

Case sharing

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SUNWAY MEDICAL CENTRE

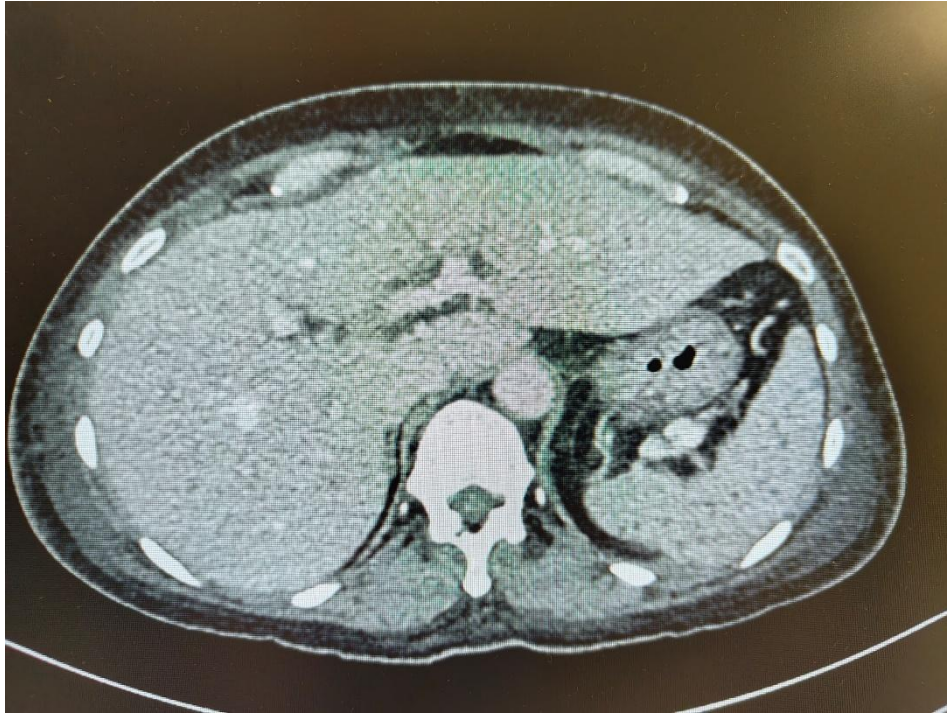
WMC

PH neg ALL , with standard risk, diagnosed on Nov'2022 with Hep B carrier.

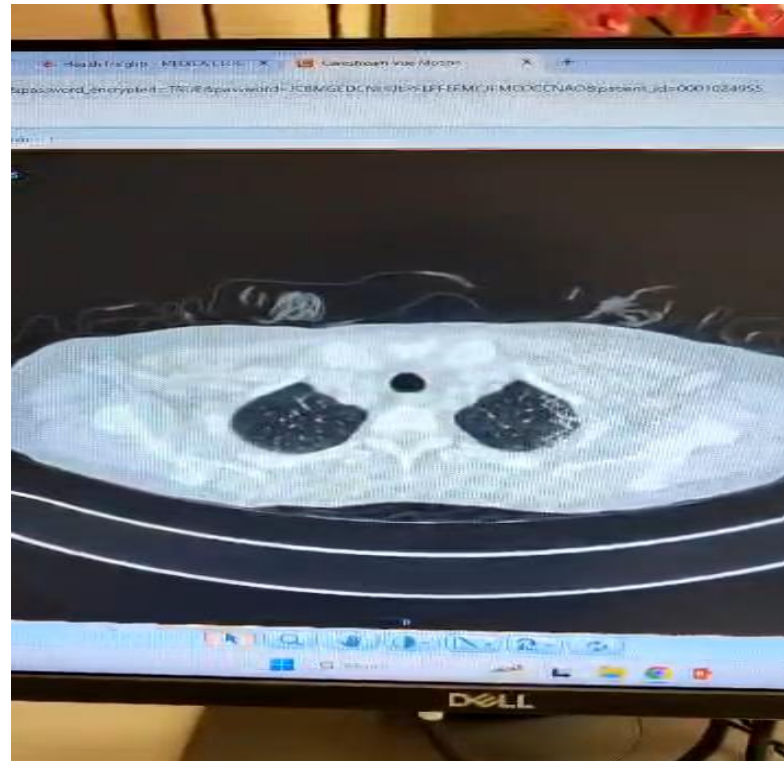
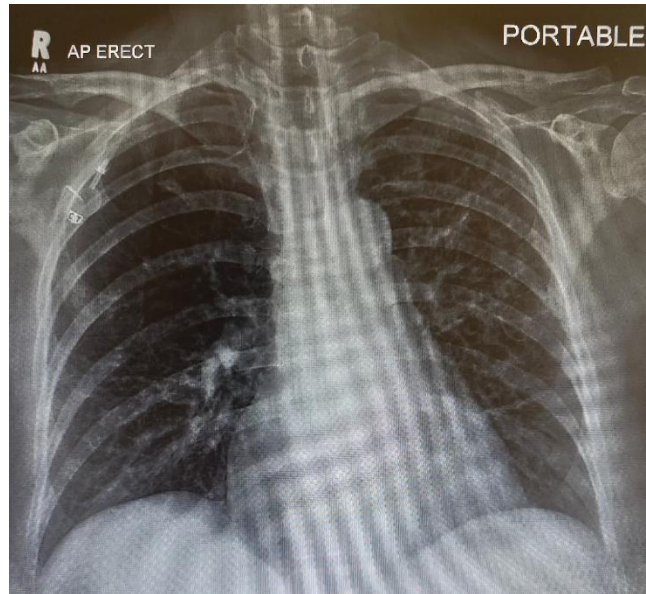
Received standard chemotherapy, complicated with PN, hence switched to BiTes, had CRS and pneumonitis but responded well to steroid

