


CR71 The Importance of a Watchful Eye: Multiple Infections in Immunocompromised Patient

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KEYWORDS: immunocompromised host; non-Hodgkin's lymphoma; Pneumocystis pneumonia

INTRODUCTION/OBJECTIVES: Immunocompromised patients are a unique subset of the population that require special attention and care. These individuals are susceptible to a wide range of infections and illnesses, and even minor symptoms can be indicative of a more serious underlying condition. Unfortunately, due to the immunocompromised state, symptoms can often be less severe or easily overlooked, leading to delayed diagnosis and treatment.

CASE PRESENTATION: A 77-year-old female patient presents to the ER complaining of breathing difficulties, productive cough, and fever. 11 days earlier, she reported catarrhal symptoms. The patient is being treated for marginal zone non-Hodgkin B-cell lymphoma and is currently receiving R-CVP chemotherapy protocol and corticosteroids. Both her condition and treatment make her immunocompromised, so she was prescribed levofloxacin which she did not take. From the ER, the patient was admitted to the hematology department and further work-up was done. CRP was unremarkably elevated, but chest X-ray showed perihilar destruction of the right lung. Bronchoalveolar lavage came back positive for CMV, EBV, *Klebsiella pneumoniae*, *Enterococcus raffinosus*, and *Pneumocystis jirovecii*.

CONCLUSION: This case report highlights the importance of recognizing and addressing even minor symptoms in immunocompromised patients and the importance of vigilant monitoring and prompt intervention in this vulnerable population to prevent the development of more serious conditions. It also highlights the need for clinicians to maintain a high index of suspicion and promptly investigate any changes in the patient's condition, no matter how minor they may seem.


CR72 The importance of CT-guided adrenal biopsy in an oncological patient: a case report

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KEYWORDS: adrenal glands; biopsy; computed tomography; metastases

INTRODUCTION/OBJECTIVES: Image-guided percutaneous biopsy is a common and safe interventional radiology procedure with the purpose of tissue sampling for pathological evaluation. It is usually performed under ultrasound or computed tomography (CT) guidance for easily reachable, as well as difficult to reach, tumors in order to avoid surgical open biopsy.

CASE PRESENTATION: We present a 67-year-old male patient with a history of bilateral nephrectomy due to right kidney renal carcinoma (RCC) and left kidney high-grade transitional cell carcinoma (TCC). Two years following the second nephrectomy, bilateral adrenal metastases were detected on CT and MRI imaging. Since the treatment differs whether metastases are from TCC or RCC, the patient was scheduled for a bilateral percutaneous biopsy. The material was sent for pathohistology where the results showed that the metastases were from RCC. The patient was well after the procedure but became hypotensive in the evening. Emergency CT showed left-sided hemothorax and large left-sided retroperitoneal hematoma extending to the small pelvis. Emergency laparotomy was performed for the evacuation of the hematoma and the adrenal gland, as well as a drainage procedure of the left pleural space. Subsequent pathohistology showed that the metastases were from RCC and the patient received appropriate chemotherapy.

CONCLUSION: Image-guided percutaneous biopsy is an accurate and safe alternative to surgical biopsy, but can also lead to potentially life-threatening complications. In our patient, this procedure was mandatory before choosing the appropriate medical treatment.