

Young woman with slowly expanding pre-sternal mass

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Photo: Patient



5 months earlier

- Localized chestpain
- Emergence of a presternal erythematous lesion
- Repeatedly presented to her GP

Last 4 wks

- Fever
- Night sweats
- 5 kg weight loss



Medical history

- Originated from Bosnia. Lived in Norway since the age of 4y.
- Manager in chic department store.
- Single, no children.
- 5 y since last VFR in Bosnia.
- 1 month prior to symptoms, Dubai.
- LRTI successfully treated with antibiotics.
- No tobacco. No alcohol/drug abuse.
- No known TB contact.
- No contact with livestocks/pets.



Clinical examination

- Looked un-well
- Cachectic, BMI 18.5
- Body temperature 38.0°C
- Extremely tender elevated, red-violet, lesion, 5 x 7 cm.
- Systolic murmur 1-2/6
- No lymphadenopathy

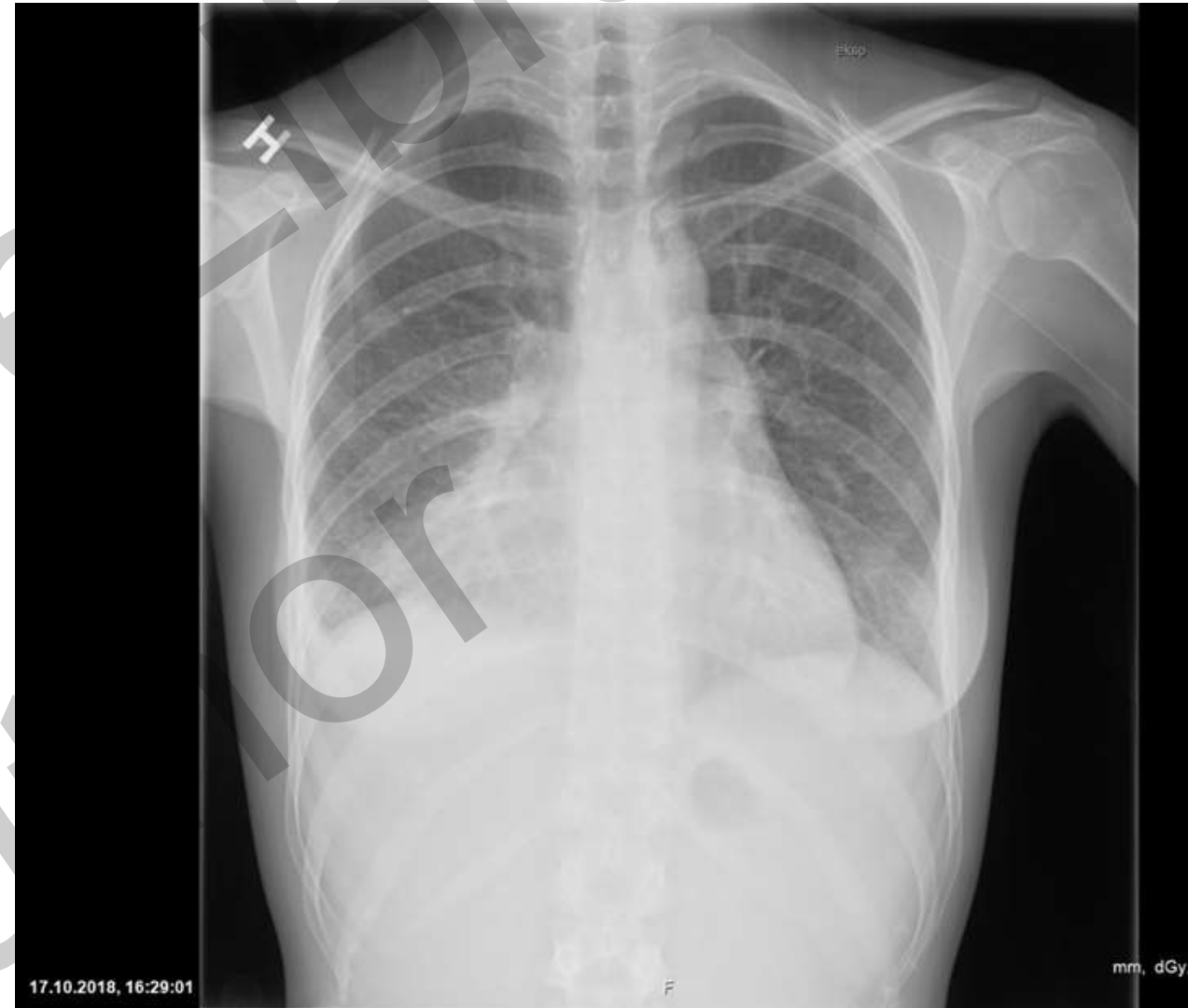


Photo: S Jenum



What investigations had been done by Monday...

