

A Case Report of Hemolytic Anemia Secondary to Co-Infection with Mycoplasma Pneumoniae (MP) and Respiratory Syncytial Virus (RSV)

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Background: Mycoplasma pneumoniae (MP) is a spindle shaped mucosal bacterium responsible for infections of the lower respiratory tract and it is also associated with a range of extrapulmonary manifestations. Viral coinfections in MP patients increase significantly the hospitalization and the risk of severe disease.

Case History: A 66-year-old man presented to the emergency department with an history of worsening dyspnoea. Left basal crackles were noted upon lung auscultation and his skin was icteric. Initial blood tests revealed leucocytosis (WBC $27 \times 10^3/L$) with 71.9% lymphocytes, thrombocytopenia (PLT $21 \times 10^3/\mu L$), severe hemolytic anemia (Hb 5 gr/dl). Coagulation profile, renal function test, folic acid and vitamin B12 dosage, Coombs tests, autoimmune tests, viral screens that included hepatitis A, B, C, HIV, EBV and CMV infections were all negative. The chest CT demonstrated left basal pneumonia with homolateral pleural effusion. At the time of initial presentation, we suspected a hematological malignancy. The infective respiratory panel demonstrated positivity for

Mycoplasma pneumoniae and Respiratory Syncytial Virus. The patient's blood count with leukocyte formula normalized and showed no signs of hemolysis after receiving blood transfusions, antibiotic therapy, and cortisone treatment [1, 2].

Discussion: MP and RSV can be associated with cold antibody autoimmune hemolytic anemia (cAIHA). Early diagnosis is essential for efficacious treatment.

References

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