# A case of necrotizing enterocolitis due to mucormycosis in a patient with myelodysplastic syndrome

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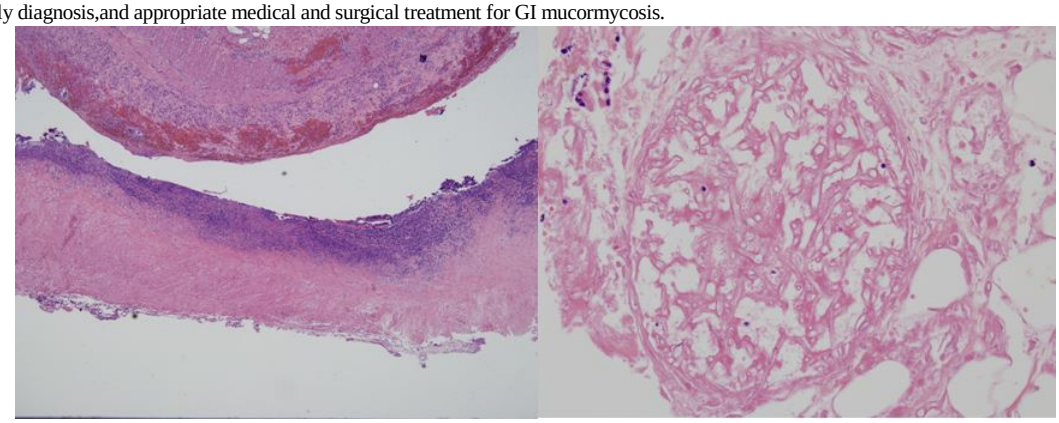
**Introduction:** Necrotizing enterocolitis is a rare but fatal enterocolitis occurring in immunosuppressed patients such as hematologic malignancies. Mucormycosis is a rare,life-threatening fungal infection that occurs mainly in those with hematologic malignancies. Gastrointestinal (GI)mucormycosis accounts for only 2% to 11% of all mucormycosis involvements but the mortality rate is about 85% to 95%.GI mucormycosis in hematologic malignancies has been reported rarely.We report a case of necrotizing enterocolitis due to mucormycosis in a neutropenic patient with MDS who were treated with surgery and liposomal amphotericin B. **Case report:** A 33-year-old man who had received decitabine chemotherapy for MDS RAEB-1 two weeks ago complained of fever,abdominal pain,vomiting.The CT abdomen showed bowel perforation, gangrenous change, complicated fluid collection.Although he was in neutropenic and thrombocytopenic state,we operated exploratory laparotomy and bowel resection in twice and mucormycosis was confirmed by pathologic examinations of ileoceal region and colon biopsy specimens.We administered liposomal amphotericin B for six weeks and he was successfully treated. **Discussions:** We diagnosed and treated GI mucormycosis in a neutropenic patient with MDS with surgery and liposomal amphotericin B.It is the first case of GI mucormycosis in a patient with MDS.And the successful treatment in our case emphasizes the importance of high suspicion,early diagnosis,and appropriate medical and surgical treatment for GI mucormycosis.





# 호산구증가증과 PDGFRB 유전자 재배열을 보인 골수종양 1예

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PDGFRB 재배열을 보이는 만성골수증식 종양은 매우 드문 Philadelphia염색체 음성 골수 증식성 질환으로 78%에서 t (5;12) 전위를 보이고 54% 에서 t (5;12) (q33;p13)의 염색체 이상을 보인다. 임상적으로 PDGFRB 양성 질환은 호산구증가증을 동반한 만성골수단핵구성 백혈병, 비정형 만성골수구성 백혈병, 골수이형성증후군/골수증식성종양 중복 증후군으로 나타날 수 있다 증례의 환자는 건강검진상 우연히 발견된 말초혈액의 백혈구 및 호산구 증가증(백혈구 52.870/uL, 호산구 11%)으로 실시한 골수검사에서 호산구 증가, 골수유전자 검사상 PBGFRB 융합 유전자 양성소견으로 PBDGFRB 재배열을 동반한 골수종양으로 진단하였다. 환자의 골수염색체 분석에서 20개의 세포 모두에서 46, XY, t (5;12) (q33;p13)의 염색체 이상이 관찰되었다 저용량 imatinib (100 mg)을 투여 시작하였고 3개월 후 백혈구 10,000/uL(호산구 3.2%) 로 호산구증다증의 개선 소견을 보였다. 치료 반응을 평가하기 위해 골수조직검사 및 염색체검사를 시행하였고 처음 관찰되던 염색체 이상은 모두 정상화되었고 PDGFRB FISH도 음성소견을 보여 현재 외래에서 추적관찰 중이다. 따라서 과호산구증다증 보이는 경우 PDGFRB 재배열을 동반한 골수종양에 대한 고려가 반드시 필요하며 분자유전학적으로 PDGFR 재배열을 보일 경우 즉시 imatinib의 치료가 필요하다

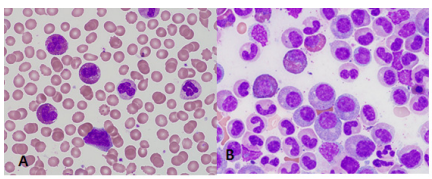


Figure 1. (A) The peripheral blood smear on admission shows increased eosinophils constituting 11% of the white blood cell count.(Wright-Giemsa stain, x1,000). (B) The bone marrow aspiration showed a increased myelocyte, neutrophils and eosinophisl constituting 39.6%, 39.4%, and 7.6%, respectively (Giemsa stain, x200)

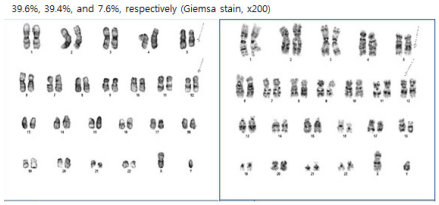

Figure 2. Karyotype of the patient's G-banded bone marrow metaphase cells showed 46, XY, t(5;12)(q33;p13)[20]