

Septic Shock of Unknown Etiology

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Introduction: Septic shock, marked by hypotension, tachycardia, multi-organ failure, and altered mental status (AMS), presents significant diagnostic challenges. Conditions such as untreated liver cirrhosis, acute kidney injury (AKI), and rabies can mimic sepsis.

Case Presentation: This case report discusses the complexities of diagnosing the cause of septic shock in an Amish woman with limited healthcare access, emphasizing the need for a broad differential diagnosis in such populations. Case Presentation: An 81-year-old woman with a history of hypertension presented with fever, hypotension, new-onset atrial fibrillation. She was admitted to the ICU for pressor support as labs revealed leukocytosis and elevated inflammatory markers. Urinalysis, blood cultures, ammonia levels, and Hepatitis B and C tests were negative. Despite various antibiotic trials and consultations, no definitive diagnosis was made. She continued to deteriorate and family decided to withdraw support. Infectious Disease considered Histoplasma, Aspergillus, West Nile virus, and rabies. Due to lack of a lumbar puncture (LP) during a week-long admission at an outside hospital, Internal Medicine recommended an LP. Neurology deemed the patient too unstable for the procedure and suggested an MRI. The patient was discharged to home hospice before MRI was performed.

Discussion: The cause of septic shock and potential encephalopathy of unknown origin can be particularly challenging to diagnose, especially in populations with limited access to healthcare. This case underscores the importance of early lumbar puncture in refining the differential diagnosis and emphasizes the need to consider both common and rare causes of sepsis and AMS to avoid diagnostic anchoring and improve patient outcomes.

Conclusion: For patients with sepsis and AMS, especially those from backgrounds with limited healthcare access, considering rare causes alongside common ones is crucial to avoid diagnostic biases and ensure effective management.

Keywords: Septic Shock, Altered Mental Status, Case Report