Persistent *Staphylococcus aureus* Bacteremia

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A 92-year-old man undergoing hemodialysis was admitted with a fever. A physical examination showed multiple scratched skin wounds, and blood cultures yielded methicillin-resistant *Staphylococcus aureus* (MRSA). Therapy with vancomycin was therefore initiated. Meanwhile, a transthoracic echocardiogram revealed no vegetation, and, after four weeks of therapy, the patient’s symptoms were relieved. However, despite this initial improvement, he was readmitted one week later for MRSA bacteremia, at which time computed tomography (CT) angiography showed a small aneurysm over the subclavian artery (Picture A). The patient subsequently experienced a recurrent fever and was readmitted twice with MRSA bacteremia. CT studies disclosed a protruding aneurysm in the proximal subclavian artery (Picture B), and a diagnosis of a mycotic aneurysm was confirmed on serial CT images (1). Unfortunately, the patient died suddenly due to hypovolemic shock. This case illustrates that elderly patients undergoing hemodialysis are...
ideal targets for *S. aureus* mycotic aneurysm formation based on three characteristics: atherosclerosis, repeated puncture (2) and decreased immune defenses.

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References