


CR43 From Polyuria to Pathological Fracture: A Challenging Case of Multiple Myeloma

Lucija Galiot^a, Zdravko Mitrović^{a,b}

^a School of Medicine, University of Zagreb, Zagreb, Croatia

^b Division of Hematology, Clinical Hospital Dubrava, Zagreb, Croatia

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 Lucija Galiot 0000-0002-9613-7399, Zdravko Mitrović 0000-0002-9896-1234

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

Antonia Bukovac^a, Gabrijela Buljan^a, Ingrid Prkačin^b

^a School of Medicine, University of Zagreb, Zagreb, Croatia

^b Emergency internal medicine department, Clinical hospital Merkur, Zagreb, Croatia

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 Antonia Bukovac 0000-0002-0412-433X, Gabrijela Buljan 0000-0003-4060-9497, Ingrid Prkačin 0000-0002-5830-7131

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 performed 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 ureter. 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.