Fatal Case of TTP in Patient with Underlying Pulmonary Aspergillosis

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and plasmapheresis was initiated. Thrombotic thrombocytopenic purpura (TTP) was diagnosed and emergent hemodialysis was initiated.

Day one: Patient was noted to have severe anuric renal failure, transaminitis, hyperbilirubinemia and hyperammonemia. He was diagnosed with severe sepsis secondary to the intensive care unit for encephalopathy of unknown etiology and jaundice.

The underlying invasive aspergillosis was most likely present prior to hospitalization and potentially may have been the inciting trigger leading to TTP.

In our extensive literary search, there has been only one reported case of underlying invasive aspergillosis in a patient with TTP.

CONCLUSION

Aspergillosis is a rare entity in patients with non-pulmonary organ transplant but can be fatal if it goes undetected.

It is important to investigate any and all potential underlying etiologies in patients presenting with TTP.

We would like to ask the medical community to consider fungal entities early in immunocompromised patients who are refractory to antibiotic therapy.

REFERENCES