


PS20 Uloga HRCT-a u invazivnoj aspergiloziAlen Gabrić^a, Lucija Ercegovac^a, Stjepan Galić^a, Tin Gabrić^a, Jelena Popić^b^a Medicinski fakultet Sveučilišta u Zagrebu^b Klinički zavod za dijagnostičku i intervencijsku radiologiju, Klinička bolnica "Merkur"DOI: <https://doi.org/10.26800/LV-144-supl6-PS20> Alen Gabrić 0000-0002-1136-194X, Lucija Ercegovac 0000-0001-8368-8602, Stjepan Galić 0000-0002-9150-7370, Tin Gabrić 0000-0002-9482-9287, Jelena Popić 0000-0002-7757-9984

Ključne riječi: febrilna neutropenija; invazivna plućna aspergiloza; kompjuterizirana tomografija

UVOD: Invazivna aspergiloza, koja uglavnom zahvaća pluća, važan je uzrok mortaliteta imunokompromitiranih pacijenata. Rana dijagnoza izazovna je i bazira se na integraciji kliničkih, radiomorfoloških i mikrobioloških nalaza.**PRIKAZ SLUČAJA:** U 53-godišnje pacijentice postavljena je dijagnoza akutne mijeloidne leukemije u srpnju 2019. godine te je provedena indukcijska kemoterapija citarabinom i mitoksantronom. Pacijentica postaje febrila u kolovozu 2019. godine. Učinjen je MSCT toraksa na kojem se prikazuje infiltrat u desnom plućnom krilu s formiranim apscesom. Postavljena je sumnja na gljivičnu infekciju i empirijski je uveden vorikonazol. Usprkos terapiji pacijentica je i dalje febrilna s visokim upalnim parametrima. Na novom MSCT-u toraksa uz stacionaran infiltrat u desnom plućnom krilu, prikazuje se novi manji infiltrat u lijevom plućnom krilu veličine 9x16mm te se uvodi amfotericin B. Deset dana od početka antifungalne terapije stanje se i dalje pogoršava s nalazima leukopenije (0,6*10⁹/L) te je učinjen high resolution computed tomography (HRCT) toraksa na kojem se opisuje nodularni infiltrat sa perinodularnim uzorkom mliječnog stalka, takozvani „halo sign“, karakterističan za angioinvasivnu aspergilozu. Uvedena je terapija kaspofunginom i izavukonazolom, nakon čega je primjećena regresivna dinamika infiltrata kroz iduća dva mjeseca. Na kontrolnom CT-u toraksa u prosincu 2019. godine dolazi do potpune regresije infiltrata.**ZAKLJUČAK:** HRCT odličan je izbor u febrilnih neutropeničnih pacijenata jer omogućava vrlo ranu i brzu dijagnozu životno ugrožavajuće aspergiloze temeljem tipičnih HRCT znakova, a time i uvođenje preemtivne terapije prije konačnog mikrobiološkog nalaza, odnosno galaktomananskog testa.**The role of HRCT in invasive aspergillosis**

Keywords: computed tomography; febrile neutropenia; invasive pulmonary aspergillosis

INTRODUCTION: Invasive aspergillosis is one of the leading causes of mortality in immunocompromised patients. Arriving at an early diagnosis is challenging, as it is based on the integration of clinical, radiomorphological, and microbiological findings.**CASE REPORT:** A 53-year-old woman was diagnosed with acute myeloid leukemia in July 2019. Chemotherapy with cytarabine and mitoxantrone was started. In August 2019, the patient became febrile. An MSCT of the thorax revealed an infiltrate with a formed abscess in the right lung. CT findings raised suspicion of a fungal infection, and the patient was initiated on empirical therapy with voriconazole. Despite the treatment, the patient was still febrile with elevated inflammatory parameters. An additional MSCT was scheduled, and a new infiltrate in the left lung measuring 9x16mm in size was described. Amphotericin B was added to the therapy. Ten days after the administered therapy, there was no improvement, and severe leukopenia was noted (0,6*10⁹/L). Nodular infiltrates with a perinodular "ground-glass" pattern (also known as the "halo sign"), a characteristic finding in angioinvasive aspergillosis, were described on the high-resolution computed tomography (HRCT) scan. The patient was started on caspofungin and isavuconazole. In the next two months, patient improvement and regression of infiltrates were noted. In December 2019, a control CT was performed, showing complete regression of infiltrates.**CONCLUSION:** HRCT is an excellent modality in the diagnostic work-up of patients with febrile neutropenia for early detection of life-threatening aspergillosis due to typical radiographic signs, allowing the introduction of preemptive therapy before final microbiological findings of the galactomannan test.