

## Unusual Case of Bowel Infarction with Invasive Aspergillus in an Immunocompromised Patient

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### Abstract

**Introduction:** We report a patient with bowel infarction due to invasive Aspergillus infection as a result of prolonged chemotherapy-induced neutropenia. **Clinical Picture:** The patient was given neoadjuvant chemotherapy with doxorubicin, docetaxel, and capecitabine for a breast tumour. She developed prolonged neutropenia, Escherichia coli and Candida krusei sepsis, acute arterial thrombosis of the left lower limb, and invasive aspergillus infection. **Treatment:** She underwent a subtotal colectomy, small intestine resection and an above-knee amputation. **Outcome:** The hospitalisation was complicated with methicillin-resistant Staphylococcus aureus pneumonia and short gut syndrome. She subsequently underwent simple mastectomy with axillary clearance and received adjuvant chemotherapy and radiation without complication. **Conclusion:** Chemotherapy should be protocol-directed. In a non-trial situation, protocol must have a sound basis, proven safety, and efficacy. Aspergillus infection is uncommon in patients with solid tumours; prompt treatment must be started on high suspicion.

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**Key words:** Capecitabine, Chemotherapy, Docetaxel, Doxorubicin, Neutropenia

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