

## **P5. INVASIVE FUNGAL INFECTION ASSOCIATED WITH PULMONARY TUBERCULOSIS IN A PATIENT WITH HAIRY CELL LEUKEMIA.**

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Hairy cell leukemia is a chronic lymphoproliferative syndrome with increased infectious risk secondary to humoral immunity and cellular damage by cytopenias that are amplified by treatment with nucleoside analogues. Fungal and atypical mycobacterial infections associated with severe neutropenia shows a common complication that occurs in patients with hairy cell leukemia under treatment with nucleoside analogues.

This paper presents the case of a 64 years old patient diagnosed with hairy cell leukemia in December 2012 under therapy with Litak (2-CdA, cladribine) 0.1 mg / kg / day for 7days. At time of diagnosis the patient had marked physical fatigue; in haematologic plan - grade III neutropenia, normal clinical examination with normal CT scan.

The evolution is marked by persistent severe neutropenia with febrile syndrome occurring in parallel with the installation of a severe progressive cholestatic syndrome with hyperbilirubinemia, hepatic cytolysis syndrome and inflammatory syndrome, which required a clinical and imagistic reevaluation. The case presented many problems of differential diagnosis: autoimmune pathology, complex infectious pathology or tumor pathology. CT examinations revealed pulmonary nodular lesions with central necrosis. In the bronchoalveolar lavage *Aspergillus* filaments were revealed. Antifungal treatment is administered with the persistence of a febrile syndrome, which is why another coexistent infection is suspected and later confirmed by the presence of Koch bacillus in bronchial alveolar lavage.

The conclusion: the importance of the diagnosis and identification of the pathogen agent with invasive methods including lung biopsy samples from immunosuppressed patients who have a febrile syndrome with no response to treatment.