

A diagnosis of central venous catheter-related blood stream infection (CVCRBSI) was made according to the identification of coagulase-negative Staphylococcus from both the peripheral blood and the removed CV catheter, along with an improvement of the symptoms following the removal of the catheter” Hayashi et al (2015).

Abstract:

A 45-year-old woman under home parenteral nutrition was admitted with recurrent fever and a worsening renal function. A diagnosis of central venous catheter-related blood stream infection (CVCRBSI) was made according to the identification of coagulase-negative Staphylococcus from both the peripheral blood and the removed CV catheter, along with an improvement of the symptoms following the removal of the catheter. Renal impairment with hypocomplementemia was thought to be secondary to the immune complex formation and deposition in the kidneys in response to prolonged bacteremia. This was confirmed by the pathological findings. Clinicians should therefore be aware that glomerulonephritis may be induced by long-term CVCRBSI.

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Full Text

Reference:

Hayashi, S., Mori, A., Kawamura, T., Ito, S., Shibuya, T. and Fushimi, N. (2015) Glomerulonephritis Caused by CV Catheter-related Blood Stream Infection. Internal Medicine. 54(17), p.2219-23.

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