Annals of Hematology & Oncology

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Austin Publishing Group

Clinical Image

Disseminated Toxoplasmosis with Bone Marrow Involvement

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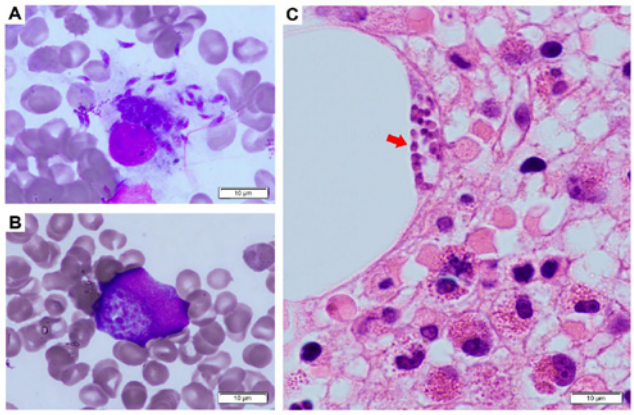
Received: November 08, 2018; **Accepted:** November 21, 2018; **Published:** November 28, 2018

Clinical Image

A 61-year-old man with acute lymphoblastic leukemia on maintenance oral mercaptopurine and methotrexate presented with confusion, night sweats and cough. Laboratory work-up showed pancytopenia with elevated inflammatory markers and liver enzymes. Computerized tomography showed trace pericardial fluid and small pleural effusions without evidence of infection. Broad-spectrum antimicrobial therapy was commenced and bone marrow (BM) biopsy was performed. The BM aspirate smear was hypocellular without evidence of haemophagocytosis or leukemic relapse. Examination demonstrated granulocytes with crescent-shaped intracellular inclusions with prominent oval nuclei (panels A/B, Giemsa stain). Trephine biopsy showed similar findings with increased eosinophilic activity (panel C, hematoxylin & eosin stain). Serology was positive for Toxoplasma immunoglobulin M and immunoglobulin G of 5.0IU/mL (positive >3.0IU/mL). Polymerase chain reaction and sequencing analyses were positive for *Toxoplasma gondii*. Human immunodeficiency virus serology was negative. The patient deteriorated within 48 hours due to cardiac tamponade from disseminated toxoplasmosis and subsequently died.



Panel:

Citation: Chin CK and Finlayson J. Disseminated Toxoplasmosis with Bone Marrow Involvement. Ann Hematol Oncol. 2018; 5(8): 1223.