Case report

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A 57 – year old man, with a history of hypertension and diabetes, admitted in our department on April 2007 for pre- B acute lymphoblastic leukemia (ALL) with Philadelphia chromosome positive on cytogenetic analysis.

On admission: PNN: 357/mm3, fever at. 38°C

TTT: BFM 95 protocol + tyrosin kinase inhibitor + empiric antibiotherapy with Piperacillin- Tazobactam

Apyrexia obtained within 72H
Case report 2

- On day 40th hospitalization, the patient was febrile at 38°C, PNN count were 700/mm³.
- He developed cough.
- Chest X ray: normal.
- We stopped Tazocillin, then we changed with Imipenem+Amikacin.
- Blood cultures, Galactomannan antigenemia were negative.
- Direct mycological examination of a single BAL of 10 sputum specimens was negative.
Case report 3

- Apyrexia was obtained within 48 H
- Three days after: the patient developed generalized seizures with a left-sided hemiparesis and icteria
- Cerebrospinal fluid cytochemical parameters proved to be normal
- Biological assessment showed an hepatic cytolysis
- Abdominal CT showed no abnormalities
- Cerebral CT showed the following lesion
Case report 4
Case report 5

- Cerebral CT: hypodense lesion of the right frontal area, evocative of an ischemic cerebral infraction
- Galactomannan antigenemia monitoring by the platelia *Aspergillus ELISA kit*: positive on 3 occasions
- No galactomannane antigen was detected in CSF
- Thoracic computed tomography and Cerebral MRI showed the following lesions
Cerebral MRI
Thoracic CT
Case report 6

- These findings were suggestive with pulmonary IA with cerebral and hepatic involvement.

- The patient was treated with intravenous Amphotericin B, and subsequently replaced with IV 200 mg x 2/day voriconazole for 14 days because of acute renal failure, than oral voriconazole at the same dose (the only treatment available at that period).

- Fever and icteria disappeared by the 7th day, respiratory symptoms by 1 month.
Case report 6

- Cerebral CT on the 15th day of ttt: same findings
- MRI: cerebral abscess with pachymeningitis
- Surgical drainage of the abscess was performed in July
- Mycological examination: abundant dichotomous branching hyphae very suggestive of aspergillus
CT scan at 11 months
Case report 7

- CT controls at 4, 11 months later: marked regression of the cerebral abscess
- Aspergillus antigenemia was positive in 2 successive specimens on January 2008, without clinical symptoms
- Patient remained stable with a follow-up at 2 years
Cerebral involvement is common in IA of the leukemic patient.

It should be suspected whenever neurological symptoms occur.

The precocious use of antifungic treatment and surgical drainage is useful in order to achieve a therapeutic success.
Thank You for Your attention