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Central nervous system aspergillosis confused with secondary localisation of a chronic lymphocytic leukemia (CLL)

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Systemic aspergillosis is a disease increased in immunocompromise terrain as HIV, chronic immunosuppressant/steroid use. We report the case of a 39-year-old female patient who had an antecedent of chronic lymphocytic leukemia treated. The patient developed focal neurologic deficits, mental status changes, headache. CT scan of the head shows a large left frontal hypodense, nonenhancing lesion with mass effect. Intra-operative cytopathology show perivascular lymphocysts. On microscopic study, we diagnosed true hyphae with septations Grocott + , vasculitis leading to necrosis. On some areas, there was an abundant inflammation composed with small lymphocytes and plasmacytes. An immunostain with antibodies anti-CD20, anti-CD3, anti-CD5, anti-CD23, anti-IgD and anti-

Kappa and Lambda was realized in hospital of Paris. There was no argument for secondary localization of CLL. Cerebral aspergillosis is rarely seen. His diagnosis is multidisciplinary. The pathologist needs to exchange with clinicians and radiologists.

Biography

Ouattara Souleymane currently working at Ouagadougou, Burkina Faso and he completed his studies Université de Ouagadougou, Burkina Faso Science • Ouagadougou, Kadiogo, Burkina Faso. He published many research works in many journals. His research interests are Digital Pathology.

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