Resumen *#255*

Cirrosis biliar primaria en paciente masculino con infecciones urinarias recurrentes. Reporte de un caso.

[1]Quaglia M, [1]Acevedo M, [1]Arnouk L, [1]Ferreyra H, [1]Amuchastegui O
[1]Hospital Cordoba

Área:
Clínico / Quirurgica
Resumen:

Introducción: La Cirrosis Biliar Primaria (CBP) es una rara hepatopatía crónica, autoinmune, de etiología desconocida que afecta a mujeres de mediana edad. Cursa con destrucción progresiva de los conductos intrahepáticos proximales, cirrosis e insuficiencia hepática. Es desencadenada por anticuerpos antimitocondriales (AMA) M2; en su fisiopatogenia intervienen factores genéticos y ambientales donde las infecciones urinarias (IU) juegan un papel crucial.

Objetivo: reportar un raro caso de CBP en sexo masculino, asociado a cuadros de IU recurrentes.

Caso clínico. Varón de 36 años con antecedentes de Colostomía (secundaria a diverticulitis), talla vesical (fístula sigmoidea-vesical) con IU a repetición. Ingresa por dolor abdominal de 10 días de evolución y diarrea sin moco, pus ni sangre. Recibió tratamiento con TPM-SMX por IU previa. Examen físico: deshidratación, sopor. Laboratorio: GB: 3430/ml; Hb 8.5g/dl; PLQ 66.000/ml; APP 56%, Urea 133, Creatinina 4.19, Na:140; K: 5,7; GOT:68UI/ml; GPT:50UI/ml; FAL 429, GGT: 323;BT 0.5mg%, Alb 2.3 g/dl, pH 7.30, Bic 5.5, PCO2 12, AG 27. Diagnósticos presuntivos: IU complicada, Insuficiencia Renal crónica reagudizada, pancitopenia e Insuficiencia Hepática.

Ecografía Abdominal: Hígado disminuido de tamaño, bordes lobulados, parénquima nodulillar, ecogenicidad aumentada, Vena Porta 9mm. Esplenomegalia con ecogenicidad inhomogénea, ascitis. Dilatación pielocalicial izquierda. Serología Viral y Hemocultivos(-). Urocultivo(+): Pseudomona aeruginosa y Enterococcus faecalis sensibles a colistín. Laboratorio: Pancitopenia, VSG>120, Cr: 4.15, U 137, PTH 101; PT 7.61, Alb 2.54, ? 2.87. IgA 883, IgG 1467, IgM 405, proteinuria 3.3 gr/12 hs. VEDA: Várices esofágicas grado I y II con puntos rojos. Se solicita anticuerpos AMA M2 (+): se diagnostica CBP.

Evolución: cumple tratamiento con colistin y ampicilina con alta médica. Posteriores internaciones por IU y Encefalopatía hepática, urocultivos (+) mismos gérmenes. Biopsia Renal: atrofia glomerular y esclerosis intersticial severa. Comienza plan de hemodiálisis con indicación de trasplante hepático y renal.

Conclusiones: reportamos un raro caso de CBP en sexo masculino asociado a IU recurrentes con mala evolución (insuficiencia hepática y renal). Las IU son más frecuentes en pacientes con CBP con respecto a la población general, con re internaciones frecuentes.

Palabras Clave:
Cirrosis Biliar Primaria, infecciones urinarias, AMA

Abstract *#255*

Primary biliary cirrhosis in male with history of urinary tract infections. Case report.

[1]Quaglia M, [1]Acevedo M, [1]Arnouk L, [1]Ferreyra H, [1]Amuchastegui O
[1]Hospital Cordoba

Abstract:

Introduction: Primay Biliary Cirrhosis (PBC) is a rare chronic liver disease, autoimmune, which etiopathogenesis is still unknown. It affects middle age women. Its course leads to progressive destruction of the proximal intrahepatic bile ducts, cirrhosis and liver failure. Antimitochondrial bodies against de M2 subunit of the pyruvate dehydrogenase complex trigger the disease. Environment and genetic factors contribute in its fisiopathogenesis, where urinary tract infections (IU) play an important role.

Objective: we report a rare case of PBC in male with history of urinary tract infections.

Clinical case: A 36 year-old male with a historpy of colostomy (due to diverticulitis), bladder size (due to sigmoid-vesical fistula) and frequently IU, presented to the emergency department with a 10-days history of abdominal pain and diarrhea without blood, mucus or pus. He had received co-trimoxazole because IU. Physical examination: dehydration, doze. Laboratory: WC: 3430/ml; hemoglobin 8,5 g/dl; platelets 66.0007ml; APP 56%; urea 133; creatinine 4,19 mg/dl; Na 140; K 5,7; AST 68 UI/ml; ALT 50 UI/ml; alkaline phosphatase 429; gamma glutamyl transpeptidase 323; total bilirubin 0,5 mg%; albumin 2,3 g/dl; pH 7,30; bicarbonate 5,5; PCO2 12; GA 27. Presumptive diagnoses: complicated IU, acute on chronic renal failure, pancytopenia and liver failure. Abdominal ultrasound: liver decreased in size, lobed edges, nodular parenchyma, increased echogenicity, portal vein 9mm. Splenomegaly with inhomogeneous echogenicity, ascites. Left pelvicalyceal dilatation. Viral serology and blood cultures negatives. Urine culture (+): Pseudomona aeruginosa y Enterococcus faecalis sensitive to colistin. Laboratory: pancytopenia; VSG >120; creatinine 4,15; urea 137; PTH 101; total proteins 7,61; albumin 2,54; ? 2.87; IgA 883; IgG 1467; IgM 405; proteins in urine 3,3 gr/12 hs. Upper gastrointestinal video endoscopy: esophageal varices grade I and II with red points. Antimitochondrial bodies against de M2 subunit of the pyruvate dehydrogenase complex (AMA M2) are requested and resulting (+): PBC is diagnosed.

Evolution: he complies treatment with ampicilin and colistin, and has medical discharge. He has others admissions because IU and hepatic encephalopathy, Urineculture (+) with same microorganisms. Renal biopsy: glomerular atrophy and severe interstitial sclerosis. The patient starts hemodyalisis and has indication for liver and renal transplantation.

Conclusions: we reported a rare case of male with PBC and history of IU with poor outcomes (liver and renal failure). IU in patient with PBC are more often than people without this disease and lead to re-admissions.

Keywords:
Primary Biliary Cirrhosis, urinary tract infections, AMA