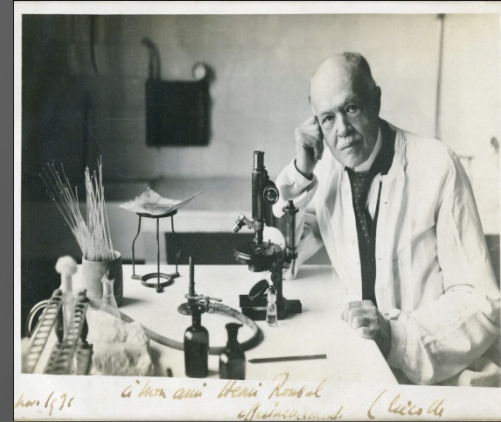


# ESIM WINTER SCHOOL, SAAS FEE 2012



CLINICAL CASE PRESENTATION  
RESIDENTS  
NABIL BEL FEKI  
DORRA BRAHAM



INTERNAL MEDICINE DEPARTEMENT  
CHARLES NICOLLE'S HOSPITAL, TUNIS. TUNISIA



- ▣ AMEL, 18-year-old girl without medical history
- ▣ Admitted for abdominal pain, asthenia with prolonged fever.
- ▣ She reports:
  - Anorexia, asthenia and weight loss
  - Chronic headache with vertigo
  - Fever of three weeks with night sweats



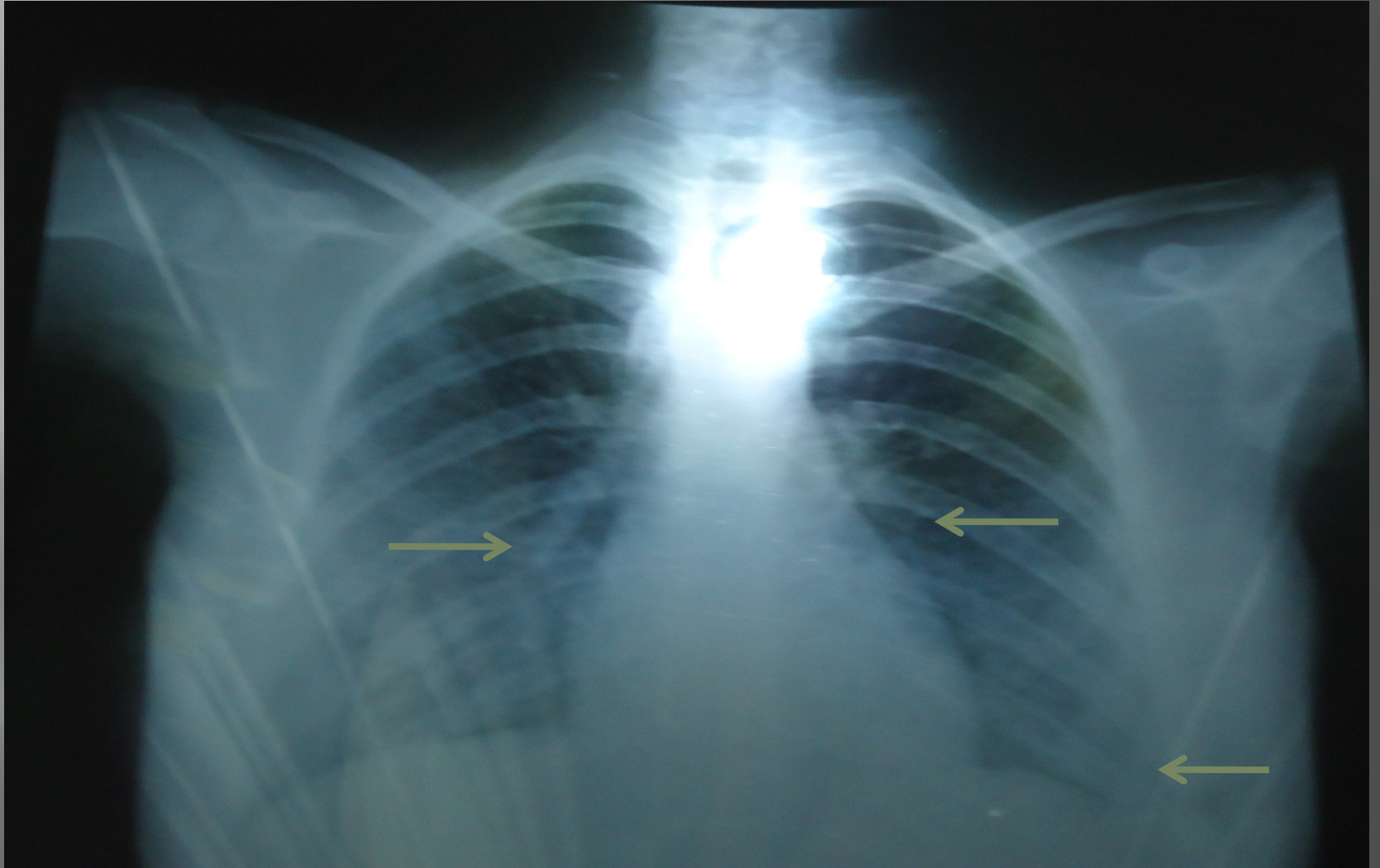
- ▣ The physical examination revealed:
  - Impaired general condition.
  - Drowsiness, confusion (Glasgow scale: 15/15)
  - Meningeal stiffness
  - $T^{\circ}=39^{\circ}\text{C}$
  - BP: 100/40mmHg, HR: 130 bpm
  - RR: 22 cycles/min
  - Decreased breath sounds and crepitations at both lungs bases
  - Diffuse abdominal tenderness
  - Weight=45Kg Length=147cm BMI=16
  - Urine sticks: PH:5, Pr:0, H:+, G:0

