

clinical presentation; osteomyelitis with significant comorbid factor as opposed to the latter which is an opportunistic human pathogen that is mostly seen in cystic fibrosis patients. The similar sensitivity patterns suggested similar causative agent of this infection, and sensitivity towards amoxicillin/clavulanate may have excluded *Burkholderia cepacia* of which is intrinsically resistant to, hence the possibility of misidentification of *Burkholderia pseudomallei* as *Burkholderia cepacia*. Misidentification by API due to poor biochemical profile database representation has been acknowledged. *Conclusion:* Clinical suspicion and antimicrobial susceptibility patterns are important during organism identification as misidentification of *Burkholderia pseudomallei* is possible.

#### MM27 *Salmonella* mycotic aneurysm – rare, but fatal!

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*Introduction:* “Mycotic aneurysm” is a rare condition with high mortality. Timely diagnosis and treatment are crucial. *Case report:* A 66-year-old gentleman with diabetes mellitus presented to us with progressive back pain for one month after four clinic visits. He was febrile with white cell count of  $31.5 \times 10^9/L$ . Abdominal examination noted a 3 cm x 4 cm pulsatile mass and computed tomography angiography revealed mycotic abdominal saccular aneurysm, with largest diameter of 4.7 cm with extensive air pockets at periaortic region. He was empirically started with ceftazidime and metronidazole as well as vancomycin to cover for MRSA. His condition suddenly deteriorated and emergency aortic ligation with bilateral axillo-femoral bypass revealed ruptured infrarenal mycotic aneurysm, calcified vessels and sloughy necrotic tissue that grew *Salmonella* species identified by Vitek GN (99%), sensitive to ceftriaxone hence antibiotics was adjusted accordingly. Blood cultures were otherwise negative. He succumbed to death one week later due to organ failure and disseminated intravascular coagulation. *Discussion:* *Salmonella* species, a Gram-negative organism has become the most common pathogen often affecting abdominal aorta contrary to the pre-antibiotic era; that predominantly Gram-positive organisms affecting ascending aorta and arch. It is more virulent, prone to cause arterial rupture and subsequently death. Intensive antibiotic therapy should be started as early as possible pre-operatively despite negative blood cultures due to its sensitivity limitation, with ceftriaxone as the preferred agent. Intraoperative tissue cultures remain gold standard. *Conclusion:* Prompt diagnosis, early antibiotic commencement and timely surgical intervention are crucial to avoid disease-associated morbidity and mortality.

#### MM28 Blunted Covid-19 antibody response in amyloid light-chain amyloidosis: a case report

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*Introduction:* Primary amyloidosis is a plasma cell neoplasm producing amyloidogenic lambda light chain (AL) with immunosuppression and high mortality. Thus, vaccination against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) remains the best strategy in preventing severe COVID-19 disease. We report here a case of an attenuated antibody response following anti-SARS-CoV-2 vaccine in a patient with an AL amyloidosis. *Case report:* A 46-year-old gentleman with a background history of AL amyloidosis was scheduled for his COVID-19 (BNT162b2) vaccination (two doses at three weeks interval). His treatment (cyclophosphamide, bortezomib and dexamethasone) was continued at a two-weekly basis, but Daratumumab (CD38 monoclonal antibody) was stopped three weeks prior to his first dose vaccination. Daratumumab was re-introduced three weeks after completing his second dose together with the other therapies. The first serological evaluation (anti-SARS-CoV-2 spike protein antibody test; Abbott Architect 1000SR CMIA method) performed 3 weeks (W3) after the first dose of BNT162b2 was negative, whereas a low positive response was observed in the second evaluation (W6) (86.3817 AU/ml). A negative response was seen in the third evaluation (W16). *Discussion:* Data on humoral responses to vaccination against COVID-19 among patients with AL amyloidosis is scarce. A study published in 2021 demonstrated that proteasome inhibitor was not associated with the antibody response rate; however, exposure to Daratumumab resulted in a lower rate of positive serological result. This case highlights the possible factors affecting the seroconversion rate in an AL amyloidosis patient and supports the need for a booster dose to ensure a clinically meaningful seroconversion.