Successful Treatment with Micafungin for a Hepatic Fungal Infection in a Patient with Acute Myeloid Leukemia who had Undergone Allogenic Stem Cell Transplantation

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Abstract：A history of deep-seated fungal infections prior to hematopoietic stem cell transplantation (SCT) is a known risk for invasive fungal infection in the early post-SCT period. We herein report a 21-year-old female patient who demonstrated acute myeloid leukemia (AML) inv (16) (p13q22). She was complicated with a hepatic fungal infection during re-induction therapy for AML. Fluconazole was not effective and liposomal amphotericin B was not tolerated by the patient because of an anaphylactic reaction. Her hepatic fungal infection was a breakthrough infection on fluconazole, and it was successfully treated with a novel candin antifungal agent, micafungin (MCFG). Thereafter, she underwent allogeneic peripheral blood SCT and a complete remission was achieved. There was no recurrence of the fungal infection under the prophylactic administration of MCFG. Our findings indicate that MCFG is a useful therapeutic alternative when azoles or amphotericin B cannot be used. It could also be used prophylactically to prevent a recurrence of a systemic fungal infection when SCT is performed for patients with a history of significant fungal infection.

Key words：**Micafungin, Hepatic fungal infection, Acute myeloid leukemia, Allogeneic PBSCT**