used in 5 of 6 patients, and was well tolerated. Only 1 of 5 developed citrate gap, which resolved after adjusting citrate rate. No serious hemorrhagic events were observed. Two of 6 patients died (34%) — Case #1 due to SOS, and #5 due to systemic CMV infection. These corresponded to the patients with the highest FO.

**Conclusions:** 1. Early initiation of CVVH may be a useful modality to prevent progressive fluid overload and maintain electrolyte and acid base balance in patients with FO and AKI following SOS.

2. CVVH with citrate regional anticoagulation is safe and well tolerated in patients with SOS.

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**Continuous Intravenous Immunoglobulin and Platelet Infusion in Allogeneic Stem Cell Transplant Patients with Allo-Immune Thrombocytopenia**

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**Introduction:** Patients undergoing stem cell transplant (SCT) for treatment of hematologic malignancies have often been exposed to many blood products and may be alloimmunized. This makes platelet transfusions less effective, which is problematic in patients who are expected to be profoundly thrombocytopenic for 3–4 weeks. A second-line intervention in patients with refractory immune thrombocytopenia is continuous intravenous immune globulin (IVIG) at doses of 1 g/kg/day for 2 days and continuous platelet transfusion (1 pack of platelets/hour for 72 hours). This intervention has not been studied in allo-immunized SCT patients.

**Methods:** A retrospective chart review was performed at the University of Wisconsin Hospital to assess outcomes of the continuous IVIG and platelet regimen in allo-immunized SCT patients from 1/1/2009 to 12/31/2012. All patients also received concurrent aminocaproic acid. Data points collected include primary hematologic diagnosis, indication for treatment, platelet response, other complications during hospital stay, and in-hospital mortality.

**Results:** All of the patients had an increase in platelet count and there were no new bleeding events during the treatment period. The regimen does not appear to provide any long-standing improvement in platelet response.

**Discussion:** Continuous IVIG and platelet transfusion does not appear to decrease allo-reactivity as had been hoped for. However, it does appear to be safe and does provide a
Neck Tenderness As an Initial Presentation of Disseminated Aspergillosis; FNA Is an Option or a Must? Sherif Badawy. Division of Pediatric Hemotology, Oncology and Stem Cell Transplant, Ann & Robert H. Lurie Children’s Hospital of Chicago, Northwestern University Feinberg School of Medicine, Chicago, IL.

Introduction: Asperillus thyroiditis (AT) has been considered for long time a postmortem diagnosis in immunocompromised patients. Disseminated disease is seen in the majority of patients. Diagnosis of AT during life needs high index of suspicion.

Objective: We describe an adolescent HSCT recipient with disseminated aspergillus infection who presented initially with painful neck swelling and found to have AT.

Case Report: History: A 15 years-old male with history of Acute Myeloid Leukemia and MUD HSCT who presented to our institution with painful neck swelling, sore throat, red/brown sputum and worsening respiratory distress for 2 days. Mom had of Hashimoto’s thyroiditis. Physical Exam: His had initial hypotension, tachycardia, tachypnea and fine hand tremors. He had a neck swelling that was moving up and down on swallowing with tenderness but no nodules on palpation. Laboratory: His evaluation showed thrombocytopenia, normal WBC counts with neutrophil predominance, hypokalemia, transaminits, direct hyperbilirubinemia, elevated Free T4 and very low TSH. Fine needle aspirate (FNA) of the thyroid and the sputum showed yeast on KOH. Imaging: Thyroid US with diffuse heterogeneous enlargement. CT Chest showed moderate to large areas of pulmonary consolidation bilaterally, with areas of cavitation. Clinical course: He was started on broad-spectrum antibiotics and antifungals. His respiratory and mental status got worse one day after admission needing transfer of care to the Pediatric ICU. His FNA of the thyroid grew Aspergillus Fumigatus. MRI brain showed numerous rounded lesions consistent with disseminated fungal disease, most likely Aspergillus. Family chose to continue with palliative care only with DNR/DNI having his disseminated disease and critical condition.

Discussion: Our patient had evidence of disseminated invasive aspergillosis involving thyroid, lungs and brain. Initially he had presumed infectious thyroiditis based on his clinical examination and laboratory values that were confirmed to be AT. Thyroid-related symptomatology can be occasionally seen on presentation. Although viral sub-acute and bacterial thyroiditis is more common than fungal one, but in immunocompromised patients AT has to be considered early on. Thyroid US guided FNA cytology and culture is considered to be a well-tolerated procedure that frequently utilized to diagnose AT successfully. Any delay in the management may significantly affect the outcomes where thyroid FNA can play a critical role in the early diagnosis of AT.

Conclusion: The diagnosis of Aspergillus Thyroiditis requires a high index of suspicion and it can be the initial presentation of disseminated invasive aspergillosis. Further studies are needed to evaluate the benefits of combined antifungals and address the management of thyroid hormone dysregulation.