Clinical Manifestation of Non-Hodgkin’s Lymphoma Superimposed on Invasive Aspergillosis

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**Introduction:** The following case presentation is of a 79-year-old female who presented to the emergency department (ED) at a rural hospital with chief complaints of shortness of breath (SOB) and a productive cough with, white, yellow, and green tenacious sputum. She denied chest pain or fever but complained of weakness and fatigue. The patient recently had a urinary tract infection (UTI) and has been hospitalized three times in the last two months. **Case Presentation:** A 79 year old female originally admitted for acute on chronic respiratory failure with healthcare associated pneumonia. She has a history of stage III Non-Hodgkin’s lymphoma, malignant pleural effusions, chronic diastolic heart failure and atrial fibrillation. The patient recently returned from Honduras about 6 months ago. Over the last two weeks prior to admission she was treated for pneumonia that did not subside. The patient was a former smoker but the number of pack years was not specified. Because her condition continued to decline, the patient was transferred from a small rural hospital to one of its larger affiliates on a 45% venturi mask and was placed on BiPAP once she reached the emergency room due to respiratory distress. **Discussion:** This patient was intubated and placed on mechanical ventilation due to impending respiratory failure. Bronchial washings indicated acute inflammation, granular debris, degenerate squamous cells, and necrotic tissue with fungal hyphae. A fungal culture revealed an invasive Aspergillosis possibly while performing missionary work in Honduras. Her cause of mortality was ruled as severe fungal sepsis (Aspergillosis) with septic shock and multisystem organ failure.

Keywords: fungus, cancer, pleural effusion, pneumonia, organ failure, septic shock