Investigation	Result
Hgb	8.8 g/dL
WBC	12.8 x 10 ⁹ /L
ESR	120 mm
C-reactive protein	200 mg/L
pl-procalcitonin	0.16 µg/L
Blood cultures	
Induced sputum x 2	
TB-IGRA	
Serology HIV Ag/Ab, HCV, HBV, Trep	

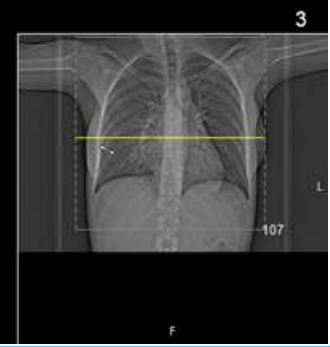


Contrast: None
Gantry: 0°
FoV: 312 mm
Time: 500 ms
Snitt: 3 mm
Couch: -390,5
Pos: FFS

C: 60,0, W: 375,0
⊗ ↙ ↘



F: I31f
57 mA
100 kV
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PANEL DISCUSSION

Differential diagnosis?

Additional investigations?



Our Differential

- Mycobacteria? → Negative AFB and PCR for Mtb complex
- Brucellosis? → With cardiac/bone involvement?
- Nocardia? → No risk factors...
- Actinomycosis? → No risk factors...
- Malignancy? → Negative cytology on FNA prior to admission.



Our patient deteriorated...

- Malaise and anorexia
- C-reactive protein 200-240.

Empiric treatment to target Brucellosis

- Doxycylin 100 mg x 2 po.
- Rifampicin 15 mg/kg x 1 po.
- Gentamicin 5 mg/kg x 1 iv.