# Laboratory data

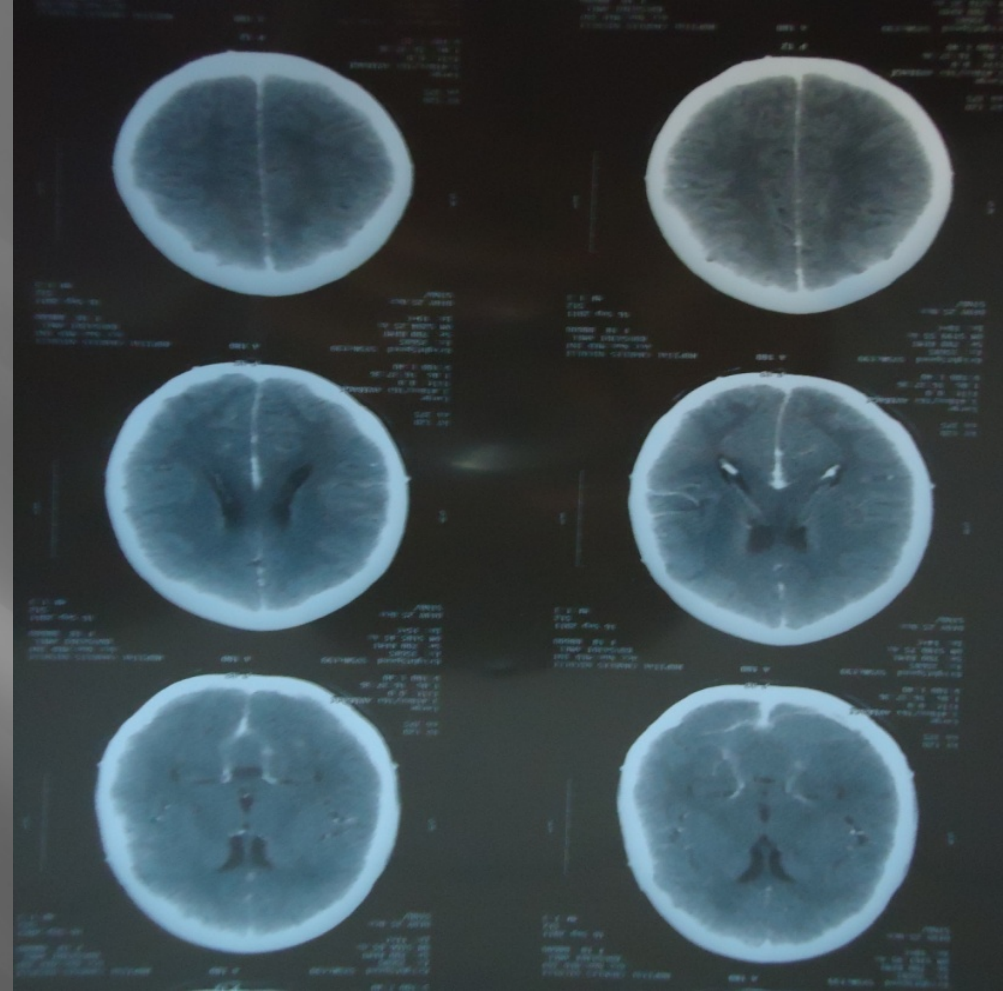
- ▣ WBC: 2320 per mm
- N: 1070,  $\lambda$ : 860, E: 20
- ▣ Heamoglobin: 4,9g/dl
- ▣ Platelet count: 8000 per mm<sup>3</sup>
- ▣ ESR mm/h: 26
- ▣ CRP: 5mg/l
- ▣ Prothrombin time (PT): 9%
- ▣ Activated cephalin time: 59''/30''
- ▣ Fibrinogen: 0,6g/l
- ▣ D-dimères: 4 $\mu$ g/l
- ▣ ASAT: 167 UI/l , ALAT: 124 UI/l
- ▣ Total bilirubin/Conjugate bilirubin: 55/38  $\mu$ mol/l
- ▣ Alkaline phosphatase: 533 UI/l
- ▣  $\delta$  glutamyl transpeptidase: 462 UI/l
- ▣ Creatinemia: 41mg/l
- ▣ Na<sup>+</sup>/K<sup>+</sup>: 127/3.2 mmol/l
- ▣ Calcium: 2mmol/l, phosphate: 0,81mmol/l
- ▣ Lactate deshydrogenase: 1059UI/l
- ▣ Ferritin: 2575 ng/ml
- ▣ Albuminemia: 27 g/l
- ▣ Proteinuria 24 hours: 0
- ▣ Triglycerides 2,56 g/l
- ▣ Cholesterol 4,27 mmol/l



