NEUTROPENIC ENTEROCOLITIS OR INVASIVE INTESTINAL ASPERGILLOSIS?

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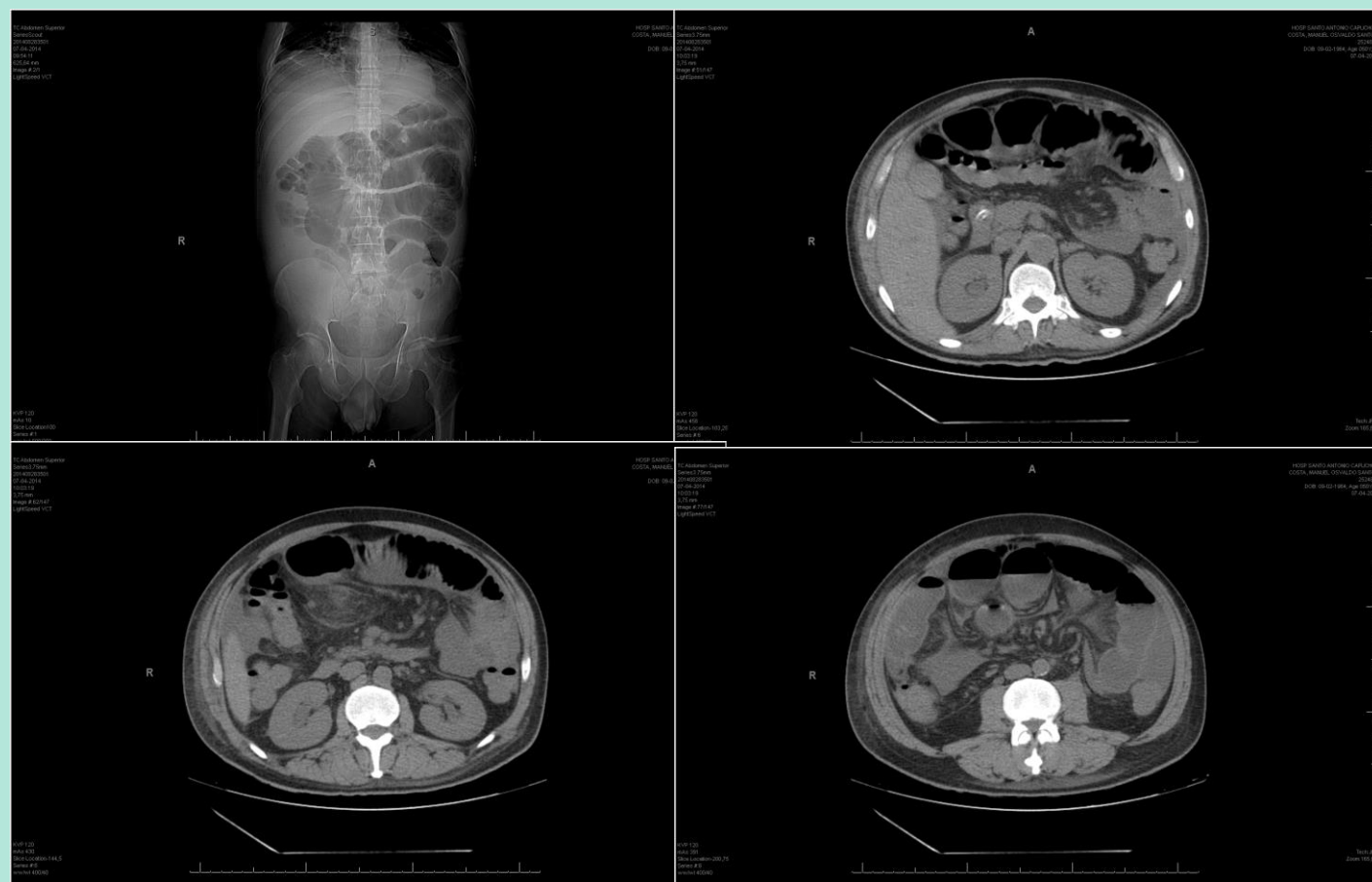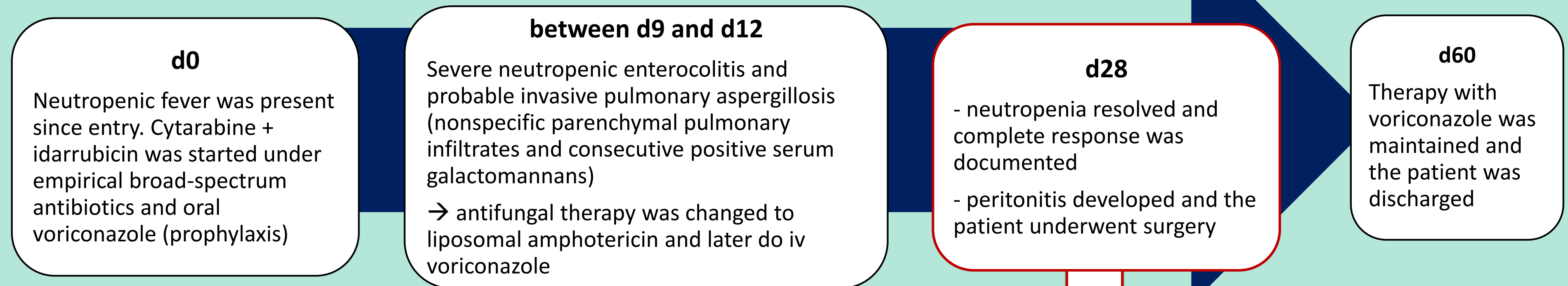[1]Instituto Portugues de Oncologia, Coimbra, Portugal.
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Intoduction

