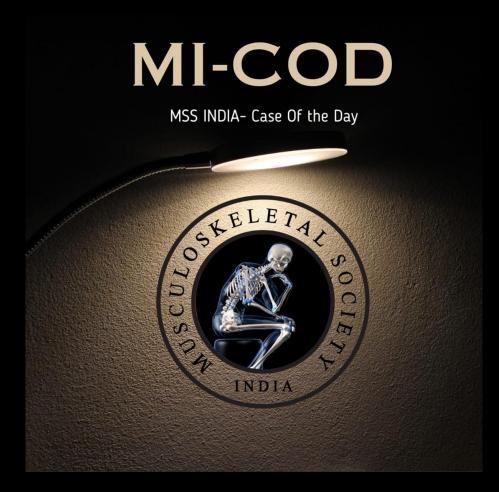
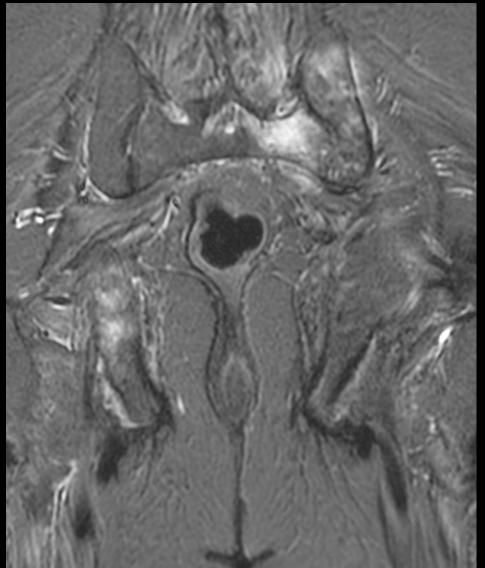
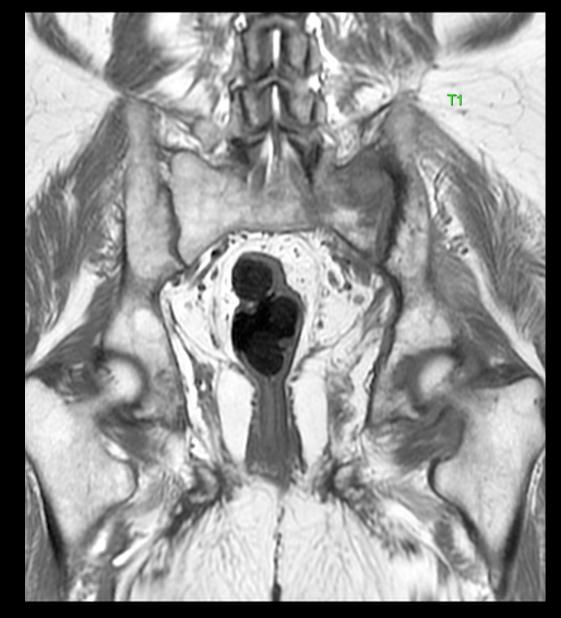
MICOD – 23/09/2023 Case contributor – Dr. Chinmay P. Mehta



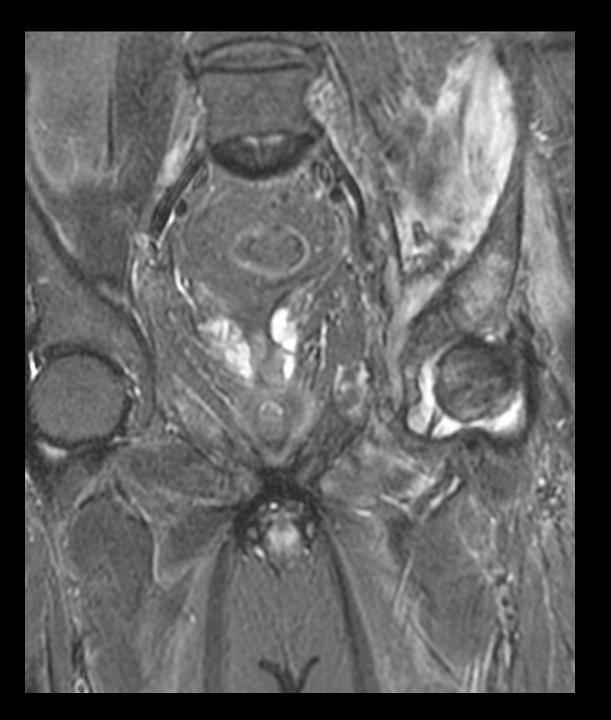
63 yr. old hypertensive and diabetic patient with left hip pain.