# Chest X-ray



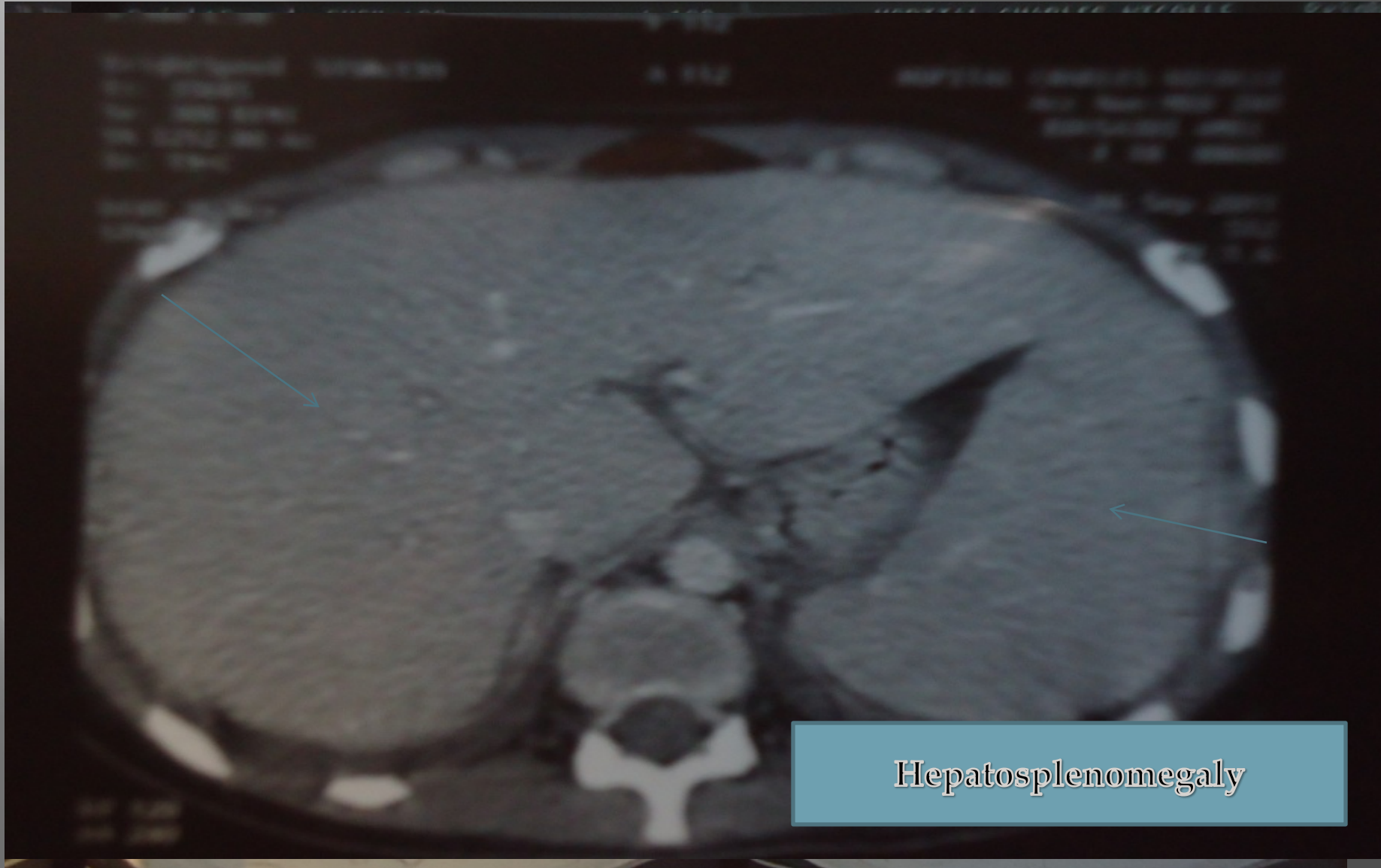
- ▣ Cerebral CT normal
  - No cerebral thrombosis
  - No tumoral process
  - No ICHT