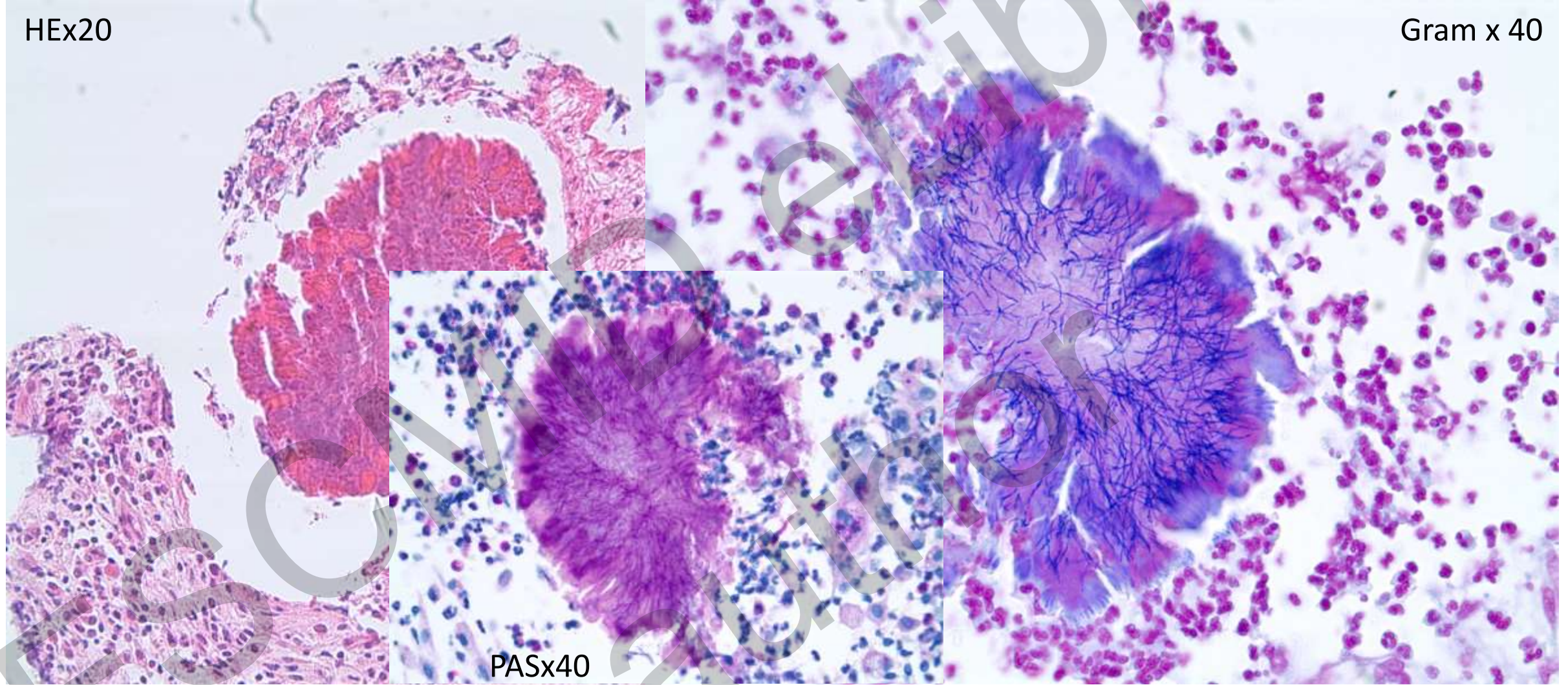
Additional investigations

- Bronchoscopy with bronchoalveolar lavage fluid (BAL)
- Brucella serology
- More blood cultures
- TTE
- Magnetic Resonance Imaging (MRI)

80 x 50 mm



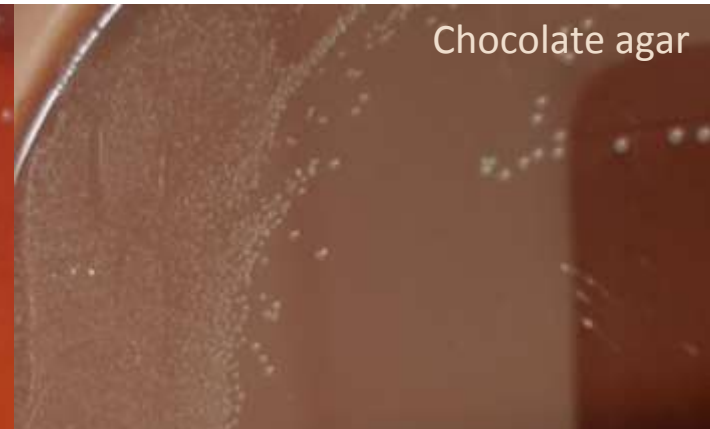
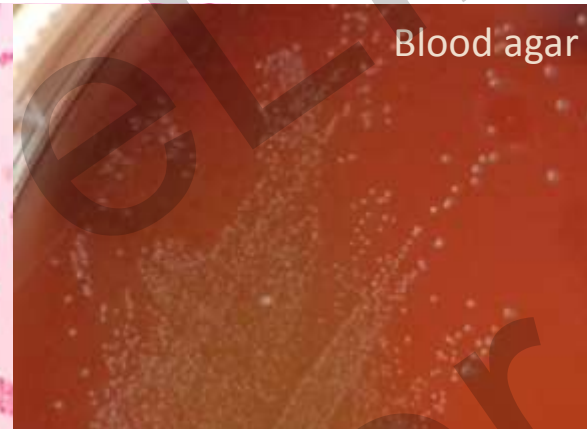
Pathologist calling...



Microbiologist calling...

BAL

Biospy-culturing



Str. anginosus

Aggregatibacter actinomycetemcomitans

Photo: H Brekke

Photo: H Brekke



PANEL DISCUSSION

What now?

Management?



Therapy

- benzylpenicillin 3 g x 4 iv, 4 wks → amoxicillin 500 mg x 3 po, 6 months.
- ciprofloxacin 750 mg x 2 iv/po, 2 wks.

Response to therapy?



1 week



6 weeks



3-4 months



Photos: S Jenum



Thoracic actinomycosis

Co-infectants:

Str. anginosus (BAL)

Ag. actinomycetemcomitans (biopsy)

