

# A 47-Year-Old Returning Traveler With Shock

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A 47-year-old man with no significant past medical history, originally from Indonesia, was brought to the ED of an urban US medical center after being found collapsed on the sidewalk in respiratory distress and with an altered sensorium. Upon arrival to the ED, he was tachypneic, with increased work of breathing and an oxygen saturation of 88% on 100% non-rebreather mask, so he was immediately intubated. Following intubation, he became profoundly hypotensive, requiring aggressive crystalloid resuscitation and vasopressor support. Broad-spectrum antimicrobials were administered, including ceftriaxone, vancomycin, levofloxacin, and oseltamivir. Further history elicited subsequently from family members revealed that the patient had returned from a 2-week vacation in Indonesia 6 days prior to presentation. According to relatives, he appeared to be in his usual state of health upon his return and was not seen by anyone thereafter, but in the interim he reportedly had an episode of epistaxis, and text messages received from him became progressively more bizarre.

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## Physical Examination Findings

Upon evaluation by the ICU team, the patient was normotensive and tachycardic while receiving vasopressors, and his rectal temperature was 39.5°C. His oxygen saturation was 100% on volume assist control ventilation set to a tidal volume of 500 mL, respiratory rate of 16 breaths/min,  $F_{iO_2}$  of 70%, and positive end-expiratory pressure of 5 cm  $H_2O$ . The patient was an obese man sedated on the ventilator. There were no cutaneous lesions or scleral icterus. There was no lymphadenopathy or nuchal rigidity. Cardiopulmonary examination was unremarkable. The abdomen was benign, without organomegaly. There was no clubbing or edema. He was noted to have coffee-ground material in his nasogastric tube and to be bleeding from his arterial catheter site.

## Diagnostic Studies

Initial laboratory values revealed a normal leukocyte count. His hemoglobin and hematocrit levels were 17.2 g/dL and 53.6%, respectively. The platelet count was 84,000. Chemistry values were remarkable for hyponatremia, hypokalemia, and hyperglycemia, with a creatinine level of 2.3 mg/dL and serum bicarbonate concentration of 13 mmol/L. The anion gap was 26. Initial venous blood gas results showed a pH of 7.26, with a lactate level of 13.2 mmol/L. There was a mild transaminitis: alanine aminotransferase, 90 U/L; aspartate aminotransferase, 179 U/L. Coagulation parameters were significant for a normal prothrombin time and prolonged activated partial thromboplastin time of 46.3 s. Urinalysis showed hyaline casts. Subsequent laboratory testing in the ICU demonstrated a drop in the platelet

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**TABLE 1 ] Laboratory Data**

Laboratory	Reference Range (Adults)	Admission	Day 3 (ICU) Before RRT	Day 6 (ICU) After RRT	Day 15 (Ward) Off MV	2 Wk After Discharge
WBC count, K/ $\mu$ L	4.5-11	7.7	3.3	9.2	9	6.5
Hemoglobin, g/dL	13.5-17.5	17.2	11.8	9.5	9.4	9.3
Hematocrit, %	41-53	53.6	35.5	26.5	26.8	28
Platelet count, K/ $\mu$ L	130-400	84	7	117	166	294
pH	7.32-7.42	7.25	7.28	7.65	7.36	...
Pco <sub>2</sub> , mm Hg	38-50	32	29	23	38	...
Po <sub>2</sub> (Fio <sub>2</sub> ), mm Hg	30-50	34 <sup>a</sup>	196 (70%)	81 (40%)	42 (40%) <sup>a</sup>	...
Lactate, mmol/L	0.5-2.2	13.2	2.4	4.3	0.9	...
Sodium, mEq/L	136-146	123	130	130	132	139
Potassium, mEq/L	3.5-5.3	3.3	4.7	3.1	5.6	4.5
Bicarbonate, mmol/L	23-32	13	16	24	18	20
BUN, mg/dL	8-22	24	57	52	92	14
Serum creatinine, mg/dL	0.4-1.6	2.3	7.1	6	6.7	2.3
Aspartate aminotransferase, U/L	5-40	179	17,435	1,212	219	18
Alanine aminotransferase, U/L	5-50	90	3,561	964	348	22
Lactate dehydrogenase, U/L	90-225		8,153	1,538	627	215
Total bilirubin, mg/dL	0-1.5	0.8	1.3	5.1	9.9	1
Conjugated bilirubin, mg/dL	0-0.3		0.8	3.4	4.8	0.4
Prothrombin time, s	10.3-12.6	12.5	20.2	15.6	...	11.7
International normalized ratio	...	1.1	1.8	1.4	...	1.0
Activated partial thromboplastin time, s	26-35	46.3	56.1	40.7	...	39.1
Fibrinogen, mg/dL	233-394	226	...	223	...	...

MV = mechanical ventilation; RRT = renal replacement therapy.

<sup>a</sup>Venous sample.

count to a nadir of 7,000, prolongation of both prothrombin time and activated partial thromboplastin time coupled with decreased fibrinogen, and worsening of renal function with persistence of metabolic acidosis despite rapid normalization of lactate level. Aspartate aminotransferase reached a maximum of 17,435 U/L accompanied by marked elevation in alanine aminotransferase and bilirubin. The patient's laboratory results are summarized in Table 1. Ultimately, blood and urine cultures revealed no growth. Evaluation of the peripheral smear for parasites was negative, as were rickettsial and leptospirosis serologies as well as blood polymerase chain reaction for *Neisseria meningitidis*. The chest radiograph showed clear lungs. Head CT scan was normal. Echocardiography showed normal ventricular and valvular function.

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*What is the diagnosis?*

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