

**Joint Event on 2<sup>nd</sup> World Congress on  
Infectious Diseases****&****International Conference on****Pediatric Care & Pediatric Infectious Diseases****August 24-26, 2016 Philadelphia, USA****Waterhouse-Friderichsen syndrome****Luis Del Carpio Orantes**

Mexican Social Security Institute, Mexico

**Case:** Woman 24 years old with no history of importance except being operated caesarean operation two months and a half without incident, resulting in macrosomia product.

Enter a room trauma shock seizures witnessed at home and during transportation to the hospital, clouding, state initial shock, hypoglycemia, fever, with a history of non-specific prodrome 7 days prior characterized by fatigue and weakness, adding fever 72 hours previous and also presenting with behavioral disorders disorientation 24 hrs prior to admission, the previous night generalized purpuric dermatosis is added. Upon initial review apparently glasgow of 14, but disorientated and psychomotor agitation, presenting shock unresponsive to water resuscitation initial, feverish with suspected neuroinfection, so she underwent cranial tomography which is reported only discrete brain edema; passes intensive therapy for management of shock, after endotracheal intubation seizures and involvement of consciousness. Upon arrival even with persistent hypotension despite double scheme amines (dopamine, norepinephrine) and fluid resuscitation, also high ventilatory requirements with data from acute lung injury, in frank anuria and acute renal injury, severe metabolic acidemia that warrants management bicarbonate, hematologic data franca fails with disseminated intravascular coagulation and purpura generalized data. The antimicrobial management that had been initially with ceftriaxone-vancomycin, leaving vancomycin-meropenem also dose intravenous hydrocortisone (500 mg) is given for suspected acute adrenal insufficiency (manifested by shock, tendency to hypoglycemia, hyponatremia, hypokalemia) is set, is it gives renal support with loop diuretic infusion as well as bicarbonate infusion. He remains in the intensive care unit for 10 hrs, no response to management, a refractory shock, severe sepsis and multiple organ dysfunctions were considered. Since studied with neurological, metabolic and hematological disorders, kidney damage, lung damage, criteria for disseminated intravascular coagulation coupled with widespread purpura, Waterhouse-Friderich sensyndrome was considered, which was devastating for the patient. A 5-day incubation of blood cultures growth coagulase-negative staphylococci were reported, being sensitive to Vancomycin, definitive bacteriological diagnosis, staphylococcus haemolyticus. Negative serology for dengue and leptospirosis were reported, requested by endemic area meet such conditions. First case reported in adults Waterhouse-Friderichsen syndrome secondary to *staphylococcus haemolyticus* is concluded.

**Biography**

Luis Del Carpio Orantes is a Medical Specialist in Internal Medicine and also an Internist in Mexican Social Security Institute. He is assigned as ICU Internist at D'Maria Hospital and he is also an Expert Columnist for the Iberoamerican Society of Scientific Information. He has published articles related to intensive care (negative pressure pulmonary edema and disseminated intravascular coagulation in the ICU) and epidemiology, regarding dengue, zika, chikungunya and influenza.

[neurona23@hotmail.com](mailto:neurona23@hotmail.com)**Notes:**