

A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

FUSARIOSIS DISSEMINATED IN TWO PEDIATRIC PATIENTS WITH LYMPHOBLASTIC LEUKEMIA ACUTE IN A UNIVERSITY HOSPITAL FROM NORTHEAST MEXICO

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Background: Fusarium species can cause severe disseminated disease in highly immunocompromised children and is associated with high mortality rates. A functioning immune system is the most important predictor of survival after acquisition of invasive Fusarium infection. There are over 50 species of Fusarium described, with F. solani species complex and F. oxysporum species complex causing 70% of invasive human disease. Disease in immunocompromised patients often manifests with fungemia, sinonasal infection, and involvement of the lungs and skin.

Observation: Case 1, 7 years old boy with diagnosis of acute lymphoblastic leukemia who received chemotherapy was referred to our Hospital with fever. Hemogram showed pancytopenia with profound neutropenia (neutrophil count 27). Diagnosis of neutropenic fever was made, empirical IV antibiotics were started, and blood cultures were sent.

After 10 days he developed papulonodular skin rash and necrotic ulcers predominantly on extremities with progressive abdominal pain and persistent fever. Abdominal ultrasound shown splenic and kidneys collections. Fusarium spp. was isolated from skin biopsy, Amphotericin B –sensitive. Blood culture were negative. Amphotericin B was continued for 6 weeks, WBC count started rising on day-7 of starting antifungal treatment. Progressive clinical improvement was shown and he was discharged home.

Case 2, 10 years old boy with diagnosis of acute lymphoblastic leukemia with testicular and bone-marrow relapse was referred to our Hospital with epistaxis. Hemogram showed pancytopenia and hemoderivatives were transfunded. The next day he developed fever and treatment for neutropenic fever was started. Three days after he developed papularnodular skin rash and persistent fever. Skin biopsy and blood culture isolated Fusarium spp. sensitive to azoles and Amphotericin. Antifungal therapy was started with satisfactory clinical improvement.





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Key message: Fusarium infection is an opportunistic pathogen in neutropenic patient often with fatal outcome. All efforts should be focus to determinate diagnosis and soon treatment in neutropenic patients.



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