The Philip A. Hanff Memorial
Clinical Case Presentations
And Discussion

Tuesday, May 8, 2018
2:00 p.m. – 4:00 p.m.

Convener: Richard L. Hodinka, Ph.D., University of South Carolina School of Medicine Greenville & Greenville Health System, Greenville, SC

Participants: Kevin Alby, Ph.D., Perelman School of Medicine at the University of Pennsylvania & University of Pennsylvania Health System, Philadelphia, PA

Colleen S. Kraft, M.D., Emory University School of Medicine & Emory University Hospital, Atlanta, GA

Marie L. Landry, M.D., Yale University School of Medicine & Yale New Haven Hospital, New Haven, CT

In memory of our dear friend and colleague, Philip A. Hanff, the "Clinical Case Presentations" will forever bear his name. Phil was the Scientific Director of the Clinical Microbiology Laboratories at Beth Israel Deaconess Medical Center in Boston and a regular participant at the Clinical Virology Symposium before his passing in 1996. Phil helped initiate the presentation of clinical cases to participates of the Symposium and spoke annually as a member of the panel. His quick wit, professional demeanor, and warm and caring nature is missed by all. He would be pleased and honored to be recognized in this way.

The format of the "Clinical Case Presentations" will involve a panel member presenting a brief case history as an unknown and then asking the audience to give their opinions on the diagnosis and etiology. The presenter will then provide information and/or query the audience on pertinent laboratory and infectious disease issues related to the case. Members of the panel welcome the views and comments of the audience and encourage active participation by all.
The patient is a 47-year-old male with a history of acute myeloid leukemia. He is status post allogeneic stem cell transplant with a matched unrelated donor in October 2016 that was complicated by graft-versus-host-disease requiring ruxolitinib. He also has end-stage renal disease, is on hemodialysis, has acute/chronic sinusitis, and was just transferred from an outside hospital for evaluation of altered mental status with suspicion for disseminated herpes zoster. The current history is according to his wife and the medical record, and he remains confused.

NOTES:
The patient is a 3-month-old male with a history of intrauterine growth restriction and failure to thrive. On physical exam he has symptoms of an upper respiratory tract infection, and has hypotonia, weakness, and hepatomegaly. Initial laboratory tests are notable for a low hemoglobin at 7.1, elevated white blood cells (WBC) at 39.2 with a polymorphonuclear leukocyte (PMN) predominance, and slightly elevated liver function tests (LFTs) with an aspartate aminotransferase (AST) of 99 and alanine transaminase (ALT) of 105.

This case was submitted by Neil W. Anderson, M.D. D(ABMM), Assistant Professor, Department of Pathology & Immunology and Assistant Medical Director, Clinical Microbiology Laboratory, Washington University School of Medicine, Saint Louis, MO.

NOTES:
CASE 3

A 6-year-old healthy child, who had received the quadrivalent influenza vaccine in the fall, developed fever and cough in February. The fever resolved after 3 days and she was improving. However, on the 5th day of her illness, the patient developed nausea, vomiting, diarrhea and weakness, and was brought to the emergency department. She had an episode of hypotension, was given intravenous fluids, and was then admitted with a presumptive diagnosis of hypovolemia due to her GI symptoms. A chest x-ray was normal and an electrocardiogram on the pediatric floor showed “low voltage” according to the attending physician. However, due to multiple episodes of hypotension despite the initiation of fluids, antibiotics and dopamine, she was transferred via ambulance to the intensive care unit of a tertiary care hospital.

NOTES:
The patient is a 42-year-old female who underwent a re-transplant for an orthotopic liver transplant after having complications of recurrent autoimmune hepatitis. The patient’s donor/recipient serostatus is CMV +/+ and EBV +/+ . She developed encephalopathy and fever on post-operative day 1. Her fever peaked at 40.2°C (104.4°F) 6 days post-transplant.

NOTES:
CASE 5

Presenter: Dr. Alby

A 70-year-old man with a history of a living-donor kidney transplant 15 years prior presents with a 2 day history of headaches, low grade fevers, and malaise. He had a positive urinalysis (UA) and urine was submitted for culture on admission. He was started on ceftriaxone out of concern for a urinary tract infection (UTI). His fevers persisted and his status worsened over the next 48 hours and he required intubation. He was transferred to Hospital of the University of Pennsylvania (HUP) for further management.

NOTES:
CASE 6

Presenter: Dr. Landry

A 31-year-old man with well-controlled HIV infection developed face swelling and went to an urgent care clinic, where he was given doxycycline and prednisone. Four days later, he had not improved and complained of burning in his throat, swollen lymph nodes, headache and myalgias. The following day he went to an emergency department (ED), now with testicular swelling, and was told that he had epididymitis and was given levofloxacin. He continued to have fever and chills, felt worse, returned to the ED and was admitted to the hospital.

NOTES:
Call for Clinical Cases for CVS 2019

Participants of the Clinical Virology Symposium are encouraged to submit cases for Tuesday's "Philip Hanff Memorial Case Studies." The Case Studies Faculty will select UP TO THREE of the submitted cases for presentation. Submitters of accepted case studies will receive a refund of their actual Clinical Virology Symposium registration fee.

To submit a case, go to [www.clinicalvirologysymposium.org](http://www.clinicalvirologysymposium.org), and click on the “Abstracts” link. Then click on the link for “Submission of Case Studies” and follow the instructions for submitting a case.