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Isolated extramedullary relapse after hematopoietic stem cell transplantation

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Objective: Isolated extramedullary (EM) relapse of acute leukemia is rare. It is more common in patients who undergo hematopoietic stem cell transplantation (HSCT) than patients receive chemotherapy alone. We aimed to describe the demographic and clinical features, and clinical outcomes of children diagnosed with isolated EM relapse after allogeneic HSCT.

Methodology: Between 2012 and 2020, patients aged <18 years and treated with the diagnosis of isolated EM relapse after HSCT at the Department of Pediatric Hematology and Oncology, Health Sciences University Ankara Pediatric Hematology-Oncology Training and Research Hospital were enrolled in our study. The demographic features, clinical manifestations, treatment, and prognosis were analyzed retrospectively.

Results: Eight patients with extramedullary relapse after allogeneic HSCT were evaluated. Two patients were female, and six patients were male. The mean age of the patients was 9.8 years (min–max value: 12/12–168/12years). The type of leukemia was precursor B acute lymphoblastic leukemia (ALL), acute myeloid leukemia (AML), and chronic myeloid leukemia (CML) in four, two, and two patients respectively. One patient had mass in the left iliac fossa, 1 patient had multiple mass in the right femur distal and tibia, 2 patients had mass in the testis,1 patient had mass head of the femur,1 patient had mass left orbit, 1 patient had central nervous system relapse and mass in the right lateral of the nose, medial part of the sacrum, 1 patient had mass in kidney. All patients had a biopsy-proven histopathological diagnosis. The mean relapse time after HSCTwas 17.3 months (min–max duration; 3–48 months). The mean follow-up time was 41.7 months (min–max: 12–120 months). Four patients died during the follow-up period. One patient; developed severe febrile neutropenia, mucositis attacks, and acute pancreatitis with systemic chemotherapy. After 13 months, HSCT was performed from her other compatible sibling due to medullary relapse, and she is still in remission. Other one patient was treated with systemic chemotherapy and imatinib, donor lymphocyte infusion, and local radiotherapy and continued to be followed in remission. Two patients treated with systemic chemotherapy; however, they had recurrent relapses and still on systemic chemotherapy.

Conclusion: Isolated extramedullary relapse is mostly reported during AML, rarely during other myeloproliferative diseases (CML) and more often in male patients. In our study, male patients were predominant that was similar to the literature. Of interest, four patients with precursor B ALL had isolated EM. Although the survival rates were low in these patients, the mean follow-up time was 41.7 months.

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ONCOLOGY
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Candida guillermondii onychomycosis involving fingernails in a breast cancer patient under decetaxel chemothrapy

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Objective: Onychomycosis has been shown to have a higher incidence in cancer patient. Nail toxicity is quite common side effect of anticancer agents, Taxotere© is a chemotherapeutic known to cause great incidence of nail change and has a role of subungual suppuration. We present a case of onychomycosis induced by Taxotere chemotherapy and proved by mycological tests.

Case report: We report on a 52 year-old female, with breast cancer admitted in our institution for onycholysis. Because of stage and histology of breast cancer neoadjuvant chemotherapy was initiated, patient received 8 cycles of taxotere and Adriamycin (AT), and she underwent a modified radical mastectomy. Three-month later, patient evidence of onycholysis developed, involving all the fingernails. We observed the following changes in nails of all the digits in both hands: onycholysis, dystrophy, oedema, and exudate.

Methodology: Nail scraping and purulent discharge were collected for culture and direct examination by KOH and chloral lactophenol for mycological examination, fungal identification was based on physical features of the colonies and biochemical tests (Auxacolor©).

Results: Physical features of the colonies and biochemical tests (Auxacolor©)revealed Candida guillermondii as sole etiologic agent of onychomycosis. This case details an onycholysis in cancer breast case successfully managed solely with amorolfine lacquer 5% for a minimal duration of 3 month.

Conclusion: Candidiasis is one of the commonest complications seen in immunosuppressed cancer patients, and Candida guillermondii is frequently isolated in onychomycosis. Early recognition and treatment of yeast onychomycosis with purulent discharge is important especially in immunocompressed patients.

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