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Clinical Lessons 1

Title **Give a man a fish and he'll eat for a day. Teach a man to fish and he might develop respiratory distress.**

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Abstract without diagnosis

A 47-year-old male presented with five days of haematemesis and three months of night sweats with unintentional weight loss. History included epoxy resin allergy and treated testicular cancer. He smoked cannabis and enjoyed fly-fishing in an urban canal, often encountering rats.

He was jaundiced with acute kidney injury. Thrombocytopaenia and raised LDH pointed to haematological malignancy, however marrow biopsy was negative.

He developed a new oxygen requirement. CT revealed extensive interstitial thickening and multifocal ground glass centrilobular nodularity. Antibiotics for atypical pneumonia were initiated. Bronchial washings were negative for AFB and mycoplasma.
His respiratory failure progressed and he required ICU admission for CPAP. Intubation and sedation were undertaken as CPAP was insufficient. Multi-specialty speculation following a barrage of negative tests was put to rest when one specific serology came back positive.

This infection is rare in England and Wales, averaging fifty cases per annum. Fulminant sequelae are even rarer, with two to three cases resulting in death. Papers detailing similar cases are predominantly based in tropical climates. Due to incomplete history and disease rarity, there was delay in requesting relevant serology.

This case highlights the importance of considering non-endemic infections based on a patient's environmental exposures. It emphasises how vital a thorough infection history is.

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Clinical Lessons 2

Title **An uncommon complication of a common infection.**

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Abstract without diagnosis

Introduction
Here we describe the case of a rare complication of sinusitis in an otherwise healthy patient. Another interesting aspect of this case is an unusual bacteraemia.

Case
A 17-year female presented with headaches, orbital swelling, and vomiting. She was admitted under ENT, with CT imaging showing maxillary sinusitis and peri-orbital swelling. She was treated with IV ceftriaxone for orbital cellulitis, clinically improved and discharged on oral antibiotics.

Follow up imaging showed near opacification of the sinuses bilaterally with destruction of the frontal bone, in keeping with osteomyelitis. She was readmitted and found to be well, with normal inflammatory markers. Positive blood cultures from her initial presentation were noted and she was discussed with the infectious diseases team. She was discharged with 6-week course of clindamycin and ciprofloxacin.

Discussion
Orbital cellulitis and frontal osteomyelitis are recognised complications of sinusitis. Prompt recognition and treatment are essential to prevent consequences such as visual loss, intracranial abscesses or Pott's puffy tumours. The organism cultured in this case has been implicated in pharyngitis and soft tissue infection, but more rarely sinusitis, intracranial abscesses, osteomyelitis, sepsis and endocarditis. However, it may be overlooked, due to low microbiological detection rates, or considered contaminant, as part of the normal flora of the skin and nasopharynx.

Conclusion
This case illustrates serious complications that arise from a common infection; sinusitis. It highlights the importance of considering all positive blood cultures, even if the organism may be considered a commensal.

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Clinical Lessons 3

Title **A sweet smelling rose or something fishier afoot?**

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Abstract without diagnosis

A 50-year-old man was seen in dermatology clinic with a two month history of inflammation of his left little finger and tender nodules appearing on his left arm. They were ulcerated and oozing pus.

One month later he had extensive disease of the hand and limited flexion of fourth and fifth digits. Throughout his left hand and arm were numerous purplish nodules, 3-4cm in diameter. He had no lesions elsewhere and was systemically well.

His past medical history included poorly controlled type 2 diabetes and hypertension. Of note he was a gardening enthusiast with pets.

Baseline bloods including a vasculitic screen, were normal. A skin biopsy was performed which confirmed the diagnosis and he started treatment with good response. Treatment of an unexpected result led to a dramatic deterioration in his arm lesions with new lesions appearing elsewhere. He remained systemically well and further investigations including a repeat skin biopsy were performed to ascertain the cause of his deterioration…