

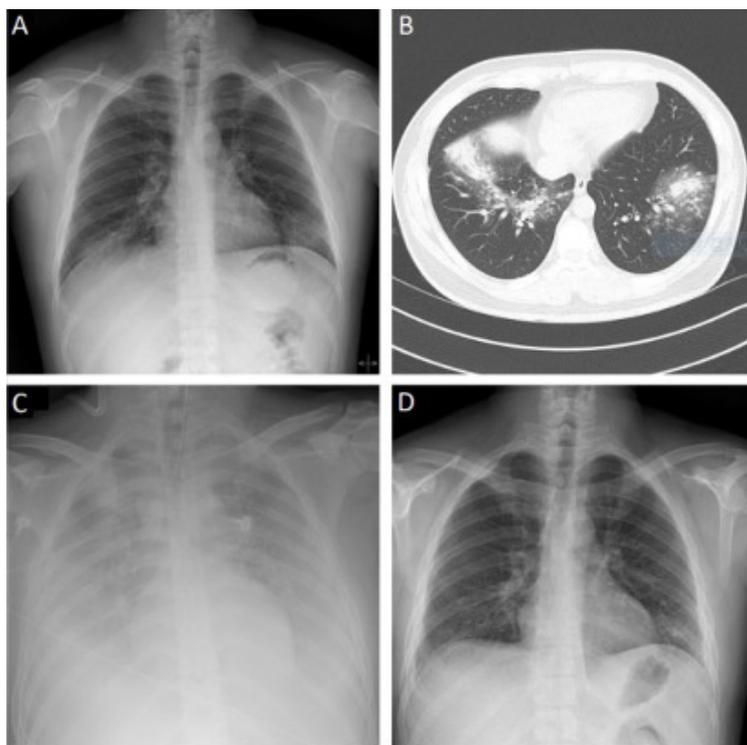
## A Case of Mycoplasma Pneumonia Complicating ARDS and Severe Hepatitis

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**Introduction:** Mycoplasma pneumonia is a common type of community-acquired pneumonia in adults. It is associated with a benign course in most cases, so that progression to ARDS is unusual. Moreover, severe hepatitis is a very rare extrahepatic complication of Mycoplasma infection.

**Case report:** A 31-year-old male with no past medical history visited the emergency department with fever, cough, yellowish sputum, and dyspnea which started 5 days ago. On physical exam, his body temperature was 36.6°C, with a respiratory rate of 20/min, pulse 76/min, blood pressure 110/70mmHg. His chest X-ray showed consolidations in both lower lung zones, suggestive of pneumonia. Laboratory tests revealed WBC count 7,120/ul (neutrophil 79%), AST 78IU/L, ALT 119IU/L, ALP 58IU/L, total bilirubin 0.83mg/dl, rGTP 78IU/L, and C-reactive protein 5.9mg/dL. Mycoplasma IgM antibody and cold agglutinin (1:4) were both negative. IV ceftriaxone plus oral clarithromycin were administered initially. On 6th day of admission, dyspnea worsened and chest X-ray showed diffuse bilateral haziness, suggesting ARDS. The patient was successfully intubated and was put on mechanical ventilation. ABGA results were pH 7.37, PCO<sub>2</sub> 42mmHg, PaO<sub>2</sub> 54mmHg, O<sub>2</sub> saturation 87% despite FiO<sub>2</sub> 1.0, which were compatible with the diagnosis with ARDS. At the same day, there was a surge of AST/ALT to 2,300/1,056IU/L, with negative results for HAV Ab-IgM, HBsAg, HBcAb-IgM, EBV IgM, CMV IgM. Echocardiography findings showed normal LV systolic function (LVEF 58%) without any wall motion abnormalities. The next choice of empirical antibiotics was IV levofloxacin, then teicoplanin plus meropenem. On 19th day of admission, follow-up tests showed positive for Mycoplasma IgM, PCR, and cold agglutinin (1:128). At 20th day, chest X-rays were normalized, and lab tests revealed a decline in AST/ALT (51/113IU/L). This case report suggests that when treating a young-age patient with pneumonia, Mycoplasma pneumonia should be considered as a pathogen. A Mycoplasma PCR test is useful for diagnosis even if the initial Mycoplasma IgM turn out negative. And when diagnosis is confirmed, macrolides should be considered as antibiotic treatment.



A, B) Initial chest X-ray and CT showing consolidation in both lower lobes.  
 C) Chest X-ray of 6<sup>th</sup> day of admission, showing progression to ARDS  
 D) Chest X-ray at the time of discharge, showing nearly disappeared bilateral consolidation.