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- Developed disseminated candidiasis (candida tropicalis)
 - Was on Fluconazole 400mg od from 12/2022 till Jan 24
 - April 24: Fever again and switched to voriconazole 200mg bd

<u>Culture & Sensitivity</u>	
Specimen Type	: Blood
Specimen Source	: Aerobic
Specimen Source	: Peripheral
<u>Aerobic</u>	
Growth After	: 2 Day(s)
Yeast	: Seen (+++)
Organism 1 isolated	: Candida tropicalis
Sensitivity	
1. Candida tropicalis	
+-----+-----+	
Susceptibility	1
+-----+-----+	
Fluconazole	S
Voriconazole	S
Caspofungin	S
Micafungin	S
Amphotericin B	S
Flucytosine	S
+-----+-----+	



Microabscesses in liver, spleen and kidneys.
Multiple ill-defined subcentimeter hypodense lesions scattered in both liver lobes, spleen and kidneys, suggestive of microabscesses.



Bilateral miliary nodules and patchy lung consolidation.

CA

Haplo SCT on 11/9/24, for Ph pos B-ALL

TBF, PT-Cy

3 months, developed fever, GVHD of skin with respiratory symptoms

CT TAP 2/12/24 showed

- Cavitating solid lesion in the apical segment of the left upper lobe posteriorly medially measuring 4.7 x 3.6 cm, with surrounding ground glass changes

- Multiple LNs at the aortic arch

BAL 4/12/24:

