CR43 From Polyuria to Pathological Fracture: A Challenging Case of Multiple Myeloma
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KEYWORDS: femoral fracture; multiple myeloma; prostate

INTRODUCTION/OBJECTIVES: Multiple myeloma is a proliferation of neoplastic plasma cells producing a monoclonal protein (M-protein). Multiple myeloma can present in various ways with anemia, renal failure, hypercalcemia, and bone fractures as the most common signs.

CASE PRESENTATION: An otherwise healthy 66-year-old male was referred to the urology clinic due to polyuria and nocturia associated with a weak stream. He also complained of night sweats and low-grade fever. Ultrasound imaging showed an abnormal mass in the prostate. Further laboratory testing showed anemia with a hemoglobin level of (100 g/L), elevated levels of creatinine (399 umol/L), and prostate-specific antigen (0.54 ug/L). Computed tomography (CT) of the abdomen and pelvis revealed a solid tumor mass of the prostate and seminal vesicles. A transrectal biopsy was performed. After the procedure, he sustained a fracture of the left femur diaphysis while getting out of bed. An X-ray showed altered bone structure at the fracture site, indicating a pathological fracture. Osteosynthesis was performed using a single locking plate and a sample of the pathologically changed bone was taken for analysis. Both biopsies were consistent with the diagnosis of multiple myeloma. Eventually, M-protein was detected in the serum protein electrophoresis and bone marrow aspiration from the sternum revealed massive infiltration by neoplastic plasma cells.

CONCLUSION: The reported case is an example of the various clinical presentations of multiple myeloma. In patients with anemia, elevated creatinine, and a neoplasm affecting bones, serum protein electrophoresis may be useful to raise suspicion of multiple myeloma.

CR44 Fungus Balls in the Ureter of a Patient with Generalized Candida Mycosis
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KEYWORDS: candida albicans; mycoses; opportunistic infections

INTRODUCTION/OBJECTIVES: The morbidity and mortality associated with opportunistic fungal infections is continually rising which has been attributed to an increase of at-risk patients. Risk factors include recent surgery, broad-spectrum antibacterial therapy, corticosteroid or cytotoxic drug therapy, compromised physical barriers and underlying diseases such as diabetes mellitus, renal failure or neoplasia.

CASE PRESENTATION: A 40-year-old man presented with a history of decreased mentation, abdominal and lumbar pain, fever and numerous urinary complaints during a period of 8 weeks. He reported experiencing cloudy urine, difficulties voiding, stranguria, nocturia and the passage of small white fragments from his urethra. The patient had a history of insulin dependent diabetes mellitus, congestive heart failure and acute renal failure. A urine culture and blood culture resulted in the growth of Candida albicans. An ultrasound and an excretory urography were preformed showing both enlarged edematous kidneys and hypofunction of the right kidney. There were also described to be ball-like “membranes” within both the ureters causing a stenosis of the right kidney. The patient was admitted with a diagnosis of acute pyelonephritis, his condition deteriorating rapidly. He was treated with insulin and intravenous antifungal therapy followed by ureterolysis with a “T” prosthesis. He slowly improved with antifungal therapy, but renal failure persisted.

CONCLUSION: Opportunistic fungal infections present a significant health concern to at-risk patients leading to a difficult clinical course complicated by their specific medical status. It must be taken into consideration when presented with a patient with risk factors that are becoming more and more common.