

CR55**Case report: Invasive fungal rhinosinusitis in the immunocompetent host**Matilda Pudić^a, Katarina Đurić Vuković^b^a School of Medicine University of Zagreb^b University Hospital Centre ZagrebDOI: <https://doi.org/10.26800/LV-144-supl2-CR55>
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Keywords: Aspergillus, Immunology, Invasive fungal rhinosinusitis

INTRODUCTION/OBJECTIVES: Invasive fungal rhinosinusitis is a rare and, because of the possible CNS invasion, potentially life-threatening disease. It usually occurs in immunocompromised patients undergoing chemotherapy, transplantation, patients with hematologic malignancy, diabetes or AIDS. However, there have been noted few cases of invasion occurring in previously healthy individuals.

CASE PRESENTATION: A 46-year-old female, working as a chiropodist, with an insignificant medical history, initially presented with subacute frontoethmoidal sinusitis and was treated with several antibiotics and endoscopic sinus drainage. One month later, the patient developed severe headache, facial pressure, nasal congestion and purulent discharge. Fiberoptic nasendoscopy revealed grey/green deposits with hyphae in left maxillary sinus. While waiting for nasal swab and sinus aspiration finding, immunologic tests were performed, including serum protein electrophoresis, galactomannan and beta-D-glucan antigen test, fungus-specific IgE and HIV DUO testing. However, immunological findings excluded all causes of immunosuppression and allergic fungal sinusitis, as well. As microbial cultures revealed *Aspergillus niger*, systemic voriconazole was administered, and the patient was urgently referred for surgery. Endoscopic exploration showed bilateral sinus affection with bone erosions. Therefore, an extensive debridement was performed.

CONCLUSION: Invasive fungal rhinosinusitis occurring in immunocompetent patients emphasizes the need to identify other risk factors – anatomical, local or systemic, in order to speed up the diagnosis and avoid fatal outcome.

CR56**HACEK endocarditis complicated by pancreatitis after antibiotic therapy**Iva Bušić^a, Ivana Jurin^b^a School of Medicine, University of Zagreb, Croatia^b Department for Cardiovascular Diseases, University Hospital Dubrava, Zagreb, CroatiaDOI: <https://doi.org/10.26800/LV-144-supl2-CR56>
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Keywords: acute pancreatitis, ceftriaxone, HACEK endocarditis

INTRODUCTION: HACEK (*Haemophilus* spp., *Aggregatibacter* spp., *Cardiobacterium hominis*, *Eikenella corrodens*, and *Kingella kingae*) endocarditis (HE) is a relatively rare disease with an excellent prognosis and simple management if the organism is properly identified. Administration of appropriate antimicrobial therapy in this case led to an excellent resolution of HE but also to a rare complication – acute pancreatitis.

CASE PRESENTATION: A 40-year-old male patient with a mechanical aortic valve was admitted to the cardiology department due to chills, tremors, fatigue, and mild fever. The patient denied catarrhal symptoms, angina, palpitations or crisis of consciousness. Echocardiogram showed a small vegetation on the mechanical valve, and *Haemophilus parainfluenzae* was found in blood cultures, which confirmed HACEK endocarditis. Ceftriaxone was introduced into therapy according to the antibiogram. In the following days, the patient's condition improved significantly and he was discharged. However, after discharging, the patient presented with abdominal pain and nausea, while laboratory findings showed elevated amylase and lipase levels, verifying acute pancreatitis. Until the condition improved, the patient was kept nihil per os and intravenous fluid was provided.

CONCLUSION: Although generally rare, cases of HACEK endocarditis are significantly more common in patients with pre-existing heart disease or prosthetic valves. Cholelithiasis is, admittedly, a known side effect of ceftriaxone, but globally, only few cases of ceftriaxone-associated pancreatitis have been reported. There is no specific test for establishing a diagnosis of drug-induced acute pancreatitis; instead, the diagnosis is often based on exclusion of all other common causes of acute pancreatitis.