

“A 79-year-old male presents with prolonged fever for 3 months”



Flow cytometry:

23% lymphocyte, defined by CD5(+), CD20(+), CD19(+). Compatible with clonal B cell.

ผู้ป่วยได้รับการรักษาด้วย R-CVP regimen (rituximab, cyclophosphamide, vincristine, prednisolone) 5 cycles (ล่าสุดเมื่อเดือนกุมภาพันธ์ ประมาณ 30 วันก่อนมาโรงพยาบาลครั้งนี้)

Current medications:

- Ferrous fumarate (200) 1 tab po od pc
- Folic acid (5) 1 tab po od pc
- Allopurinol (100) 0.5 tab po od pc
- Vitamin B complex 1 tab po bid pc
- Tamsulosin (0.4) 1 tab po od pc

Personal history:

- ปฏิเสธประวัติสูบบุหรี่ ดื่มสุรา
- ปฏิเสธประวัติใช้สารเสพติด สักตามร่างกาย ได้รับเลือด หรือการมีเพศสัมพันธ์ไม่ป้องกัน
- ปฏิเสธประวัติใช้ยาสมุนไพร ยาลูกกลอน ยาหม้อ อาหารเสริม
- ปฏิเสธประวัติทำสวน ทำไร่

Family history:

- ปฏิเสธประวัติโรคมะเร็ง โรคพันธุกรรมในครอบครัว

Physical examination:

Vital signs: Body temperature 38.4°C, Heart rate 75 bpm Blood pressure 105/65 mmHg, Respiratory rate 22 /min
Oxygen saturation (room air) 97%

General appearance: He looked fatigued, drowsy, well cooperative command

HEENT: mildly pale conjunctivae, anicteric sclerae, impalpable cervical, supraclavicular lymph node, no thyroid gland enlargement, no oral thrush and oral hairy leucoplakia , no parotid gland enlargement.

Chest: Neither pectus excavatum nor pectus carinatum, no spider nevi, no breast mass, normal breath sound, no adventitious sound.

Heart: No active precordium, no murmur, no heaving, no thrill

Abdomen: soft, not tender, liver span 12 cms, no hepatic bruit, splenic dullness positive, shifting dullness negative, no superficial vein dilatation



Extremities: palpable multiple groin lymph nodes both sides, approximately diameter 1.5-2 cms, firm consistency, movable, mild tenderness, no pitting edema, no rash

Neurological examination

- Mental status : quiet but appropriate response
- Cranial nerve : grossly intact
- Motor power grade V all extremities
- Sensory : no loss of pinprick, proprioceptive sensation
- Reflex : normal reflexes
- Stiff neck : negative

Laboratory investigation:

CBC: WBC 9730 cell/mm³ (neutrophil 74.9%, lymphocyte 15.4%, eosinophil 1%, monocyte 20%), Hb 11.5 g/dl, Hct 33.8%, Platelet 211,000 cell/mm³

Chemistry: BUN 25 mg/dl, Cr 1.73 mg/dl, Na⁺ 123 mmol/L, K⁺ 4.35 mmol/L, Cl⁻ 91 mmol/L, HCO₃⁻ 23 mmol/L

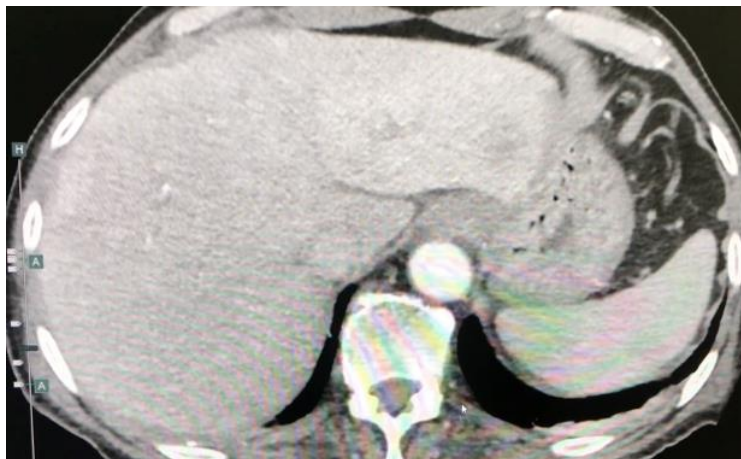
LFT: Albumin 38 g/dl, TB 1.0 mg/dl, DB 0.8 mg/dl, AST 49 U/L, ALT 47 U/L, ALP 95 U/L

Chest X-ray : as figure



Case summary

Investigations:



CT whole abdomen: A few ill-defined hypodense lesions at hepatic segment II, V and VIII; possible infection/inflammation (e.g., early abscess formation) vs. lymphomatous involvement. Hepatosplenomegaly. Several enlarged lymph nodes at left gastric and right inguinal regions. A small gallstone without evidence of acute cholecystitis. Prostate gland enlargement.

- Pathology from liver biopsy: Presence of inflammatory cells and reactive stromal tissue, suggestive of granulation tissue. No evidence of mass-forming lesion. There is no microorganism identified by AFB, GMS stains, Warthin-Starry and Brown & Brunn stains.
- Pathology from right inguinal lymph node biopsy: Suppurative granulomatous lymphadenitis. There is no immunophenotypic evidence of lymphoma as defined by CD3, CD20, Ki-67, CD68 (clone PG-M1), and CD30. In situ hybridization for EBER shows negative result. There is no microorganism identified by AFB, modified AFB, and GMS stains, Warthin-Starry and Brown & Brunn stains.

Clinical diagnosis: *Bartonella henselae* infection (Cat scratch disease) in myeloproliferative disorder

Underlying diseases: hypertension, gout, benign prostate hypertrophy

Microbiological diagnosis:

Tissue from lymph nodes: Molecular for 16S rRNA (bacterial genes)



การประชุมอภิปรายผู้ป่วยโรคติดเชื้อ ครั้งที่ 4/2565 หลักสูตรการฝึกอบรมแพทย์ประจำบ้านต่อยอด
 อนุสาขาอายุรศาสตร์โรคติดเชื้อ วันพฤหัสบดีที่ 13 ตุลาคม พ.ศ. 2565 เวลา 13:30-17:00 น. ณ Hall A
 Pattaya Exhibition and Convention Hall (PEACH) โรงแรม รอยัล คลิฟ ไฮเต็ล พัทยา จังหวัดชลบุรี

Organism	Accession	Max score	% Identities
<i>Bartonella vinsonii</i>	LR134529.1	821	100.00
<i>Bartonella henselae</i>	CP020742.1	821	100.00
<i>Bartonella vinsonii</i>	Z31352.1	817	100.00
<i>Bartonella doshiae</i>	NR_029368.1	817	100.00
<i>Bartonella henselae</i>	JF819177.1	815	99.77

○ **Management:** Azithromycin 500 mg orally on day1, followed by 250 mg orally daily combine with Rifampicin 300 mg orally twice daily duration 2 weeks. There is no role of surgical drainage or excision; however, excision of affected lymph nodes may be reasonable in patient with infection unresponsive to a prolonged course of treatment.

○ **Progression:** Fever subsided in 1 week after treatment (as figure). Inguinal lymph node was not tender but still enlarged. Lymphadenopathy usually resolves in one to four months, but reports have described persistence of enlarged nodes for one to three years.

