

When Fever is Just the Tip of the Iceberg: A Case of Urinary Sepsis with Atypical Presentation

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Background: Urinary sepsis in older adults often presents atypically, delaying recognition. Early markers and clinical judgment are crucial for rapid diagnosis and treatment.

Case History: An 84-year-old woman with dementia and incontinence was admitted for fever and confusion. Vitals: BP 95/60 mmHg, HR 110 bpm, SpO₂ 94%. Labs showed WBC 17,000/mm³, CRP 230 mg/L, lactate 3.8 mmol/L. Urinalysis was suggestive of infection; culture confirmed ESBL *Klebsiella pneumoniae*. Empirical meropenem and fluids were administered. Patient improved within 48 hours [1, 2].

Discussion: Atypical presentations of sepsis in the elderly require high suspicion and early biomarker use. The elevated lactate supported the diagnosis before culture results. Timely, targeted therapy prevented progression to septic shock.

References

1. Mervyn Singer, Clifford S Deutschman, Christopher Warren Seymour, Manu Shankar-Hari, Djillali Annane, et al. (2016) The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). *JAMA* 315: 801-810.
2. Nicolle LE (2016) Urinary Tract Infections in the Older Adult. *Clin Geriatr Med* 32: 523-538.

Table: Urinary Sepsis in Elderly vs Younger Adults

Clinical Feature	Elderly Patients	Younger Adults
Fever	May be absent or low-grade	Frequently present (>38°C)
Mental status changes	Common (delirium, lethargy)	Rare at onset
Tachycardia / Hypotension	Subtle or delayed	More abrupt onset
Urinary symptoms (dysuria, urgency)	Often absent or masked	Frequently reported
Response to therapy	Slower, due to comorbidities	Generally faster
Mortality risk	Higher (especially with frailty, dementia)	Lower

(Adapted from Nicolle, 2016; Singer et al., 2016)

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