

Jaundice and shock after a Father's Day celebration

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A 44-year-old gentleman with history of type-2 diabetes mellitus and chronic liver disease secondary to hepatitis B/C co-infection presented to our ICU with septic shock and multiorgan failure due to Gram negative rod bacteremia. His source of infection was presumed to be soft tissue as he had bilateral lower extremity pain and edema accompanied by fever 24 hrs prior to admission. Physical exam was relevant for jaundice, bilateral lower extremity edema and erythema with

multiple tense hemorrhagic bullae overlying the medial and inferior aspect of the left lower leg (**Figure 1**). The patient's family reported consumption of large quantities of oysters on a Father's Day celebration 3 days prior to the onset of our patient's symptoms. No other acquaintance was reported ill. The patient responded to levofloxacin and was discharged from the ICU within 72 hrs. Blood cultures reported *Vibrio vulnificus* and the skin lesions resolved after subsequent wound care.

Key words: Liver disease, gastroenterology, bacterial infections, infectious disease, critical care.

Figure 1. Jaundiced left lower extremity with inflammatory changes and multiple hemorrhagic bullae



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