

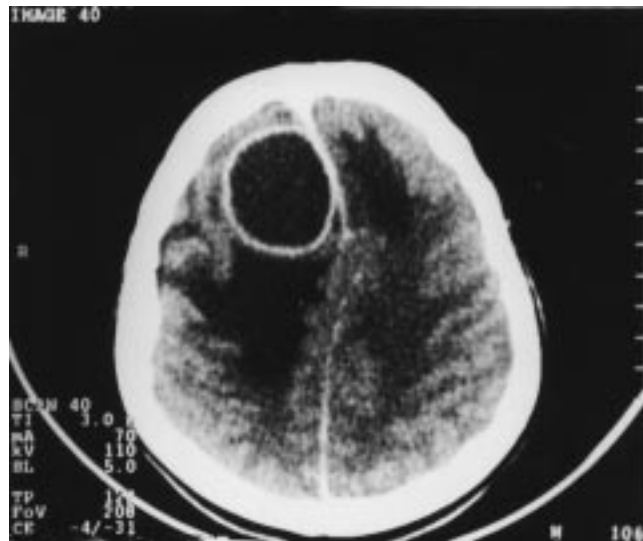
high-dose corticosteroids, she experienced a myasthenic crisis with respiratory arrest, necessitating ICU admission, prolonged mechanical ventilation, tracheostomy and percutaneous enterojejunostomy. She suffered severe hypoxic encephalopathy; her subsequent clinical course was complicated by recurrent aspiration pneumonia, acute gastrointestinal bleeding and urosepsis. She has remained in an acute care hospital for the past 10 months.

Although it is a rare complication of allogeneic bone marrow transplantation, myasthenia gravis is of considerable significance. Of the 11 cases reported in the literature, there have been four life-threatening or fatal complications related to the disease or its treatment. As this case illustrates, the outcome of this disease can be devastating.

### Successfully treated invasive central nervous system aspergillosis in an allogeneic stem cell transplant recipient

In the July (2) 1997 issue of *Bone Marrow Transplantation*, Khoury and colleagues<sup>1</sup> report an allogeneic transplant recipient who was treated for central nervous system aspergillosis. We wish to report our experience with a patient who underwent BMT in our unit and survived invasive aspergillosis of the CNS.<sup>2</sup>

An 18-year-old female was diagnosed with very severe aplastic anemia, with pancytopenia (Hb: 7 g/dl, WBC:  $1.8 \times 10^9/l$ , Plt:  $9 \times 10^9/l$  and ANC: 0) and a hypocellular (10% cellularity) bone marrow. She had a fully HLA-matched sister and proceeded to allogeneic BMT. She was febrile and receiving imipenem-cilastatin and vancomycin when she started the conditioning regimen, consisting of



**Figure 1** First CT scan of the cranium showing a large, well-circumscribed round lesion in the right frontal lobe causing gross edema in both hemispheres and displacement of midline.

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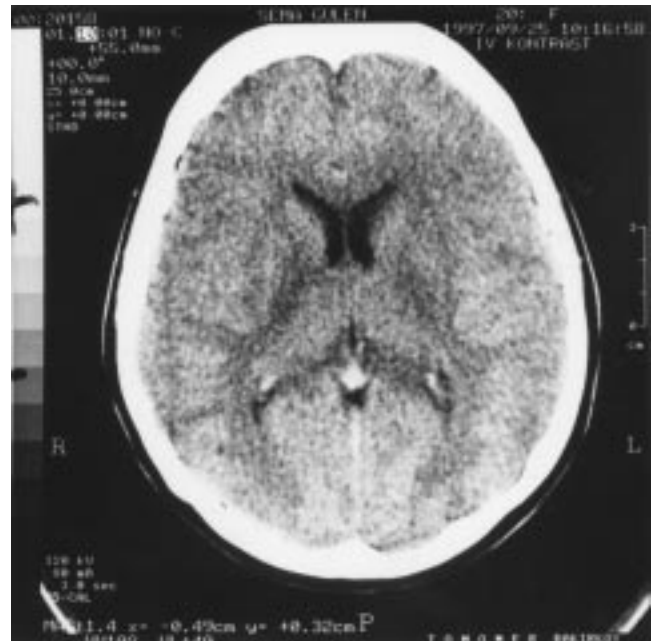
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### References

- 1 Mackey JR, Desai S, Larratt L *et al.* Myasthenia gravis in association with allogeneic BMT: clinical observations, therapeutic implications and review of literature. *Bone Marrow Transplant* 1997; **19**: 939-942.

ATG 30 mg/kg/day on days -4 to -2 and CY 50 mg/kg once daily i.v. on days -5 to -2. Fluconazole was added and she was afebrile on day -1. On the same day a repeat X-ray examination of the thorax revealed an infiltrate in the lower segment of the right upper lobe; ceftazidime was changed for imipenem. Sixteen days later she was again febrile and the pulmonary infiltrate was found to be progressing, so therapy was changed to liposomal amphotericin B (AmBisome, Nexstar, San Dimas, CA, USA) 1 mg/kg/day and the former antimicrobials were withheld; G-CSF 5  $\mu$ g/kg/day, s.c. was added. After 2 days of this treatment she became afebrile.

On day +32 (10 days later) she began to complain of a frontal headache for which no cause was apparent but a CT scan of the cranium showed the presence of a well-circumscribed round lesion in the right frontal lobe, causing



**Figure 2** Last CT scan of the patient at the 25th month of follow-up showing complete resolution of all the abnormal findings.

gross edema and displacement of the central structures (Figure 1). Itraconazole was added and percutaneous aspirations were performed on three separate occasions; microbiological examination of the first yielded the diagnosis of the cerebral abscess due to *Aspergillus fumigatus*. The dose of AmBisome was doubled and continued for 3 months when it was stopped at a cumulative dose of 6775 mg, while itraconazole was maintained at 200–400 mg/day which was discontinued at 2 years. At the latest follow-up examination 31 months after detection of the abscess physical examination was unremarkable and her blood counts were within normal limits. A CT scan performed in the 25th month was completely normal (Figure 2).

This case is the first, and to our knowledge, the only survivor of CNS aspergillosis in the transplant setting. Prolonged medical therapy along with limited surgery contributed to this successful outcome.

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## References

- 1 Khoury H, Adkins D, Miller G *et al*. Resolution of invasive central nervous system aspergillosis in a transplant recipient. *Bone Marrow Transplant* 1997; **20**: 179–182.
- 2 Başlar Z, Soysal T, Hancı T *et al*. Successful outcome of aspergillus brain abscess in a patient who underwent bone marrow transplantation for aplastic anemia. *Haematologia* 1997; **28**: 265–271.