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Summary

FROM TRAUMA TO TRIUMPH: MANAGING TOXIC SHOCK SYNDROME AND SEVERE NECK ABSCESS IN IMMUNOSUPPRESSED PATIENT AFTER LIVER TRANSPLANTATION

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A 69-year-old liver transplant recipient on immunosuppression developed streptococcal toxic shock syndrome from a neck injury caused by a wooden splinter, requiring surgical drainage, antibiotics, and immunosuppression adjustment, with complete recovery after two years.

KEY POINTS

- The patient sustained a penetrating neck injury from a wooden chair splinter and developed progressive neck swelling, erythema, a maculopapular rash, and a multiloculated abscess measuring 59x32x85 mm.
- Microbiological analysis confirmed group A Streptococcus infection highly suggestive of streptococcal toxic shock syndrome, with leucocyte count 22.4×10^9/L, CRP 327.4 mg/L, and creatinine 233 µmol/L.
- Management included urgent surgical drainage, discontinuation of mycophenolate mofetil, reduction of tacrolimus, and antibiotic therapy with cephazolin for five days and clindamycin for two weeks.
- The patient achieved complete resolution with CRP decreasing to 53.0 mg/L, improved kidney function, and no recurrence at two-year follow-up, illustrating successful management of severe infection in an immunosuppressed transplant recipient.

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