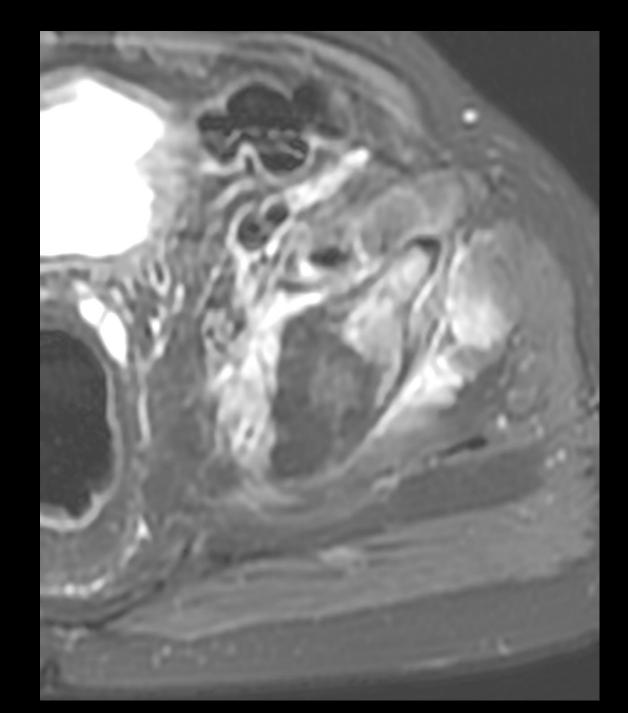




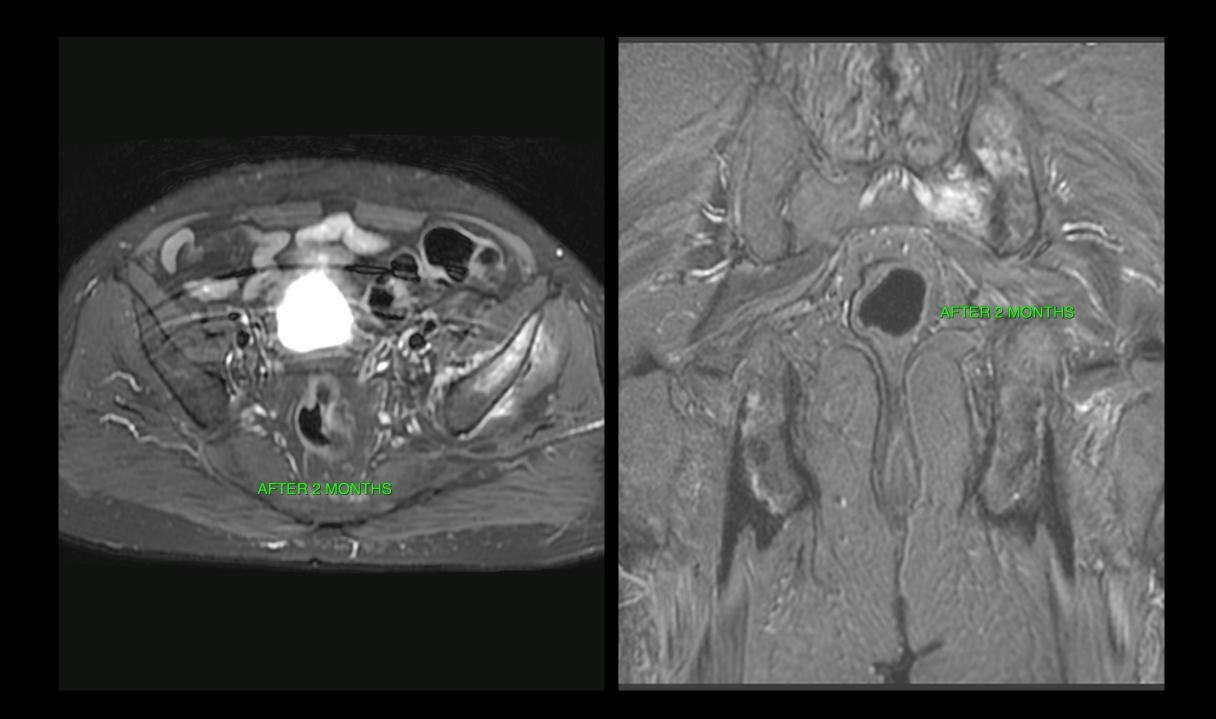




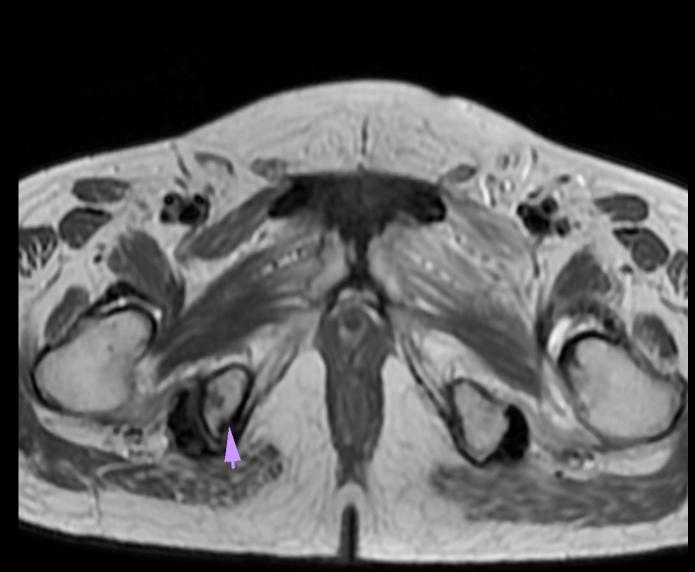




- What is the likely etiology ?
 a. Inflammatory
 - b. Infective
 - c. Neoplastic
 - d. Loser's zones.
- 2. Next step ?
 - a. Look up the infective and tumor markers
 - b. Biopsy and microbiological and histopathology analysis
 - c. Both of the above.
- d. Dexa for osteoporosis.
- 3. If biopsy was performed, what are tests one should order ?







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- 3. If biopsy was performed, what are tests one should order ?
 A): HPR, Gene expert, Routine, Tb and <u>Fungal</u> cultures.
 TAKE HOME MESSAGE:
- 1. All multifocal lesions are not neoplasms and neither all are tubercular.
- 2. Always submit sample for fungal cultures along with the rest even if the lesion looks like a neoplasm. Surprises never come with a forewarning.

AFST- BROTH MICRO DILUTION

<u>Test</u>		Result	
	AFST- BROTH MICRO DILUTION		
	SPECIMEN	CT GUIDED BIOPSY OF LEFT SACRO-ILIAC JOINT	
	FUNGAL ISOLATE	ASPERGILLUS FUMIGATUS	
	Anidulafungin	* <=0.0313	mcg/ml
	Micafungin	* <=0.0313	mcg/ml
	Caspofungin	Susceptible (<=0.0313)	mcg/ml
	5-Flucytosine	* >=16.0	mcg/ml
	Posaconazole	* <=0.0313	mcg/ml
	Voriconazole	Susceptible (0.0625)	mcg/ml
	Fluconazole	* >=16.0	mcg/ml
	Amphotericin B	Susceptible (0.50)	mcg/ml