PE-048
A case of irreversible metronidazole-induced encephalopathy under treatment of lung abscess in alcoholic liver cirrhosis

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Introduction: Metronidazole is used for the treatment of anaerobic infection, Helicobacter pylori infection, amebiasis, protozoal infection, spontaneous bacterial infection and hepatic encephalopathy. But it can produce several adverse neurologic effects including encephalopathy, seizure, peripheral neuropathy, vertigo, ataxia, confusion, irritability and tremor at dosage of 30-180 g/day in reported cases. Although most cases of metronidazole-induced encephalopathy (MIE) have been reported in Korea and are reversible following discontinuation, we describe a case of irreversible encephalopathy under treatment with metronidazole for lung abscess in alcoholic liver cirrhosis.

Case: A 58-year-old man, who had been diagnosed as having diabetes mellitus and alcoholic liver cirrhosis before was hospitalized for lung abscess and treated with carbapenem 2 g/day and metronidazole 1.5 g/day. Two weeks later after hospitalization, he suddenly developed the loss of consciousness. There was no clinical evidence of hepatic encephalopathy. But magnetic resonance imaging (MRI) of brain showed the diffuse high signal intensities in cerebellar dentate nuclei, midbrain, corpus callosum, pons, medulla, cerebral white matter and basal ganglia. In this case, the patient had a fatal encephalopathy associated with metronidazole including the diffuse high signal intensities of brain MR imaging. There is another case of irreversible encephalopathy after treatment for osteomyelitis at dosage of 500-1,500 mg/day for 10 weeks. Therefore, toxicity of metronidazole must be taken into consideration in differential diagnosis with high clinical attentiveness on the usage of it.

Keyword: Intrahepatic portosystemic venous shunt, Encephalopathy, Embolization

PE-049
Outcomes of nosocomial and community-acquired spontaneous bacterial peritonitis in patients with liver cirrhosis; single center study

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Background: Spontaneous bacterial peritonitis (SBP) is the most frequent infection affecting cirrhotic patients with ascites, with prevalence range from 10 to 30%. There was few reports on the treatment outcomes for nosocomial SBP. The aim of study was compare the mortality rate at discharge, 30 days and 90 days after discharge in patient with community-acquired (CA-) and nosocomial-acquired spontaneous bacterial peritonitis (HA-SBP).

Methods: We performed a retrospective study to compare the clinical, laboratory data and survival of 94 patient of SBP treated at Konyang university hospital between 2002 and 2010. The study included 94 cirrhotic patients (mean±SD age, 56.25 ± 10.25 years); 69 patients were male and 25 patients were female. There were 75 (79%) cases of CA-SBP and 19 (21%) cases of HA-SBP. At discharge, the mortality of two groups were 17 (23%) cases of CA-SBP and 7 (37%) cases of HA-SBP. In the CA-SBP group, 4 patients were dead, 44 patients were alive and 10 patients were follow up loss in 30 days after discharge. Among the 44 patients, 90 days after discharge, 6 patients were dead, 37 patients were alive, 1 patient were follow up loss. In the HA-SBP group, 1 patient were dead, 8 patients were alive and 3 patients were follow up loss in 30 days after discharge. Among the 8 patients, 90 days after discharge, 2 patients were dead, 6 patients were alive. The overall 90-days mortality rate for HA-SBP seems higher than that for CA-SBP (62.5% vs. 42.2%, p=0.145).

Conclusions: Nosocomial spontaneous bacterial peritonitis seemed poorer outcome than community acquired SBP in our study. But, It was not statistically significant.

Keyword: Spontaneous bacterial peritonitis, Nosocomial, Community-Acquired