10//26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (Leander)* ***Case Discussants****: (Magnus) & (Glen)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Lukas):

CC: 27 yo female p/w generalized malaise

HPI: diagnosed with AML previous year, Rx with Chemotherapy, relapsed within 6 months

Now: 2 months post allogenic stemcell transplant. Blood count rose approximately 3 weeks after transplant suggesting marrow reconstitution

Later complicating GvHD with escalation of immunosuppression

ROS (-): chills, cough, dyspnea, CP, abdominal pain, nausea, vomiting, dysuria hematuria, constipation, diarrhea

PMH:
AML
Acyclovir resistant HHV6 infection

Meds:
Ciclosporin A (unknown dosage, downtapering)
Prednisolon
Ex Foscanet
Meropenem + Linezolid recently finished

Fam Hx:

Social Hx:

Health-Related Behaviors:

Allergies:

Vitals: T: 38,7°C (101,6) **HR**: 130 **BP**: 105/65 **RR**: 20 **Sat**: 97% on 3L **Exam: Gen**: oriented **CV**: wnl **Pulm**: reduced breath sounds on the right side **Abd**: minimal bowel sounds; soft, non tender, non-distended **MSK/skin**: signs of chronic GvHD

Notable Labs & Imaging:

Hematology:
WBC: 0,45 Hgb: 7,7 Plt: 8 MCV: ret: 0,006

Chemistry:
Na: 144 K: 3,45 Ca: 2,45 AST: 174 ALT: 65 gGT: 760 T. Bili: 6 -> 16 directBili: 5-> 15 Alb: 2,2 tProtein: 4,8 Triglycerides: 1200 INR 1.63 aPTT: 46 Fibrinogen 654 mg/dL LDH: 138 Haptoglobin: 260 CAP: 60 mg/dL (< 0,5) Ferritin: ***87.000*** Phosphate: 2,04 CystatinC: -> eGFR 20-30 **UA:** wnl **Serology:** HIV, HepB/C negative

CT Head: normal sinuses
CT C/A/P: GGOs both lung with **halo sign**, bilateral pleural effusion, pericardial effusion, ascites
PET-CT (2 days later): esophagitis and colitis, progressed lung findings
Liver biopsy: hemosiderin deposition, no signs of GvHD
Bone marrow: punctio sicca
PCR: negative
Peripheral chimerism: 100%

BAL: Aspergillus fumigatus culture positive; Aspergillus antigen positive
Serology: HHV6 resistant acyclovir resistant positive
Rx: Amphotericin B, no improvement; Trial with Etoposid and Dexamethasone no improvement either

Dx: *Disseminated Aspergillosis* (probable HLH; patient passed away)
(parents declined autopsy)

Problem Representation: 27 yo female with status post Chemo and allogenic stemcell transplantation after AML and GvHD p/w subacute generalized malaise with fever, tachycardia and hypotension

Teaching Points (Kwame)

Generalized malaise in a patient with hx of AML. It could be an exacerbation of anemia,complication of the disease such as relapse or complication from some of the treatment like immunosuppression leading to an infection.It's important to look for signs of inflammation. Reconstitution of immune system can worsen of symptoms due to immune exacerbation.

Bugs to think of CMV , PJP. Sepsis workup indicated including blood cultures.Typical bugs like strep Pneumonia ,mycoplasma.

Pancytopenia with Wbc 0.45 We are worried of febrile neutropenia. Space occupying lesion.Retic count is low hence most likely a marrow problem than systemic.

Eosphagitis and colitis could be CMV. Halo sign could point to a fungal origin

BAL revealed Aspergillus.