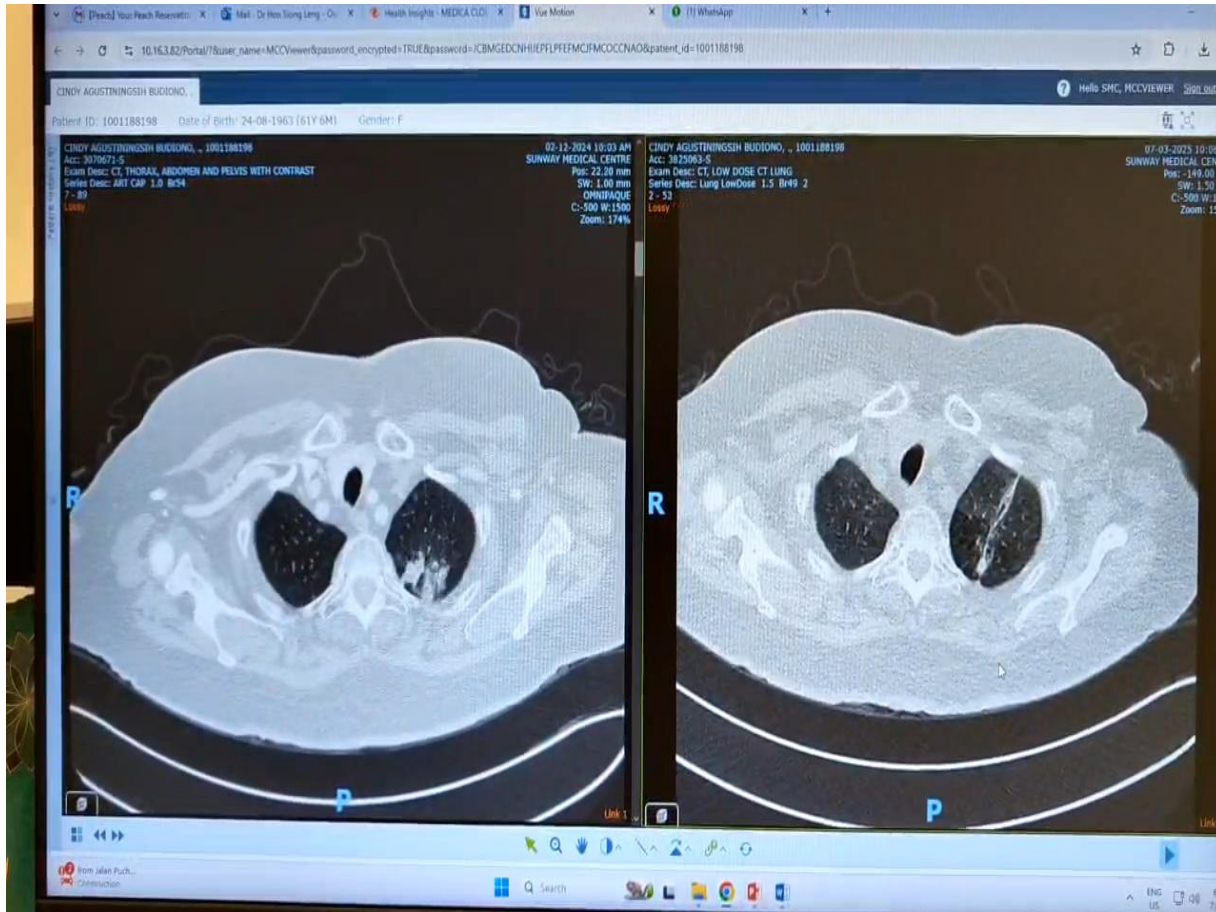
No biopsy

TB PCR detected (Akurit-4 since 4/12/24)

Galactomanannan negative

1. Underlying pulmonary tuberculosis, current study shows smaller left upper lobe consolidation and left sided prevascular lymph nodes with reducing number of lung nodules.

2. New patchy ground glass densities in both lungs with prominent reticular/interstitial opacities in both upper lobes. Differential diagnosis include fluid overload and infective/inflammatory changes.



MOLECULAR DIAGNOSTIC LABORATORY

RESPIRATORY PANEL 33 TEST

Specimen Type : Nasopharyngeal swab

Virus	Result	Ct value	Bacteria	Result	Ct value
Influenza A	Not Detected		<i>Chlamydia pneumoniae</i>	Not Detected	
Influenza A (H1N1)	Not Detected		<i>Haemophilus influenzae</i>	Not Detected	
Influenza B	Not Detected		<i>Haemophilus influenzae B</i>	Not Detected	
Influenza C	Not Detected		<i>Bordetella spp.</i>	Not Detected	
Respiratory Syncytial Virus A/B	Not Detected		(except <i>B. parapertussis</i>)	Not Detected	
Coronavirus 229E	Not Detected		<i>Mycoplasma pneumoniae</i>	Not Detected	
Coronavirus OC43	Not Detected		<i>Legionella pneumophila</i>	Not Detected	
Coronavirus HKU1	Not Detected		<i>Klebsiella pneumoniae</i>	Not Detected	
Coronavirus NL63	Not Detected		<i>Salmonella spp.</i>	Not Detected	
Human Metapneumovirus A/B	Not Detected		<i>Streptococcus pneumoniae</i>	Not Detected	
Human Bocavirus	Not Detected		<i>Staphylococcus aureus</i>	Not Detected	
Rhinovirus	Not Detected		<i>Moraxella catarrhalis</i>	Not Detected	
Enterovirus	Not Detected		Yeast		
Adenovirus	Not Detected		<i>Pneumocystis jirovecii</i>	Detected	33.23
Parainfluenza virus 1	Not Detected				
Parainfluenza virus 2	Not Detected				
Parainfluenza virus 3	Not Detected				
Parainfluenza virus 4	Not Detected				
Human parechovirus	Not Detected				

Methodology:

This test was performed using multiplex real-time PCR system for detection and identification of specific pathogen nucleic acids from individual associated with upper and/or lower respiratory tract infections.

