

P2. DIFFERENTIAL DIAGNOSTIC PROBLEMS INVASIVE FUNGAL INFECTION IN A PATIENT PRESENTING ACUTE LYMPHOBLASTIC LEUKEMIA WITH HIGH DOSAGE CHEMOTHERAPY.

Podariu Geluta² , Dănilă Cătălin¹, Dăscălescu Angelica¹, Bică Laura², Bîrladeanu Claudia², Merticariu Amalia², Vornicu Diana²

1 University of Medicine and Pharmacy „Gr. T. Popa” Iași, Romania

² Regional Institute Of Oncology, Iași, Romania

Patients with acute leukemia, especially in relapse, and polychemotherapy have a high risk ,during re-induction chemotherapy, to develop severe invasive fungal infection, with a high mortality rate.

We present the case of a 43 years old patient with recurrent acute lymphoblastic leukemia , for which she received high dose chemotherapy associated with nucleoside analogues. During post-therapy aplasia the patient developed a febril sindrome without a clinical infectious source, with normal pulmonary sounds and negative blood culture. The chest radiography and CT were suggestive for a fungal infection. In this context the patient recived a broad spectre antibiotherapy associated with antifungal therapy.

The evolution was however unfavorable, requiring a monitorization of the patient in ICU.

It was carried out a alveolar fibrobronhoendoscopie and it was performed cultures and smears from the alveolar lavage fluid, with a negative result. We also tested CMV (PCR), Ag Legionella-negative, Galactomannan- negativ serum, BAC-negative for Aspergillus. Neutropenia is recovered, but the patient becomes hemodynamic unstable, requiring vasopressor therapy in progressively higher doses and invasive cardiac monitoring (PICCO). Neurological manifestations also appeared this is why we suspected an infiltration of central nervous system, however with normal CT brain and cerebrospinal fluid morphological examination.

The progression of the pulmonary lesions detected on a new chest CT required a thoracotomy with a pulmonary biopsy and pleural drainage, however the anatomical pathologic exam and the cultures didn't evidential any infectious lesions.

High dose antibiotherapy was continued based on the clinical suppositions, but the evolution of the patient was unfavorable, and the death occurred.

Fungal infections continue to represent a frequent and serious complication in patients with hematological diseases, especially among those with an acute pathology. It is important an early detection of the infectious agent because it is crucial to administrate a specific treatment.