

Invasive pulmonary aspergillosis in a patient with acute myeloid leukemia

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We present a case of a 47-year old man with pancytopenia secondary to induction chemotherapy for acute myeloid leukemia, AML5a of the FAB classification (the induction therapy was idarubicin, cytarabine, etoposide and intrathecal prophylaxis with methotrexate, cytarabine and prednisone). He developed fever with positive blood cultures for *Klebsiella pneumoniae* and enterococcus and was treated with meropenem and vancomycin. After an initial afebrile period, fever reappeared on the 10th day after the end of the induction treatment and a thin-section CT scan of the thorax revealed a nodule in the upper lobe of the left lung. Amphotericin B was empirically started at a daily dose of 1 mg/kg b.w. Five days later another CT scan showed enlargement of the lung nodule. At this point treatment was changed to liposomal amphotericin at a daily dose of 5 mg/kg b.w. A fine-needle aspiration under CT guidance revealed the presence of hyphae (May-Grünwald-Giemsa technique) and the cultures grew *Aspergillus spp.* The patient died four days later with progressing infection and in a deep coma.

References

1. Heusse CP, Kauczod HU, Heussel G, et al. Early detection of pneumonia in febrile neutropenic patients: use of thin-section CT. *Am J Roentgenol* 1997; 169:1347-53.

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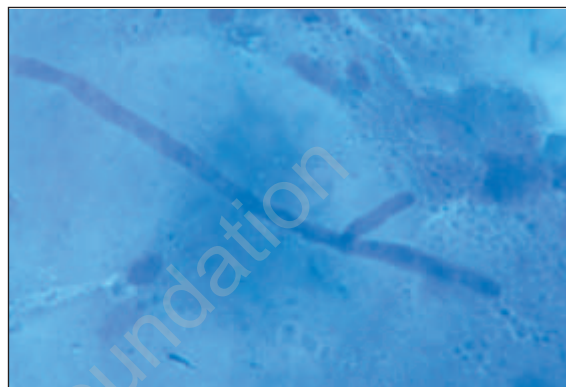


Figure 1. Hyphae in the pulmonary needle aspirate (May-Grünwald/Giemsa stain, original magnification $\times 100$).



Figure 2. CT scan showing a nodule of 1 cm diameter.