Disclaimer:

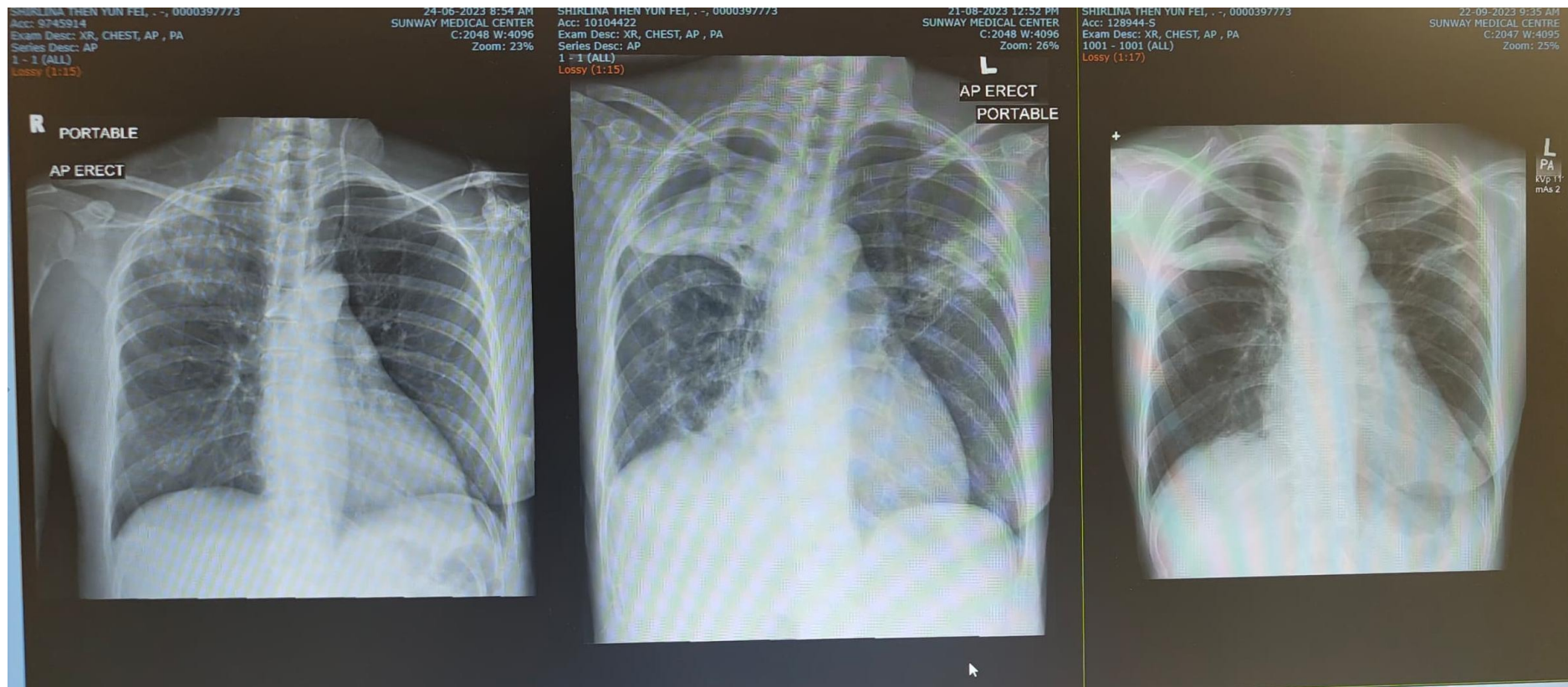
This test assay is a qualitative test, which does not provide a quantitative value for the detected pathogens in the specimen. There is no correlation between the Ct values obtained and the amount of pathogens in the specimen collected. Negative results do not preclude respiratory infection as it can be caused by the presence of pathogens present in the numbers below limit of detection of the test assay. Positive results do not rule out viral / bacterial / fungal infection or co-infection with other organisms. The detection may not be the definite cause of the disease. Please correlate clinically.

ST

Hypoplastic MDS with ASXL1, ETV6, PHF6, haplosct on June 2023, conditioning ATG-Flu-Bu-TBI(2gy), PT-Cy



ST



8/23

Right upper lobe cavitation containing consolidative lung tissue and septation in keeping with fungal infection, overall size measures about 7.7 x 8 x 7.5cm.

Residual patchy consolidations and bronchial wall thickening in the right middle and lower lobes.

New left upper lobe consolidation and left lower lobe scattered ground glass nodular opacities suggestive of pneumonia.

10/23

Thick walled cavitating lesion with enhancing wall, in the right upper lobe and apex, with increase in size compared to previous study. Fluid attenuation content within this cavitating lesion at the dependent portion.

Reduced ground glass densities in both lungs, similar in distribution compared to previous study, indicating interval improvement.

Simple liver cysts.

HPE

Microscopy showed predominantly necrotic/ degenerated tissue. No granuloma seen.

Special stain

PAS and GMS stains show broad ribbon-like hyphae with septation. ZN stain shows no AFB

- IV amphotericin B, with oral Isavuconazole 200mg OD

