

## **Título: MULTIPLE NOSOCOMIAL INFECTIONS IN PATIENT DIAGNOSED WITH CROHN'S DISEASE**

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### **Resumo:**

Nosocomial infections represent the main cause of death in hospitalized patients worldwide being associated with preexisting diseases, long period of hospitalization and invasive procedures. A 33-year-old man was diagnosed with Crohn's disease (ICD K50) confirmed by CT scan of the lower abdomen, pelvic and total abdominal ultrasound. This disease is a chronic inflammatory pathology in bowel areas or subjacent organs of the digestive system with development of ulcers, fibrous adhesions, fistulas and abscesses. After 5 months of a laparotomy due to entero-cutaneous fistula, the patient returned to the Hospital Universitário Prof. Alberto Antunes (HUPAA; Maceió-AL) for an enterostomy and conventional cholecystectomy. Examinations confirmed postoperative fever and gastrointestinal bleeding, whereas laboratory analysis revealed iron deficiency anemia and disseminated intravascular coagulation with indicative of sepsis, as well as the presence of leukocytosis and neutrophilia, following with the admission of the patient to the ICU (Intensive Care Unit). Urine and secretions catheter tip were collected and plated on blood agar and bacterial cultures were used for direct identification and susceptibility testing to antibiotics using the VITEK® 2 system (bioMérieux, VITEK) following the manufacturer's instructions. In the first month two different catheter tip samples of the jugular revealed *Staphylococcus aureus* strains beta-lactamases producers, resistance to macrolide-lincosamide-streptogramin B (MLS B) and methicillin-resistant, with one strain having VISA phenotype (Vancomycin-Intermediate *S. aureus*). *Pseudomonas luteola* was also detected from the same sample, resistant to amikacin gentamicin, ciprofloxacin and aztreonam. In the following month the patient presented *P. aeruginosa* in a catheter tip sample resistant to carbapenems (imipenem and meropenem), cefotaxime and aztreonam, whereas *Trichosporon asahii* and *Klebsiella pneumoniae* were isolated from a urine sample in the same day. *K. pneumoniae* was resistance to ciprofloxacin and levofloxacin, but susceptible to amikacin and meropenem, drugs administered to this patient in addition to polymyxin B, tazocin, amphotericin B, cefepime and ciprofloxacin. All identified species are commonly associated to nosocomial infections and contribute for the increase of mortality in Brazilian hospitals, moreover, this patient experienced multiple infections in a short period, surviving, and being discharged two months after bowel resection.

**Palavras-chaves:** Nosocomial infection, *Pseudomonas*, *Staphylococcus*

**Agências fomento:** FAPEAL, CNPq