

Septic shock after influenza infection in immunocompromised adult.

Živa Štular^a, dr.med., Monika Jevšenak Peršolja^a, dr.med.spec.

*^aUNIT SNMP - Community Health Centre
Ljubljana*

Key words: septic shock, influenza, cancer

Severe sepsis is traditionally associated with bacterial diseases. However, viruses are becoming a growing cause of severe sepsis worldwide. Immunocompromised patients are particularly at risk. A 42-years old male came to ER at 4 am with one-month lasting cough, fever and pain in both feet. He complained that the pain is so bad that he can hardly walk and that was the reason that he did not make an appointment with his general practitioner. He was very tired this past month, he lost appetite and consequently more than 5 kg. His past medical history included squamous cell carcinoma of the retromolar trigone. The cancer was treated 2 years ago with chemoradiation therapy. He had regular follow up appointments. On physical examination he was alert, oriented, blood pressure 114/70 mmHg, pulse 130/min, febrile 38,2°C, oxygen saturation 95%, breathing was normal, heart rhythm was regular without murmurs, abdominal tenderness, no sign of rash, there was tenderness to touch all over body. He was treated with paracetamol and fluids. Two hours after examination the patient was stuporous. His blood pressure was 94/54 mmHg, pulse 120/min, afebrile, Hb 67 g/L. He received another 1500ml of fluid i.v., but his blood pressure did not improve, so we started with norepinephrine. We started with flucloxacillin and gentamicin. He was transferred to our acute medical unit. He was diagnosed with flu. His cancer progressed and it was revealed he is suffering from hepatic cirrhosis. We believe that septic shock in our patient was a result of complication viral infection in immunocompromised host.