Citywide Infectious Disease Conference
March 27th, 2018
Citywide Show and Tell
Case 1 Summary

• 60’s year old Puerto Rican born man
• SCC of Esophagus, treated with radiation and chemotherapy and then esophageal pull thru in 2013
• Right chest wall port
• Disease progression in October 2016
• Several Chemotherapy regimens – most recently Docetaxol
Case 1 Summary

- Admitted 7/10 with low grade fever to 100.8 and abrupt onset of erythema and induration in the same place, one large, tender LN
- WBC 19K with left shift (post pegfilgrastim)
- Started on vancomycin and cefepime
- CAT scan
  - infiltration and mild thickening of the right SCM muscle, slightly more advanced than the study from June, no discrete collection
  - Right centrally necrotic Lymph nodes
Case Summary

- Prior episodes of right neck and chest wall erythema and induration with low grade fever
- Hospitalized each time, exam: “non toxic, painful and erythematous right neck and upper chest wall”
- Received a variety of different antibiotics
- Most recent episode June → Rx vancomycin and discharged on TMP-sulfa and Keflex, slow resolution
- He reports onset “three weeks” after getting his chemotherapy treatments through his port
- Received his most recent cycle of Docetaxol on June
Radiation Recall

Radiation recall “dermatitis” or “phenomenon”

“Radiation recall is an acute inflammatory reaction confined to previously irradiated areas that can be triggered when chemotherapy agents are administered after radiotherapy. It remains a poorly understood phenomenon…” Burris, The Oncologist, 2010

Variable time between radiation and chemo, time after administration of chemo, mechanism unknown- class effect? Regimen effect? No predictive features

Docetaxel one of most commonly implicated agents but still relatively rare: in one study 3 of 171 patients (1.8%)

Management: Stop drug, ? Corticosteroids for severe?
Case 2: The Case of the Missing Spleen
“It’s not a tumah”

Dana Byrne MD, MSCE
HPI:

- 20’s y/o man presents with abdominal pain to the ED
  - Multiple episodes of abdominal pain in past
  - Difficulty gaining/maintaining weight
  - Not associated with fevers, sweats, vomiting
  - Intermittent diarrhea

PMHx:  None

Meds:  None

Surg Hx:  None
Further History:

• Born in Puerto Rico
  • Moved to US at age 4
  • Never has traveled back

• No other travel

• Works in construction (when he can find jobs)

• No tobacco, no IV drugs, occasional alcohol
Physical Exam & Labs:

• Afebrile, Normal vital signs
• Very thin male, weight 115lbs, height 5’5
• No rashes
• Abdominal tenderness, especially in RLQ

• CBC significant for mild microcytic anemia (Hb 11.5), WBC WNL- no diff
• Normal chemistries
• HIV rapid test negative
Hospital Course:

• Pt has a CT scan in the ED with the following result:
  • Focal wall thickening along the posterior wall of the proximal ascending colon extending into the adjacent fat. The differential diagnosis includes infection or inflammation versus neoplasm

• Pt is admitted and prepped for colonoscopy with the following findings:
  • “In the right colon, the patient appeared to have an area of stricturing that appeared to be at the level of the proximal ascending colon. I could not pass through this area as it did appear to be consistent with stricturing from the outside of the colon.”
Hospital Course

• Pt has laparoscopic ileocolectomy
  • multiple enlarged lymph nodes in mesentery of ileum
  • submucosal mass in prox ascending colon
  • specimens removed included cecum, ileum and prox right colon
Initial Thoughts?
Pathology:

• Ileum, appendix, and colon with Eosinophilic enteritis, and eosinophilic appendicitis with eosinophilic abscesses

• Rare structures within lymph node and colonic mucosa most suggestive of parasitic organisms (larvae form)

• Thirty-seven lymph nodes with eosinophilic lymphadenitis, no evidence of malignancy.
More Thoughts?

• A diagnostic test was performed...
Results:

• Stool O & P was performed:
Diagnosis: Strongyloidiasis

- Pt treated with Ivermectin daily x 3 days, then repeat dosing at 2 weeks
- Stool O & P became negative
- At 1 month follow up, the patient had gained 7lbs
Thank you!