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.

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


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