Septicaemia after Splenectomy for Hodgkin's Disease: Two Episodes in the Same Patient, 9 and 13 Years after Cure

P.		Galieni
F.		Gherlinzoni
P.		Mazza
F.		Lauria
M.		Cavo
M.		Baccarani
S.		Tura

Istituto di Ematologia 'L. e A. Seragnoli', Università di Bologna and Cattedra di Ematologia, Università di Udine, Italia

Dr. Piero Galieni, Istituto di Ematologia 'L. e A. Seragnoli', Università di Bologna, Policlinico S. Orsola., Via Massarenti, 9, I-40138 Bologna (Italy)

It is well known that splenectomized or asplenic persons are at risk of developing episodes of meningitis and/or septicemia, frequently due to *Streptococcus pneumoniae* (overwhelming postsplenectomy infection, OPSI) and that these infections are rapidly fatal in about 50% of cases [1–3].

In a recent paper [4] we reported on 6 episodes of OPSI among 342 splenectomized patients with Hodgkin's disease (HD) whereas no cases of OPSI were recorded in 149 nonsplenectomized patients. In splenectomized patients, the cumulative risk of OPSI at 10 years was 2.3% in patients who were in continuous complete remission (CR), as opposed to 15.25% in patients who had relapsed.

We wish to report on a patient, previously splenectomized for HD, who had two subsequent episodes of OPSI while in continuous CR.

C.P., a 41-year-old man, was diagnosed as having HD, lymphocyte predominance, pathological stage III_sA, in 1972. He was treated with subtotal nodal irradiation, followed by two courses of MOPP. The patient obtained a CR, which is still lasting. In April 1982, 120 months after splenectomy and 107 months after completion of treatment, he was admitted to the hospital because of high fever resistant to antipyretics. His clinical condition rapidly worsened because of confusion, unconsciousness, hematemesis, melena, oligo-anuria and severe hypotension. Clinical and laboratory signs of disseminated intravascular coagulation became evident, with multiple ecchymoses and ischemic necrosis of toes. Blood and cerebrospinal fluid cultures were positive for *S. pneumoniae*. The appropriate therapy determined a progressive improvement of the clinical picture, and the patient recovered in about 1 month.

In October 1986, 174 months after splenectomy and 161 months after the achievement of CR, he was again admitted to the hospital because of a similar episode of fever, disseminated intravascular coagulation, coma and shock. Blood cultures showed the presence of *S. pneumoniae*. He again rapidly recovered in 2 weeks. After the second episode, the patient

received a pneumococcal vaccine and was put on intermittent treatment with benzathine penicillin (1,200,000 units every 3 weeks). At the time of writing, the patient is in good health.

1 This work was supported by Ministero Pubblica Istruzione, Roma, Fondo per la Ricerca 40%. The occurrence of two or more episodes of OPSI in the same patient after splenectomy for HD has been described in few reports [4, 5]. However, they concern either pediatric patients or adults with active disease or in treatment. To our knowledge, this is the first report of the occurrence of two episodes of OPSI caused by the same agent in an adult patient with HD in CR after splenectomy and chemo-radiotherapy. Furthermore, this case seems to be noteworthy due to the very long interval between splenectomy and OPSI. In fact, the risk of developing an acute severe infection like OPSI is higher within the first 2 years following treatment, while it decreases progressively in time. The present case suggests that the risk of OPSI, though very low, persists also long after cure.

References

Singer, D.B.: Post splenectomy sepsis; in Rosenberg, Bolander, Perspectives in pediatric pathology, vol. 1, pp. 285–311 (Year Book Medical Publishers, Chicago 1973).

Krivit, W.; Giebink, G.S.; Leonard, A.: Overwhelming postsplenectomy infection. Surg. Clin. N. Am. 59: 222–233 (1979).

Francke, E.L.; Neu, H.C.: Postsplenectomy infection. Surg. Clin. N. Am. 61: 135–155 (1981).

Baccarani, M.; Fiacchini, M.; Galieni, P.; Gherlinzoni, F. et al.: Meningitis and septicemia in adults splenectomized for Hodgkin's disease. Scand. J. Haematol. 36: 492–498 (1986).

Donaldson, S.S.; Glatstein, E.; Vosti, K.L.: Bacterial infections in pediatric Hodgkin's disease. Cancer 41: 1949–1958 (1978).