

### Treatment of Methicillin-resistant Staphylococcus aureus Infective Endotipsitis by Linezolid Combined with Imipenem/cilastatin

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**Background :** The synergistic activity of the combination of linezolid plus imipenem/cilastatin against methicillin-resistant Staphylococcus aureus (MRSA) was shown in vitro and in vivo in a recent study. This report describes a case of the eradication of MRSA causing transjugular intrahepatic portosystemic shunt (TIPS)-related endovascular infection by intravenous linezolid combined with imipenem/cilastatin. **Case Report:** A 68-year-old female was admitted with a history of a fever. TIPS with a metallic stent was performed 3 months earlier for the treatment of complications of portal hypertension resulting from biliary cirrhosis. MRSA was isolated from blood culture, and then vancomycin was started intravenously. Vegetation on the inferior vena cava site of TIPS was revealed by echocardiography. MRSA was still present in the blood for 20 days during vancomycin treatment. Moreover, vegetation increased and new nodular infiltrations appeared in chest X-rays. Minimal inhibitory concentration of vancomycin was 1.5 µg/mL according to an E-test. Trough and peak serum concentrations of vancomycin were 34.6 and 64.0 µg/mL, respectively. Vancomycin treatment failure was considered, and linezolid combined with imipenem/cilastatin was started intravenously. MRSA was not present in the blood specimens 72 hours after changing antibiotics. A four-week treatment was undertaken, and then imipenem/cilastatin was stopped. Vegetation disappeared in echocardiography. Under the treatment of linezolid, septic shock due to Enterobacter aerogenes developed. She died of refractory shock in spite of aggressive resuscitation. **Conclusions :** The combination of linezolid plus imipenem/cilastatin appears to be a good choice for the treatment of MRSA endovascular infection intractable to glycopeptides.

### Facial cellulitis caused by Candida albicans in a uncontrolled diabetic patient

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Facial cellulitis is defined as infections or inflammation of skin or connective tissue in orbital, periorbital area and cheeks, and is known to be caused mainly by bacterial infections, treatment with proper antibiotics and incision and drainage is necessary. Candidal cellulitis is a rare disease entity and only one case was reported in the world to our knowledge. Candidal facial cellulitis is non-hematogenous, deep-seated infection that we should figure out for known risk factors of candidal colonization or overgrowth and possible routes of infection for candidiasis especially for the patients with immunosuppression. We report one case of facial cellulitis caused by Candida albicans in a uncontrolled diabetic woman.