Invasive intestinal aspergillosis is a very rare complication of intensive chemotherapy for acute myeloid leukemia (AML) and is nearly always fatal. Its rarity and high mortality are probably due to a low suspicion rate and to the difficulty in obtaining histological confirmation.
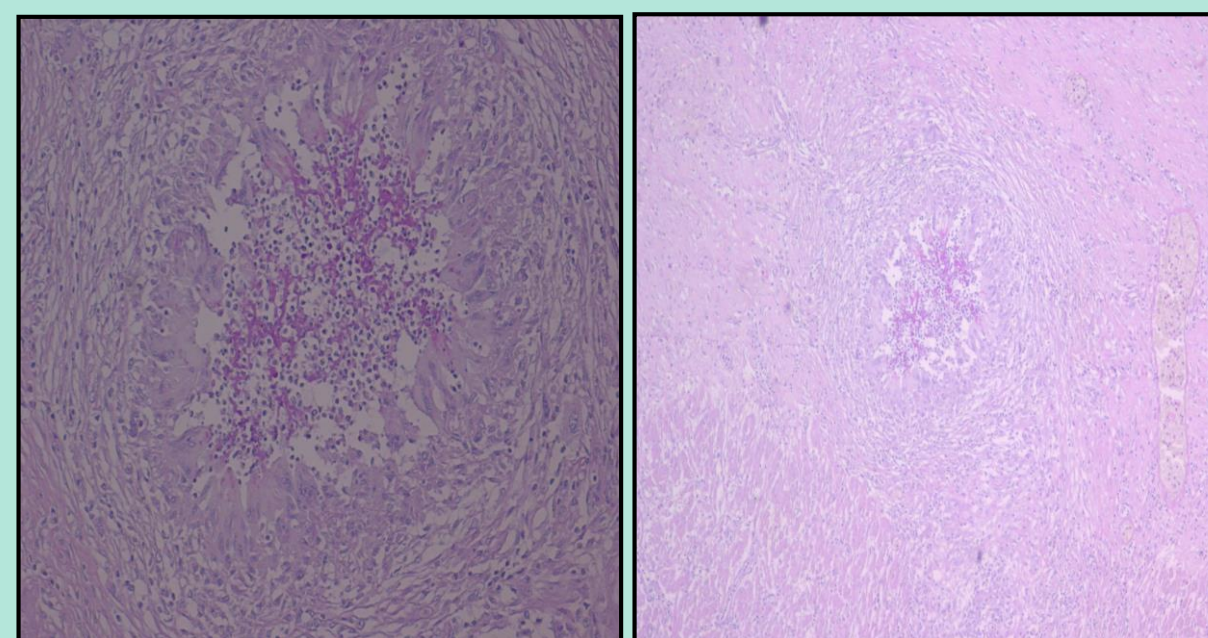
Clinical case

♂ 50 year-old; no relevant past medical conditions; diagnosis of AML with mutated *NPM1* → admitted for treatment

d0

Neutropenic fever was present since entry. Cytarabine + idarrubicin was started under empirical broad-spectrum antibiotics and oral voriconazole (prophylaxis)

between d9 and d12

Severe neutropenic enterocolitis and probable invasive pulmonary aspergillosis (nonspecific parenchymal pulmonary infiltrates and consecutive positive serum galactomannans)

→ antifungal therapy was changed to liposomal amphotericin and later do iv voriconazole

d28

- neutropenia resolved and complete response was documented

- peritonitis developed and the patient underwent surgery

d60

Therapy with voriconazole was maintained and the patient was discharged

Multiple small bowel disruptions and extensive ischemia of the descending colon were found. Enterectomy and partial colectomy with ileostomy and colostomy were performed

Fig 1. Abdominal and pelvic CT: Ileus. Worsening of the colon wall thickness

Fig 2. Histopathological examination showed necrotic-hemorrhagic ulceration and small bowel infiltration by *Aspergillus* **hyphae**

Conclusion

Invasive intestinal aspergillosis should be considered as a possible cause of enterocolitis in AML. Early surgical intervention and antifungal treatment remain the mainstay of management and are essential for a favorable outcome.