

中文題目：使用抗黴菌藥物 Voriconazole 造成異體骨髓移植後患者疼痛性骨膜炎：一個罕見且困難診斷的案例

英文題目：Voriconazole-induced periostitis after allogeneic transplantation: a diagnostic challenge

作者：吳郁芯¹，劉家豪^{1,2}，田豐銘^{1,2}

服務單位：¹台灣大學台成幹細胞中心；²台大醫院內科部血液腫瘤科

Case summary

Voriconazole-induced periostitis (VIP) is a rare encountered entity that had been reported in the hematopoietic stem cell transplant (HSCT) recipients on immunosuppressive therapy with simultaneous antifungal therapy. Pain is the main symptom of VIP. As for AML patients receiving HSCT, the etiology of pain differs: leukemia infiltration, adverse effect of G-CSF, local infection, and so on. The complicated clinical scenario may blur our judgement and lead to misdiagnosis.

We presented a case of VIP in a 29-year-old post-HSCT AML patient. He was treated with voriconazole for fusarium related fungemia and soft tissue infection. The patient experienced both elbow and knee pain 4 months after the HSCT, and strong opioid was needed. Voriconazole serum trough level was 1.05mcg/mL. Radiograph of the extremities demonstrated multifocal periosteal reaction. Bone scan showed intense active bone lesions and periosteal reactions at axial and appendicular skeletons. A bone biopsy was performed for definite diagnosis. The pathology report showed periosteal reaction and osteosclerosis. There was neither leukemic involvement nor fungal infection. The patient's history and aforementioned studies led to the diagnosis of VIP. Voriconazole was discontinued promptly and his symptom relieved within 2 weeks.

Long-term antifungal treatment is mandatory for HSCT recipients with fungal infection. VIP is a unique side effect in post-HSCT group that warrants clinical attention. Familiarity with this entity may hasten the diagnosis, avoid unnecessary medical expense and solve patient's discomfort.