

Daptomycin Induced Rhabdomyolysis and Subsequent Compartment Syndrome: A Case Report

Katherine Esser, M2^{1*}, Caitlyn Hollingshead, MD¹, Jeff Cross, MD¹, Trevor Bouck, MD², David Yatsonsky, MD²

¹Division of Infectious Diseases, Department of Medicine, The University of Toledo, Toledo, OH 43614

²Department of Surgery, The University of Toledo, Toledo, OH 43614

*Corresponding author: Katherine.Esser@rockets.utoledo.edu

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Introduction: Rhabdomyolysis is an infrequent complication of Daptomycin, but progression to compartment syndrome has not previously been reported in published literature. We present a case of a 56-year-old who developed compartment syndrome after daptomycin treatment for a *S. aureus* infection of a penile implant.

Case Presentation: The patient presented to the emergency department complaining of bilateral upper extremity pain and swelling for several hours. The patient was 5 days into a 4-week course of daptomycin prescribed to him from another healthcare facility to treat an *S. aureus* infection of a penile implant complicated by bacteraemia. The patient complained of arm swelling and pain that developed several days prior to presentation. Physical examination revealed significant swelling and allodynia of the bilateral forearms. Laboratory evaluation revealed markedly increased creatine phosphokinase (CPK) and D-dimer levels, indicating severe rhabdomyolysis. During his admission, his forearm pain worsened, and he was diagnosed with bilateral forearm compartment syndrome. Emergent fasciotomies of bilateral forearms were completed and resolved the compartment syndrome. He subsequently recovered with minimal clinical sequela.

Discussion: While compartment syndrome occurs secondarily to fractures in 75% of cases, it can also be a sequelae of soft tissue injuries, poor positioning during surgery, burns, vascular injuries, infections, and medication. Prescribing physicians should be cognizant of the possibility of compartment syndrome in patients with severe rhabdomyolysis secondary to daptomycin so that intracompartmental pressures can be obtained and surgical management quickly initiated.