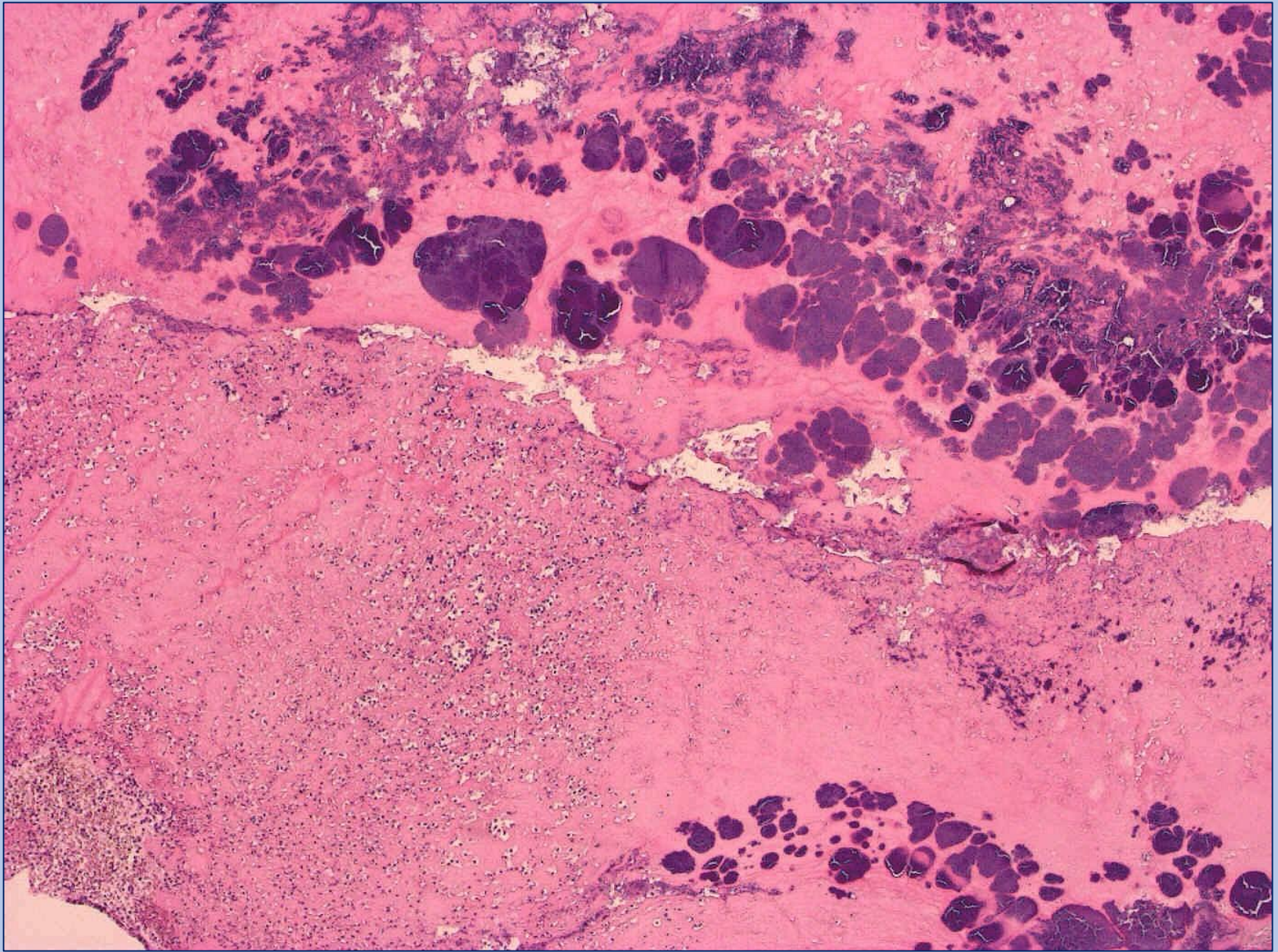




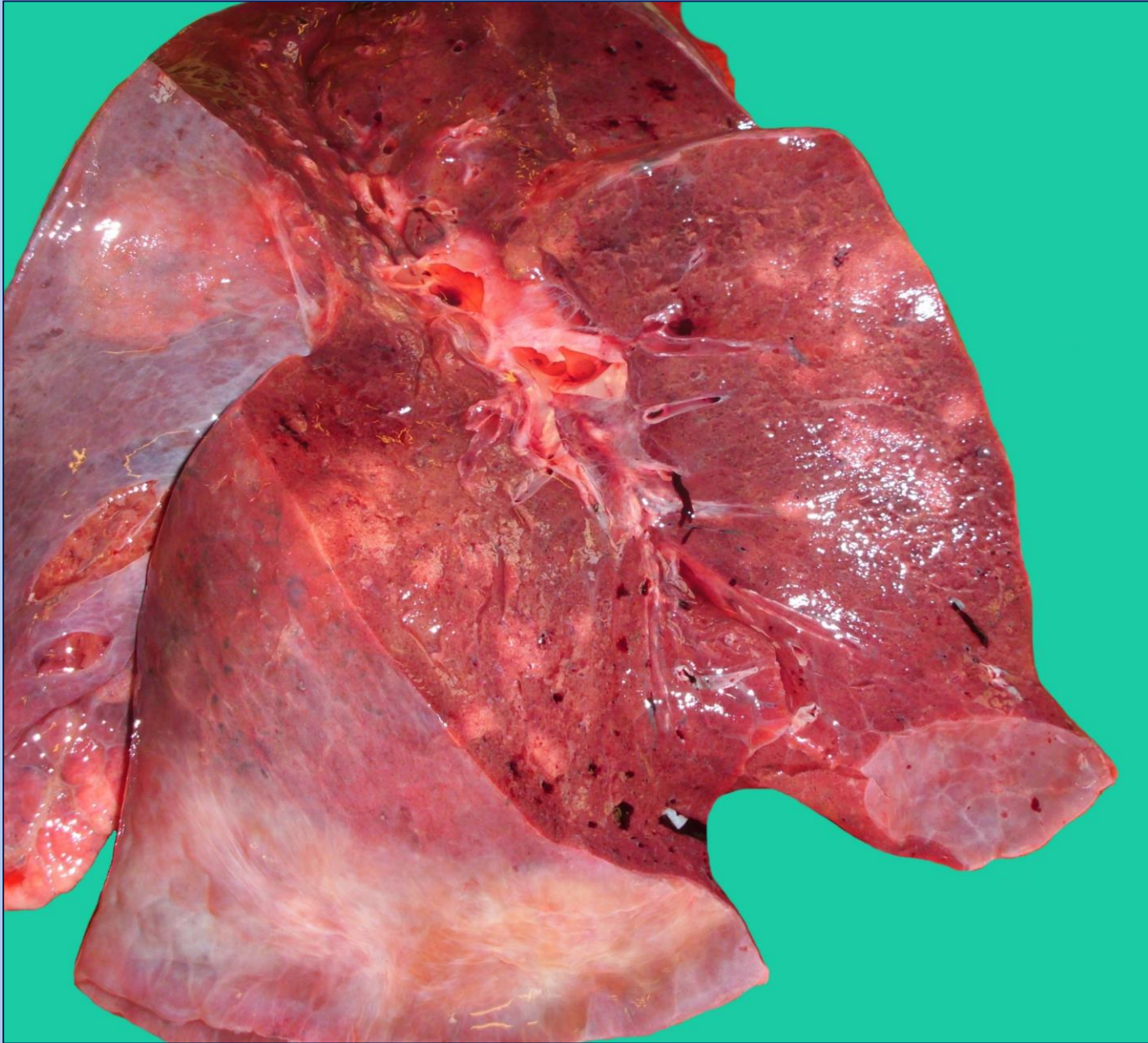


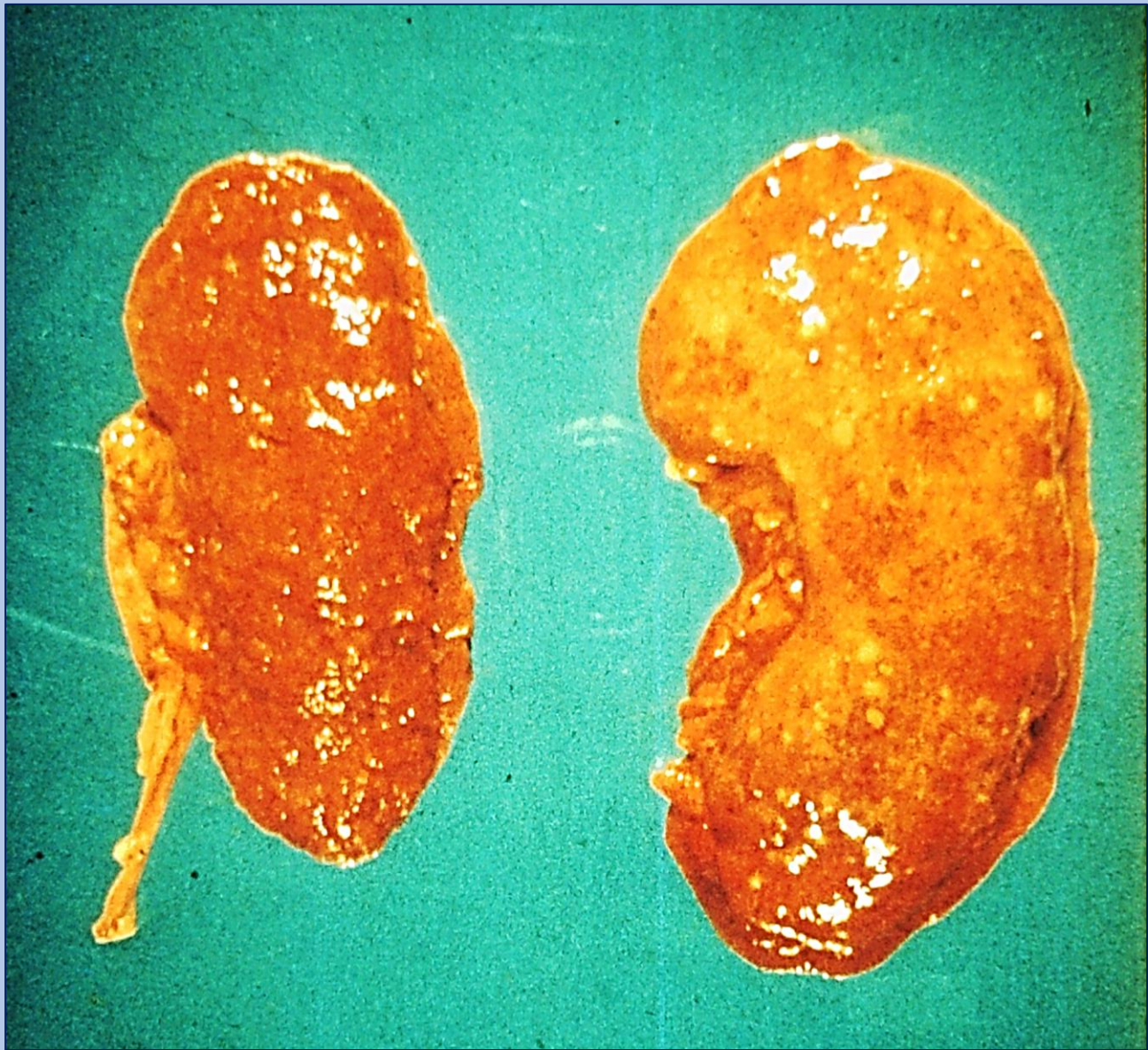






