CLINICAL SNAPSHOT

Sepsis-Associated Purpura Fulminans Due to Klebsiella Oxytoca

A 17-day-old term neonate (birth weight 5.5 kg, cesarean section) was treated with antibiotics and given partial parenteral nutrition after the reduction of a small-bowel volvulus. He went on to develop severe sepsis with disseminated intravascular coagulation and extensive hemorrhages on the limbs. Blood cultures and cultures of the tip of a central venous catheter yielded Klebsiella oxytoca. Bullae formed on the limbs, with extensive areas of necrosis (Figure). The infant was treated with broad-spectrum antibiotics, ventilation, diuretics, protein C substitution, and a standard burn protocol. The limbs were successfully preserved, with scarring.

Purpura fulminans is a rare type of coagulopathy with more than 50% mortality. Its commonest causes are infection (usually with Gram-positive cocci) and congenital protein C deficiency, which becomes evident in the first few hours after birth. In purpura fulminans due to infection, bacterial endotoxins can activate the clotting system and cause a consumption coagulopathy. Klebsiella accounts for 4–7% of cases of neonatal late-onset sepsis and should be considered as a rare cause of purpura fulminans.

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CLINICAL SNAPSHOT

Drop Metastasis of Type B Thymoma 5 Years After Resection

A 45-year-old woman came to our center with renewed symptoms of myasthenia 5 years after minimally invasive resection of a B1/B2 thymoma (anterolateral access). Diagnostic computed tomography showed normal findings at the operation site but detected a new right-sided paravertebral mass of unclear origin at the level of T11/T12. Video-assisted thoracoscopy visualized the lesion. Histological analysis following R0 resection confirmed the finding of a drop metastasis. The patient is again symptom free and is being monitored closely.

This case clearly shows that patients suspected of having a recurrence of thymoma should be investigated not only for systemic dissemination but also for postoperative drop metastases outside the thymic bed. Type B thymomas are epithelial tumors of the thymus that are divided by the WHO classification into subtypes B1, B2, and B3 according to the degree of cytological atypia. Because they may be prone to late recurrence, long-term follow-up is required. The danger of intraoperative contamination of other sites with tumor cells can be minimized by the use of minimally invasive “no-touch” techniques at experienced centers.

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