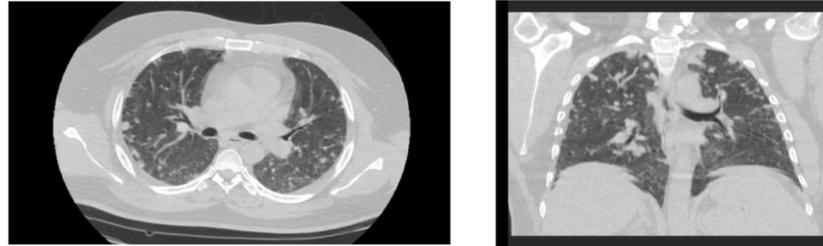


Hypervirulent *Klebsiella Pneumoniae* (hvKp) is a more virulent strain of *Klebsiella*. Once reported mostly in Asia-Pacific regions, it is increasingly seen in the US due to immigration and travel. In the COVID-19 era, where multifocal pneumonia is presumed to be due to COVID-19, serious infections like hvKP can be masked by COVID-19 resulting in serious consequences. This case encourages clinicians to consider other possibilities when treating patients who have positive COVID-19 tests.

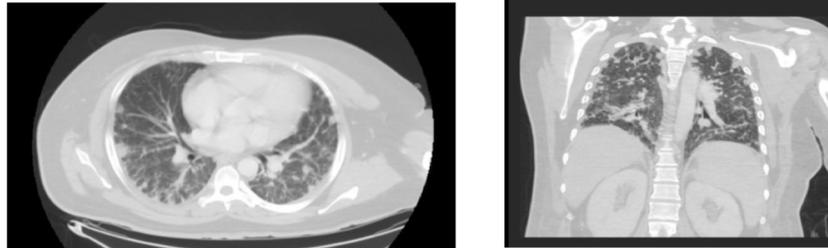
A 35-year-old male with no significant past medical history presents with cough, shortness of breath, burning urination, burning, and itchiness in his eyes for three days. On exam, he was tachycardic and tachypneic. Complete blood count (CBC) showed neutrophilic leukocytosis, thrombocytopenia, bandemia, and anemia. Labs showed acute kidney injury (AKI), severe hyponatremia, mixed hyperbilirubinemia, and transaminitis. D-Dimer, CRP, and LDH were elevated. Urinalysis showed moderate Leukocyte esterase, Large blood, 50-100 WBC. SARS COV 2 was positive. Imaging showed multiple pulmonary nodules and prostatitis.

He was diagnosed with COVID multifocal pneumonia with a superimposed Urinary tract infection (UTI), and he was started on therapeutic enoxaparin, ceftriaxone, and azithromycin. Foley was placed, which drained hematuria with clots. However, he did not improve, and a few days into admission, he developed sudden onset bilateral visual loss. MRI orbit was negative.

CT scan on Day 4 of symptoms- shows bilateral pulmonary nodules with a peripheral and apical preponderance



CT scan on day 8 of symptoms-shows coalescing nodules and central cavitations



Repeat CT chest showed increasing pulmonary nodules, with some nodules showing cavitations. Urine culture grew *Klebsiella pneumoniae*. He was diagnosed with Hypervirulent *Klebsiella pneumoniae* (hvKP) sepsis complicated by endophthalmitis. Antibiotic was changed to piperacillin-tazobactam. Repeat MRI orbits showed bilateral endophthalmitis. Eye cultures were positive for *Klebsiella pneumoniae*. Vitrectomy was done for source control. Cystoscopy showed a Necrotic prostrate and urethra with multiple cavitations and false passage.

Transesophageal Echo was negative. He was started on a heparin drip, which had to be discontinued later due to recurrent GI bleeding. The upper endoscopy did not show a source of the bleed. Repeat imaging showed bilateral iliac vein thrombosis. IVC filter was placed, and anticoagulation was held. He clinically improved, and he was discharged on a total of eight weeks of ceftazidime-tazobactam. On discharge, he was legally blind in both eyes. Six months into follow up, his only long term complication was bilateral blindness.

Clinicians in north america usually recognize *Klebsiella pneumoniae* as an organism that causes localized infections in compromised older adults in a health care setting. However, hvKp causes multiple infections in young, healthy adults, especially of Asian or Hispanic descent, in a community setting. Increased reporting of this serious infection will close this knowledge gap and improve outcomes for these young but otherwise healthy patients. In contrast to common *Klebsiella pneumoniae* (cKp), hvKp needs proper source control. Hence complete screening for an occult abscess is essential.