

Favorable control of extrapulmonary lymphangioleiomyomatosis with use of Sirolimus

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Introduction: Lymphangioleiomyomatosis (LAM) is a rare multisystem disease that primarily affects young woman of child-bearing age. Various drugs like doxycycline or hormonal drugs have been used in an attempt to control LAM, but their effects were controversial and are not recommended. Mammalian target of the rapamycin (mTOR) inhibitor showed promising results in the treatment of LAM. In this report, we present a case of extrapulmonary LAM patient who got a favorable response with sirolimus treatment. **Case:** A 30-year-old Korean female presented with abrupt abdominal pain. An abdomen CT showed mass in the left retroperitoneum, which was approximately 19cm in size. A chest CT showed multiple cysts scattering in the both lungs and moderate amount of left pleural effusion. US-guided biopsy was performed and she was diagnosed with LAM. For treatment, sirolimus 1mg twice daily schedule was initiated. After 4 month of treatment with sirolimus, abdomen and chest CT scans were performed and it showed markedly decreased in size and extent of mass in retroperitoneum. Moderate amount of left pleural effusion disappeared. **Conclusion:** We present a case of extrapulmonary LAM with sirolimus treatment. Sirolimus proved itself as effective treatment choice for patient with LAM. But there are some issues, such as the optimal dosage of the treatment and duration of treatment, to be elucidated. And also, we have to study more about multiple drugs which are targeting signal pathways of LAM, and its interrelation between drugs.



Antibiotics use in terminal cancer patients admitted in hospice center

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Background: Antibiotics are commonly administered to terminally cancer patients, however the effectiveness of antibiotics treatment are unknown. We investigated the prescription practices and effectiveness of antibiotics among terminal cancer patients. **Methods:** A total of 140 consecutive terminal cancer patients who died in the Hospice and Palliative Care Clinic from Jan to Nov 2016 were reviewed in this study. Patients treated with antibiotics were identified and the data on the use of antibiotics and clinical effects were analyzed. **Results:** 74 patients (52.9%) were treated with antibiotics at the end of life. 46 patients (62.2%) had fever and infectious symptoms but 28 (34.8%) had no fever or obvious infectious focus. Bacterial cultures were taken in 56 patients and the pathogens found in the 22 patients. The antibiotics treatment resulted in symptom relief in 21. Among these, 12 (57.1%) had a positive bacterial culture, 9 (42.9%) had a negative culture. In the patients who had no clinical improvement from antibiotics (n=53), 10 (18.9%) had a positive culture and 43 (81.1%) had a negative culture. There was statistically significant difference between the culture positivity and the clinical effect of antibiotics treatment ($p=0.002$). The median duration of hospice stay and antibiotics use were 18.5 days and 7 days. The most common reason for stop of antibiotics was clinical signs of impending death (n=38, 51.3%). 33 patients had received antibiotics within 24 hours of death. The initiation of antibiotics was decided by doctor solely, whereas discontinuation of antibiotics was a team decision with family's consent (n=29, 39.2%). **Conclusions:** In this retrospective study, antibiotics were commonly prescribed at the end of life in terminal cancer patients. In the absence of specific evidence, decisions are difficult for clinicians to initiate and stop antibiotics in this setting. According to our results, some terminal cancer patients may benefit from antibiotics treatment at the end of life, especially patients with positive blood culture. Further research is needed to determine the impact of antibiotics on outcomes, including QoL and complications for terminal cancer patients in hospice.