TWO CASES OF MONILIAL SEPTICAEMIA, SECONDARY TO CARCINOMA OF THE MOUTH, TREATED SUCCESSFULLY WITH INTRAVENOUS AMPHOTERICIN B

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Monilial septicaemia is becoming a fairly familiar complication of antibiotic, antineoplastic and steroid therapy, although its diagnosis during life has only recently been reported in this country by Dupré, Jones and Penman. It not uncommonly occurs in patients receiving intravenous fluids, in patients who had have an operation and after self-puncture among drug addicts (Boyd and Chappell, 1961). So far only five instances have been recorded in the literature of a satisfactory response to treatment and therefore we would like to report another two, both of patients with carcinoma of the tongue treated with intra-arterial infusion of vinblastine sulphate.

Case 1

A 60-year-old man with a four-year-old growth on the inner aspect of the left gum. In October 1962 the new growth had invaded the tongue and was superficially ulcerated in parts. Metastases were present in the submandibular lymph nodes on both sides. The new growth and glands were treated with a course of external radiation (maximum tumour dose of 3,800 r and minimum dose of 3,100) over four weeks at 250 kV.

In April 1962 he was admitted to Westminster Hospital for bilateral external carotid catheterization and infusion of vinblastine sulphate. The carcinoma had reappeared and had invaded the floor of the mouth and base of the tongue. Metastases in the submandibular lymph nodes on both sides had also reappeared. At this time a throat swab showed scanty epithelial cells and yielded Escherichia coli but no monilia on culture. The latter was, however, isolated from a rectal swab. His white cell count was 5,200/cu. mm. (neutrophils 82%, lymphocytes 10%).

Treatment was stopped after five days because of a severe reaction to vinblastine sulphate; and at the same time he developed a pyrexia which did not respond to a week’s course of erythromycin and novobiocin. On the tenth day white cell count was 1,300 and Candida albicans was isolated from a blood culture (glucose broth after 72 hours’ incubation at 37°C). The same species of Candida was also grown from both intra-arterial canule and a rectal swab.

The patient was given 500,000 units of mycostatin daily for two weeks and 5 mg. of intravenous amphotericin B. The latter produced severe hypotension, rigors and sweating, and his blood pressure would not rise over 90 mm. Hg in spite of measures such as raising the foot of the bed and the injection of metaraminol hydrogen tartrate (‘Aramine’). The dose of amphotericin B was reduced to 0.5 mg. on the following day and thereafter doubled daily. Treatment was stopped after seven days, by which time the pyrexia had settled and blood cultures had become sterile. The total dose of amphotericin B given was 36 mg. and the only serious side-effects observed (apart from the hypotension already mentioned) were a marked lethargy and drowsiness experienced by the patient. Both symptoms, however, disappeared within 48 hours of discontinuing the drug.

Case 2

A 68-year-old man who presented in August 1961 with pain on the right side of his tongue. Clinical examination revealed a mass on the floor of the mouth invading the tongue from the right side, but with no lymph node metastases. Three weeks later a lump, presumably a metastasis, had developed in a node of the right carotid triangle. He was treated with mega-voltage therapy by two parallel opposed fields centred over the angle of the jaw and received a central dose of 1,000 r in 47 days. By the end of November 1961 the growth in the mouth had virtually disappeared, leaving only a little scarring in the mouth and some tethering of the right side of the tongue.

In April 1962 he was admitted to Westminster Hospital because of dysphagia and intense pain in his right ear and floor of the mouth on the right side. The growth had clearly recurred and invaded the posterior two-thirds of the tongue and the right pharyngeal wall; metastases were obvious in the submandibular lymph nodes on both sides.

The neoplastic area was perfused with vinblastine sulphate via the right external carotid artery for 13 days when the catheter was inadvertently pulled out. On the fifth day of treatment a throat swab grew Candida albicans, E. coli and various streptococci. At this time the white cell count was 8,100 cu. mm. with 78% neutrophils.

At the termination of perfusion the patient was pyrexial and a glucose broth blood culture grew Candida albicans after 72 hours’ incubation. This organism was also isolated from his throat swab but not from the intra-arterial catheters. His total white cell count at this time had fallen to 4,500/cu. mm. The patient was now given mycostatin orally (500,000 units six-hourly) and amphotericin B intravenously (1 mg. on the first day, two on the second, four on the third and thereafter 8 mg. for three days). After three days’ treatment the patient was afebrile and blood cultures remained sterile, and on the sixth day the drugs were stopped. There were no side-effects of the amphotericin B apart from drowsiness and lethargy.

Discussion

So far only five instances of Candida albicans fungicemia have been recorded who have responded favourably to treatment, as this condition is nearly always fatal.

Schaberg, Hildes and Wilt (1955) described a patient suffering from bulbar poliomyelitis with a secondary fungicemia who remained well after treatment with cycloheximide (Acti-Dione) for two weeks. Louria and Dinee (1960) saw two instances,
both in patients receiving large doses of antimi-

September 20, 2017 - Published by group.bmj.com

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Two Cases of Monilial Septicæmia, Secondary to Carcinoma of the Mouth, Treated Successfully with Intravenous Amphotericin B

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doi: 10.1136/pgmj.39.452.359

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