

GLJIVIČNE INFEKCIJE KOD IMUNODEFICIJENTNIH PACIJENATA

FUNGAL INFECTIONS IN IMMUNODEFICIENCY PATIENTS

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SAŽETAK

Uvod: Gljivične infekcije u humanojoj populaciji se manifestuju na koži i kosmatim delovima tela, ali i kao sistemske i invazivne. Invazivne se najčešće javljaju kod pacijenata sa primarnim i stečenim imunodeficijencijama, kao oportunističke infekcije s visokim kako morbiditetom tako i mortalitetom.

Prikaz bolesnika s kriptokoknim meningoencefalitisom obolelog od karcinoma prostate Pacijent star 68 godina lečen od 05.01.2017. - 24.02.2017. u Klinici za infektivne i tropske bolesti u Beogradu u Odeljenju za neuroinfekcije, zbog glavobolje, bezvoljnosti, visoke temperature, gubitka svesti. Tri meseca pre pojave tegoba je lečen u Klinici za plućne bolesti zbog infiltracije u plućima, zbog čega je između ostalog dobio i kortikosteroidnu terapiju u trajanju od tri meseca. U ličnoj anamnezi karcinom prostate (zakazana operacija), hronična kardiomiopatija, tri infarkta miokarda, ulkus želudca. Na prijemu febrilan, dezorjentisan, bled, tahipnoičan, tahikardičan. Nad plućima obostrano čujni pukoti. Meningealni znaci pozitivni. U cerebrospinalnoj tečnosti 122 elementa (90 %segmentiranih leukocita), hipoglikorahija, hiperproteinorahija. Likvorokulturom dokazan *Cryptococcus neoformans*. Lečen amfotericinom i flukonazolom, nakon čega dolazi do povlačenja tegoba, normalizacije kliničkog nalaza, povlačenja promena na plućima i normalizacije citobiohemijskog i mikrobiološkog nalaza u cerebrospinalnoj tečnosti. Maja 2017 godine urađena radikalna prostatektomija (adenokarcinom). Kontrolisan u Klinici za infektivne i tropske bolesti tokom 2017 i 2018 godine (uređan klinički nalaz). Pacijent je 2020 godine preminuo zbog karcinoma prostate.

Prikaz bolesnika lečenog kortikosteroidnom terapijom u toku COVID-19 pandemije Pacijent star 58 godina, lečen od COVIDA-19 avgusta i septembra 2021 godine terapijom po protokolu za ovu bolest, kada je primao i kortikosteroidnu terapiju. Januara 2022 pacijent je lečen Amphotericinom B zbog patohistološki verifikovane mukormikoze na tvrdom nepcu. Nakon terapije je urađena totalna maksilektomija desno i parcijalna levo zbog ekstenzivnih promena izazvanih gljivicom. Oktobra 2022 hospitalizovan radi lečenja temporalnog cerebritisa, sa znacima abscediranja, uz laminarni subduralni empijem temporobazalno desno verifikovan na NMR endokranijuma. Lečen liposomalnim Amfotericinom B. U toku hospitalizacije konsultovan maksilofacijalni hirurrg koji nije indikovao endoskopsku intervenciju. Obzirom da je na kontrolnom NMR endokranijuma viđena progresija lezija urađena je neurohirurška operacija kada je i patohistološki potvrđena cerebralna mukormikoza. Lečenje Amfotericinom B je u toku.

Zaključak: Kod imunokompromitovanih bolesnika je neophodno na vreme razmotriti prisustvo retkih gljivičnih infekcija, te na vreme započeti lečenje.

Ključne reči: kriptokokni meningoencefalitis, mukormikoza

ABSTRACT

Introduction: Fungal infections in the human population manifest themselves on the skin and hairy parts of the body, but also as systemic and invasive. Invasive infections most often occur in patients with primary and acquired immunodeficiencies, as opportunistic infections with high morbidity and mortality.

Case report of a patient with cryptococcal meningoencephalitis suffering from prostate cancer

A 68-year-old patient was treated from 05.01.2017. to 24.02.2017. at the Clinic for Infectious and Tropical Diseases in Belgrade in the Department of Neuroinfections, due to headache, listlessness, high fever, loss of consciousness. Three months before the onset of symptoms, he was treated at the Clinic for Pulmonary Diseases due to infiltration in the lungs, for which, among other things, he received corticosteroid therapy for three months. Personal history: prostate cancer (scheduled surgery), chronic cardiomyopathy, three myocardial infarctions, gastric ulcer. On admission, febrile, disoriented, pale, tachypneic, tachycardic. Bilateral audible crackles over the lungs. Meningeal signs positive. Cerebrospinal fluid: 122 elements (90% segmented leukocytes), hypoglycorrhagia, hyperproteinorrhagia. *Cryptococcus neoformans* confirmed by cerebrospinal fluid culture. Treated with amphotericin and fluconazole, after which symptoms resolved, clinical findings normalized, lung changes resolved, and cytobiochemical and microbiological findings in the cerebrospinal fluid normalized. Radical prostatectomy (adenocarcinoma) was performed in May 2017. Controlled at the Clinic for Infectious and Tropical Diseases during 2017 and 2018 (correct clinical findings). The patient died in 2020 due to prostate cancer.

Case report of a patient treated with corticosteroid therapy during the COVID-19 pandemic

A 58-year-old patient, treated for COVID-19 in August and September 2021 with therapy according to the protocol for this disease, when he also received corticosteroid therapy. In January 2022, the patient was treated with Amphotericin B due to pathohistologically verified mucormycosis on the hard palate. After therapy, a total maxillectomy was performed on the right and a partial maxillectomy on the left due to extensive changes caused by the fungus. In October 2022, he was hospitalized for treatment of temporal cerebritis, with signs of abscessation, with laminar subdural empyema on the right temporobasal verified on endocranial MRI. Treated with liposomal Amphotericin B. During hospitalization, a maxillofacial surgeon was consulted who did not indicate endoscopic intervention. Considering that the progression of the lesions was seen on the control endocranial MRI, a neurosurgical operation was performed when cerebral mucormycosis was also confirmed pathohistologically. Treatment with Amphotericin B is ongoing.

Conclusion: In immunocompromised patients, it is necessary to consider the presence of rare fungal infections in a timely manner and to start treatment in a timely manner.

Keywords: cryptococcal meningoencephalitis, mucormycosis, immunodeficiency