

Prikaz primera / Case report

POZNA NEONATALNA SEPSA DVOJČKOV, OKUŽENIH S STREPTOKOKOM SKUPINE B

GROUP B STREPTOCOCCAL LATE-ONSET NEONATAL SEPSIS IN TWINS

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IZVLEČEK

Izhodišča: Streptokok skupine B (SGB) je vodilni povzročitelj neonatalne sepse v razvitih državah. V literaturi je opisanih le nekaj primerov pozne neonatalne sepse pri dvojčkih, največkrat nedonošenčkih. Izvor pozne okužbe ni povsem pojasnjen, morda gre za enteralen prenos z okuženim materinim mlekom.

Bolniki in metode: Opisujemo primer dizigotnih dvojčkov (nosečnostna starost 35 tednov; porodna teža 2070 g oz. 2050 g), ki sta bila rojena vaginalno po indukciji poroda zaradi hepatopatije pri materi po 5 ur trajajočem razpoku plodovih ovojev 28-letni prvorodnici. Med nosečnostjo brisa na SGB ni niso opravili in mati peripartalno ni prejela antibiotične zaščite. Iz brisa sluhovoda, odvzetega po rojstvu, je pri dvojčku B porastel dobro občutljivi SGB, sicer pa je bil poporodni potek pri obeh povsem brez težav.

Trinajstega dne po rojstvu je dvojček A izbruhal večerni obrok in začel zavračati hranjenje. Ponoči je telesna temperatura porasla do 39 °C, zjutraj pa so ga prinesli v sprejemno ambulanto. Ob sprejemu smo ugotovljali hipotonijo in hipoglikemijo. Bil je marmoriran in slabo odziven s podaljšanim kapilarnim povratkom. Ob intenzivnem zdravljenju z bolusi tekočine in glukoze, antibiotiki, bikarbonatom, infuzijo vazopresorjev in umetnim predihavanjem se je se stanje prehodno nekoliko izboljšalo. Nato so se pričele pojavljati prehodne bradikardije, ki so se popravile po kratkotrajnem oživljanju. Premestili smo ga v enoto intenzivne terapije, kjer je nekaj ur po prihodu po dolgem oživljanju umrl. V hemokulturi (HK) je porastel SGB.

Istega dne smo bratca, dvojčka B, sprejeli na preventivno antibiotično intravensko zdravljenje. Ob sprejemu je bil klinično popolnoma brez težav, vrednosti vnetnih parametrov so bile nizke, izstopal je le nekoliko slabši porast telesne teže. V hemokulturi je tudi pri njem porastel SGB. SGB smo osamili tudi iz materinega mleka. Ob zdravljenju s penicilinom je pričel odlično pridobivati telesno težo, tako dečkove kot tudi materine kužnine pa so postale sterilne.

Zaključki: Pozna neonatalna sepsa je življenje ogrožajoče stanje. Zaradi ne povsem poznane patogeneze

bolezni nimamo učinkovitih preventivnih strategij. Med ogrožene skupine uvrščamo nedonošenčke, pri katerih moramo starše še posebej opozoriti na zgodnje znake bolezni in jim podati navodila glede ukrepanja. V redkih primerih, ko zboli eden od dvojčkov, moramo z velikim sumom na možno okužbo obravnavati tudi sorojenca.

Ključne besede: nedonošenček, okužba, intenzivno zdravljenje.

ABSTRACT

Background: Group B Streptococcus (GBS) is the leading cause of neonatal sepsis in developed countries. Only a few cases of late-onset neonatal sepsis in twins are described in the literature, most often in premature babies. The origin of late-onset infection is not entirely clear, although recent reports strongly suggest an enteral mode of transmission from infected breast milk.

Patients and methods: We present a case of dizygotic male twins, (gestational age 35 weeks; birth weights: 2070 g and 2050 g), who were born after induction of vaginal labour due to maternal hepatopathy in a 28-year old primigravida. Antenatal vaginal swabs were not taken and she did not receive any peripartum antibiotic. An external ear canal swab taken from twin B grew GBS, otherwise, the postnatal period of both was completely uneventful.

On the thirteenth day after birth, twin A vomited once and refused further feedings. During the night, he became febrile (39°C) and was brought to our hospital in the morning. On admission, he was hypotonic, hypoglycaemic and poorly responsive, with prolonged capillary refill. Intensive therapy with boluses of fluid, glucose solutions, antibiotic therapy, bicarbonate, vasopressor infusion and artificial ventilation slightly improved his condition. Later, short episodes of bradycardia occurred, which were responsive to brief reanimation. He was transported to the intensive care unit, where he died a few hours after arrival, after prolonged reanimation. Blood cultures (BC) grew GBS.

The same day his brother, twin B, was admitted for preventive parenteral antibiotic treatment. On admission, he was clinically without difficulties, but with a slightly poorer weight gain. Parameters of infection were low. BC were taken and were also GBS positive. The same pathogen was also isolated from the breast milk. With penicillin treatment, his weight gain markedly improved and, with treatment, both the boy's and his mother's microbiological cultures became sterile.

Conclusion: Late-onset neonatal sepsis is a life-threatening condition. As the pathogenesis of the disease is not fully understood, there are no effective preventive strategies. Prematurity is an important risk factor, hence special warning should be given to the parents of premature babies before discharge from hospital. In rare cases of GBS sepsis in one twin, the other should be promptly evaluated for possible infection.

Key words: neonate, infection, intensive treatment.

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Prispelo/Received: 18. 6. 2018

Sprejeto/Accepted: 23. 8. 2018