- ▣ Lumbar puncture
  - Cells 200 elements/mm<sup>3</sup> (predominantly  $\lambda$ )
  - Albuminorrachia 2,47 g/l,
  - Glucorrachia 1,42g/l
  - Bacteriological tests in the CSF were negative



# Thoraco abdominal CT

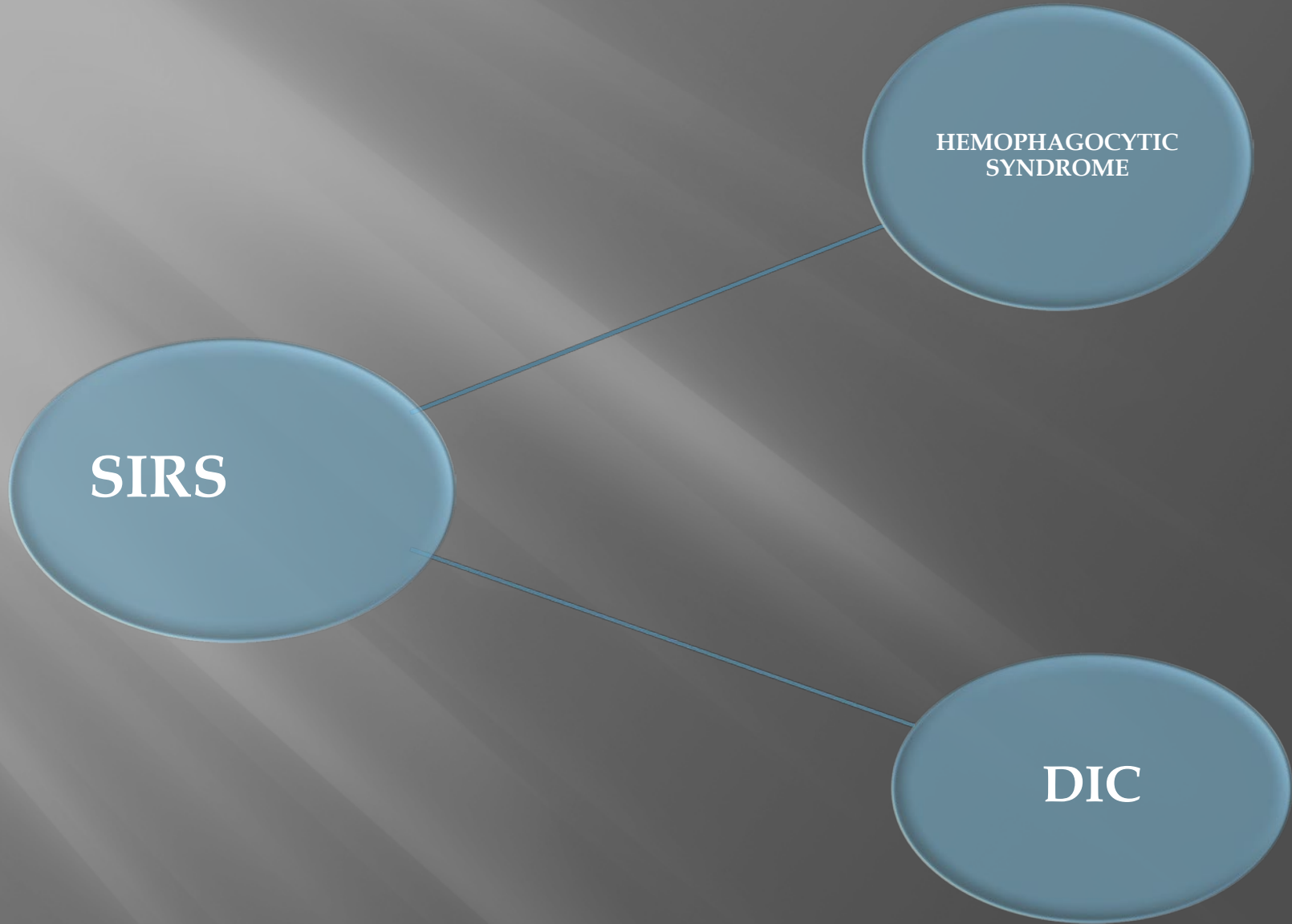


Can you identify the emergencies ?

What do you propose?



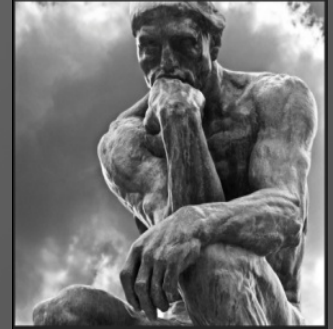




- ▣ Critical care unit hospitalisation
- ▣ Hemodynamic monitoring
- ▣ Cathecolamines
- ▣ Antibiotics: céfotaxim 12g/j + teicoplanin 400 mg/j
- ▣ Antiviral : Acyclovir 400 mg/j
- ▣ Hydrocortisone hemisuccinate 300 mg/j
- ▣ Blood transfusions: platelets , RBC and frozen plasma
- ▣ infectious investigations: blood culture, CSF culture, urine culture, marrow culture, mycobacterium tuberculosis in sputum and urine, leishmaniasis serology, tuberculine intradermo reaction were negative

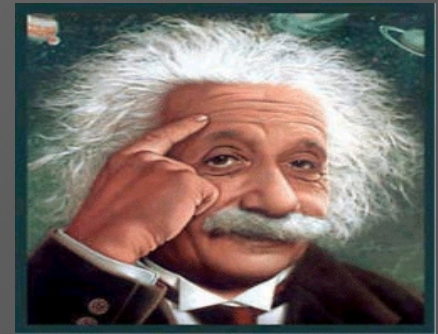


# Evolution



- Hemodynamic stabilization
- Blood cell count improvement
- Hemostatic parameters normalization
- **BUT FEVER REMAINS PERSISTENT !!!!!**
- **HIGH LEVELS OF LIVER ENZYMES!!!!**

# A last round !!!



- 18 years old
- Fever of unknown origin (FUO)
- Asthenia, anorexia and weight loss
