

# The Philip A. Hanff Memorial Clinical Case Presentations And Discussion

**Tuesday, May 9, 2017**  
**2:00 p.m. – 4:00 p.m.**

Convener:

**Richard L. Hodinka, Ph.D.**, University of South Carolina School of Medicine Greenville & Greenville Health System, Greenville, SC

Participants:

**Kevin Alby, Ph.D.**, Perelman School of Medicine at the University of Pennsylvania & University of Pennsylvania Health System, Philadelphia, PA

**Colleen S. Kraft, M.D.**, Emory University School of Medicine & Emory University Hospital, Atlanta, GA

**Marie L. Landry, M.D.**, Yale University School of Medicine & Yale New Haven Hospital, New Haven, CT

In memory of our dear friend and colleague, Philip A. Hanff, the "Clinical Case Presentations" will forever bear his name. Phil was the Scientific Director of the Clinical Microbiology Laboratories at Beth Israel Deaconess Medical Center in Boston and a regular participant at the Clinical Virology Symposium before his passing in 1996. Phil helped initiate the presentation of clinical cases to participants of the Symposium and spoke annually as a member of the panel. His quick wit, professional demeanor, and warm and caring nature is missed by all. He would be pleased and honored to be recognized in this way.

The format of the "Clinical Case Presentations" will involve a panel member presenting a brief case history as an unknown and then asking the audience to give their opinions on the diagnosis and etiology. The presenter will then provide information and/or query the audience on pertinent laboratory and infectious disease issues related to the case. Members of the panel welcome the views and comments of the audience and encourage active participation by all.

## **CASE 1**

**Presenter: Dr. Landry**

An 88-year-old retired teacher was admitted in March for evaluation of painless jaundice. He lived independently and had been in his usual health until the previous fall when he began experiencing more weakness and fatigue. The month prior to admission, he was more fatigued with loss of appetite and a 10 lb weight loss. In March, jaundice was noted by his priest, and he went to his doctor who sent him to the hospital. On admission, his total bilirubin was 16.1, direct bilirubin 13.9, alkaline phosphatase 420, ALT 603, AST 734, lipase 777, INR 1.60. He was also anemic, with mild leukopenia and thrombocytopenia. Liver enzymes had been normal one year ago at a routine checkup. He had not traveled, and had no history of alcohol or drug abuse. His only medication was Lisinopril for hypertension.

*NOTES:*

## **CASE 2**

**Presenter: Dr. Alby**

A previously healthy 8-year-old boy presents to the ED at Children's Hospital of Philadelphia with 4 days of cough and 2 days of fever with a Tmax of 102°F (38.9°C), and a new onset of left arm weakness and neck pain. He had recently returned to Philadelphia from a family vacation to Myrtle Beach, SC. No insect bites were reported. On physical exam he was tachycardic at 120 bpm and had increased work of breathing.

***This case was submitted by Stephanie Mitchell, Ph.D., ASM CPEP Microbiology Fellow, Department of Pathology & Laboratory Medicine, Hospital of the University of Pennsylvania, and the Perelman School of Medicine at the University of Pennsylvania.***

**NOTES:**

### **CASE 3**

**Presenter: Dr. Kraft**

A 55-year-old Kenyan male with a past medical history of hypertension presents to the Emergency Department with a monkey bite. He denies fevers, chills or any other systemic symptoms.

*NOTES:*

## **CASE 4**

**Presenter: Dr. Landry**

A 40-year-old woman was diagnosed with acute myelogenous leukemia during the past year and received 4 cycles of chemotherapy. A bone marrow examination one month prior to admission revealed 16% blast cells and the decision was made to pursue a hematopoietic cell transplant. Twelve days prior to her scheduled admission for transplant, she developed an upper respiratory tract infection. What tests would you do in your hospital? How would the result affect the timing of the transplant? How would the result affect the patient's management?

*This case was submitted by Alexander L. Greninger, M.D., Department of Laboratory Medicine, University of Washington, and Fred Hutchinson Cancer Research Center, Seattle, WA.*

*NOTES:*

## **CASE 5**

**Presenter: Dr. Alby**

A 61-year-old male with diabetes and hypertension was in his usual state of health until 3 days prior to admission when he complained of a headache that worsened until he could not get out of bed. He is taken to a same day urgent care walk-in clinic where he is unable to stand and is transferred to an outside hospital. Upon physical exam, he is febrile at 101.3°F (38.5°C) and becomes confused and agitated. Multiple attempts to perform a lumbar puncture failed and he was transferred for further workup and management.

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**CASE 6**

**Presenter: Dr. Kraft**

A 73-year-old female with a history of hypertension and end stage renal disease status/post deceased donor renal transplant in 2012 who is on mycophenolate, tacrolimus and prednisone presents with blurry vision for a few days.

*NOTES:*

## **Call for Clinical Cases for CVS 2018**

Participants of the Clinical Virology Symposium are encouraged to submit cases for the "Philip Hanff Memorial Case Studies." **The Case Studies Faculty will select UP TO THREE of the submitted cases for presentation. Submitters of accepted case studies will receive a refund of their actual Clinical Virology Symposium registration fee.**

To submit a case, go to [www.clinicalvirologysymposium.org](http://www.clinicalvirologysymposium.org), and click on the "Abstracts" link. Then click on the link for "Submission of Case Studies" and follow the instructions for submitting a case.