**METASTATIC SEPSIS:** the presentation, the risk factors, the source

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**CLINICAL PRESENTATION**

46 year old female
- Poorly controlled diabetes – HbA1c 102
- Obese – BMI >35
- Smoker

On admission
- Headache, fever, tachycardia
- Drowsy, confused, meningitic
- RUQ tenderness

Investigations
- CT head unremarkable (LP not performed)
- LFTs deranged – obstructive
- Blood cultures – *Klebsiella pneumoniae*

Treatment
- Initially Ceftriaxone to cover CNS infection
- Subsequently received Meropenem on Microbiology advice

Complications
- Blurred vision in the right eye - endogenous endophthalmitis, treated with intravitreous and topical antibiotics

Outcome
- CRP improving and good clinical response to antibiotics
- Discharged with a prolonged course of oral Ciprofloxacin
- Loss of sight in right eye

**DISCUSSION**

This is a case of metastatic sepsis, presenting in a young female with poorly-controlled diabetes. She was treated for *Klebsiella* bacteraemia, pyogenic liver abscess and endophthalmitis. *Klebsiella* is now the predominant isolate of liver abscesses; poor glycaemic control is a well-documented predisposing factor and endophthalmitis a common phenomenon of metastatic infection from *Klebsiella* Pyogenic Liver Abscess.

The symptoms are vague, and pyogenic liver abscesses commonly occur from gut bacteria translocation via the portal venous system. Imaging is essential to diagnosis, and broad-spectrum antibiotics for treatment. Percutaneous drainage, or surgery, may be considered if medical management with antibiotics is unsuccessful.

**INVESTIGATIONS**

**CONCLUSION**

Sepsis presents commonly in Acute Medicine, occurs more frequently than myocardial infarction and has a higher rate of mortality than any cancer. The elderly, co-morbid and immunocompromised are most susceptible, and it is a leading cause of death and morbidity, even in the developing world.

**References**