- Chronic headache, drowsiness and confusion
- Lymphocytic meningitis
- Bilateral pulmonary infiltrate
- Hepatosplenomegaly
- Elevated liver enzymes



NON HODGKIN LYMPHOMA

VISCERAL LEISHMANIASIS

SYSTEMIC SARCOIDOSIS

**MILIARY TUBERCULOSIS**

- ▣ the patient was under anti tuberculosis
  - Isoniazide 3mg/kg/day
  - Rifampicine 10mg/kg/day
  - Ethambutol 25mg/kg/day
  - Ofloxacin 400mg/day
  
- ▣ Evolution:
  - Weight gain, improvement of the general state
  - Normalization of the liver enzymes
  - Current decline : 4 months

- ▣ Miliary tuberculosis (MT) is rare but serious forme of clinical presentation in tuberculosis
- ▣ Its low frequency is due to
  - the improvement of socioeconomic conditions
  - vaccination
  - screening and early treatment
- ▣ TBC prevalence in Tunisia is about 24 / 100 000 habitants \*
- ▣ MT's prevalence in Tunisian series is estimated between 1,4 to 2,4% \* [WHO, 2006]
- ▣ Its diagnosis is a real emergency based on
  - bacteriological and/or histological investigations
  - presemptive arguments can be sufficient to start the treatment
- ▣ The hemogocytic syndrome and DIVC complicating a MT is an extremely rare event



شکر...