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CASE STUDY: DIAGNOSIS AND TREATMENT OF SEVERE COMPLICATIONS IN COPD

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Odjel intenzivne i postintenzivne skrbi

Objective: This case study was created to show the complicated course of severe COPD and the treatment of these complications. It is based on a real patient and his continuing struggle with his disease. Patient MJ is a 46 year old man with COPD GOLD Stage IV D. At least once a year he is admitted to the hospital due to COPD exacerbation with respiratory insufficiency. According to his medical history, Mr. MJ suffered from frequent respiratory infections even as a child. He was hospitalized three times at his local hospital due to pneumonia prior to his first hospitalization at Jordanovac in May of 2014 at the age of 42, when he was diagnosed with COPD. Findings from heart ultrasound and right heart catheterization at this time (PA 57/31 mean 42 mmHg) established the diagnosis as “out of proportion” pulmonary hypertension and as a result, a primary lung hypertension diagnosis, group I classification, was made. Due to this condition, PDE5 inhibitor therapy was introduced. The following year, in 2015, Mr. MJ was hospitalized at Jordanovac due to his first complete spontaneous left-sided pneumothorax. Since then, he has had four relapses of pneumothorax with the most recent one being in January 2018, accompanied by pleural effusion. Results of pleural aspiration showed multiresistant *Candida parapsilosis*,

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with sensitivity to Amphotericin B. This rare mycotic infection was most likely acquired via chest tube and treatment was commenced immediately. The first dose of Amphotericin B 450mg i.v. in 5% glucose solution was administered on 05.03.2018, with no adverse reactions. The next day, the second dose was administered and in the afternoon the patient's temperature rose to 38.8°C. After administration of the third dose on 07.03.2018, a similar reaction appeared along with chills, headache, and a tachycardia of 120beats/min. Consultation with the clinical pharmacologist revealed that 14% of patients receiving Amphotericin B develop fever as a complication, while 18% develop chills. Premedication with 1g of Paracetamol and an antihistaminic 60 minutes before treatment with Amphotericin B diminished side effects. During the next three weeks of therapy no adverse reactions were observed. Patient MJ is on his way to making a good clinical recovery. Although treatment options are available for complications associated with COPD, there is no ultimate cure for this disease. Lung transplant however, offers a promising hope to patients that are in their end-stage. Hopefully patient MJ will reconsider this as an option.