



CR47**DIAGNOSIS AND MANAGEMENT OF TUMOR LYSIS SYNDROME IN A 10-YEAR-OLD PATIENT**Marin Boban^a, Matej Jelić^b^a School of Medicine, University of Zagreb^b University Hospital Centre Zagreb, Department of Pediatrics, Division of Hematology and Oncology, ZagrebDOI: <https://doi.org/10.26800/LV-144-supl2-CR47> Marin Boban 0000-0002-5552-0295, Matej Jelić 0000-0001-6685-180X

Keywords: Burkitt's, lymphoma, Non-Hodgkin, Tumor lysis syndrome

INTRODUCTION/OBJECTIVES: Burkitt's lymphoma is a highly aggressive B-cell non-Hodgkin lymphoma characterized by the translocation of the MYC gene on chromosome 8. Tumor lysis syndrome (TLS) is an oncologic emergency condition resulting from rapid tumor cell death and release into the bloodstream.

CASE PRESENTATION: A 10-year-old boy was admitted due to suspicion of an ongoing malignant process. Laboratory data showed a hyperleukocytosis (WBC 39.7 x10⁹/L), thrombocytopenia (platelets 27x10⁹/L), anemia (hemoglobin 88 g/L), elevated lactate dehydrogenase (LDH 10510 U/L). A bone marrow aspiration was performed and diagnosis of Burkitt's lymphoma was established. After initiating treatment according to protocol NHL-BFM-2012 with pre-phase to reduce tumor mass, patient laboratory data showed elevated potassium (4.7 mmol/L), elevated uric acid (24.4 mmol/L), and LDH kept rising to a level of 15100 U/L. Also, early signs of damaged kidney function were noticed which included oliguria and elevated creatinine levels (277 umol/L). Patient was transferred into ICU where he immediately started taking rasburicase along with pre-phase. Treatment with rasburicase lasted for 8 days. During the patient's stay at ICU, other signs of TLS occurred, including hyperphosphatemia and hypocalcemia, but with no seizures or cardiac symptoms so we decided not to treat hypocalcemia.

CONCLUSION: Since it is an oncologic emergency, especially in patients with diagnosis of NHL, it is crucial to anticipate the risk and recognize early signs of tumor lysis syndrome and proceed with decision making according to the grade of TLS. It is challenging to treat electrolyte imbalance in patient with TLS owing to the risk of crystallizing calcium phosphate.

CR48**Endogenous Endophthalmitis with Panophthalmitis – case report**Petra Kovačević^a, Matej Lovrić^a, Nika Samardžić^a, Martina Lukšić^b, Jelena Juri Mandić^{a,c}^a School of Medicine University of Mostar^b Medical School University of Zagreb^c Department of Ophthalmology, University Hospital Centre ZagrebDOI: <https://doi.org/10.26800/LV-144-supl2-CR48> Petra Kovačević 0000-0001-5449-3427, Matej Lovrić 0000-0001-9882-2632, Nika Samardžić 0000-0002-1423-8453, Martina Lukšić 0000-0002-8933-3930, Jelena Juri Mandić 0000-0003-0211-7491

Keywords: endophthalmitis, panophthalmitis, hematogenous dissemination

INTRODUCTION/OBJECTIVES: Endophthalmitis is defined as inflammation of the internal ocular structures and it could be of exogenous or endogenous origin. Endogenous bacterial endophthalmitis (EBE) accounts for about 2%-6% of all cases and occurs during bacteremia when infective agent penetrates the blood-ocular barriers. Endogenous panophthalmitis (EP) results in the most extensive ocular involvement with inflammation of periocular tissues. All therapeutic options are aimed to stop the spreading of infective inflammation from orbital space into cavernous sinus and is considered to be a life saving treatment.

CASE PRESENTATION: We report a case of endogenous endophthalmitis and panophthalmitis. A 80-year-old female patient presented with amaurosis and pain in the left eye. She was previously hospitalized and treated for diabetes mellitus and epigastric pain, and hematemesis. Ocular symptoms occurred subsequently seven days later. After complete diagnostic work up and conservative treatment urgent enucleation was required.

CONCLUSION: EP and EBE is a rare, life-threatening disease which require rapid and accurate treatment. Diabetes mellitus could predispose its development. The conditions should be suspected in older patients with comorbidities and without trauma or surgery in medical history. A multidisciplinary approach is needed.