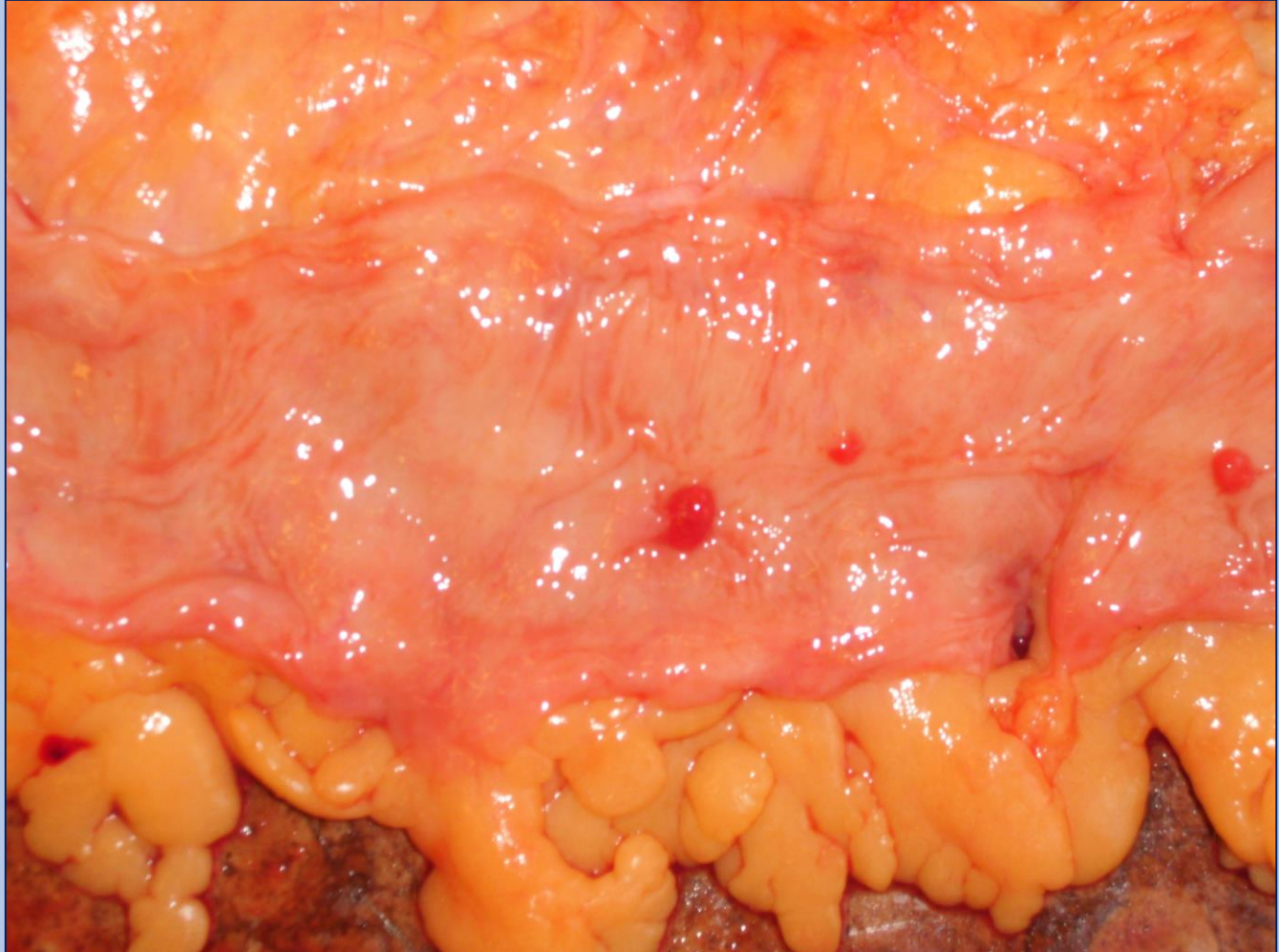












Sepsis

„Life threatening multiorgan dysfunction caused by dysregulated host response to infection”



Septic shock

Profound circulatory, cellular and metabolic abnormalities, associated with high mortality

Megbeszélés

Predisposing factors?

- chronic alcoholism

- uncared condition

- crural ulcer

Source of the infection?

- crural ulcer – rarely leads to sepsis (contrary to
decubitus)

- pneumonia

- others