Serious pulmonary infection in a splenectomized patient with adult type 1 Gaucher disease

Y. Zhang*, Y.F. Mao* and J.M. Du

Department of Anesthesiology and Surgical Intensive Care Unit, Xinhua Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China

*These authors contributed equally to this study.
Corresponding author: J.M. Du
E-mail: dujmin@126.com

Received June 27, 2014
Accepted October 28, 2014
Published April 13, 2015
DOI http://dx.doi.org/10.4238/2015.April.13.13

ABSTRACT. A 49-year-old man with a history of Gaucher disease type 1, resulting in serious splenomegaly and eating disorder, was referred to our department and underwent a splenectomy under general anesthesia. Gaucher disease is very rare, and its first signs are unexplained splenomegaly and hypersplenism. On preoperative examination, the patient’s platelet count was slightly low, and his other test results were normal. Surprisingly, on the first postoperative day, the patient developed a lung infection. This gradually progressed to acute respiratory distress syndrome with respiratory failure, requiring intubation and mechanical ventilation. The patient eventually recovered, and he was discharged after receiving antibiotics and other treatments to enhance immunity. However, his postoperative lung infection led to a significantly prolonged and expensive hospital stay. This case suggests that we must pay close attention to the immune dysfunction of patients with Gaucher disease type 1. Anesthesia and surgery with accompanying post-traumatic stress can weaken patients’ immunity
and cause susceptibility to severe lung infections. Pulmonary signs and functions should be monitored closely during the perioperative period, and, if necessary, gamma globulin and thymosin should be administered early in the preoperative or postoperative period to enhance immunity.

**Key words:** Gaucher disease type 1; Serious pulmonary infection; Splenectomy