satisfactory functional and cosmetic results for the patient. The prosthesis and the implantation of the pump in the empty left hemiscrotum helped the patient attain satisfactory sexual function and a cosmetic and textural resemblance of a full left hemiscrotum the likes of having a normal left testis. This approach boosted his self-confidence about his sexual performance and image, as reported by the patient after years of erectile dysfunction and having an undescended left testicle. Attention should be paid when planning and executing any surgery that will impact a patient's sexual function. Allowing for surgical innovation and studying the current setting could result in great results beyond the presenting complaint. The ability to restore a male patient's sexual function with implantable prosthesis along with good cosmetic results of the penis and the hemiscrotums can enhance the patient's final experience and level of satisfaction.

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Nocardia cyriacigeorgica pneumonia in ulcerative colitis patient receiving infliximab despite TMP/SMX prophylaxis

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Introduction: Infliximab is an effective therapy for induction and maintenance of remission in patients with refractory ulcerative colitis (UC). Treatment with TNF-alpha inhibitors is associated with an increased risk of infection. In this case, we will discuss an uncommon cause of infection associated with infliximab therapy despite antibiotic prophylaxis.
Case description: 78-year-old man with history of UC maintained on infliximab infusion every 8-weeks was found to have pulmonary infiltrates on chest computed tomography (CT). His UC history was notable for recent *Pneumocystis jiroveci* pneumonia while on infliximab requiring intravenous Trimethoprim/Sulfamethoxazole (TMP/SMX) treatment for 21 days followed by single strength oral TMP/SMX for secondary prophylaxis. On evaluation, the patient endorsed weakness, generalized fatigue, and shortness of breath with activities. His lab was notable for mild anemia in the absence of leukocytosis.
Result and conclusion: Bronchoscopy was performed and bronchoalveolar lavage fluid was sent to the microbiology laboratory for culture. After 30 days of incubation, the culture returned partially acid fast, branching, Gram-positive rod shaped bacteria consistent with *Nocardia cyriacigeorgica*. The isolate was susceptible to TMP/SMX (0.25/4.75μg/Ml). Patient was started on therapeutic dose of oral TMP/SMX at 5 mg/kg of the trimethoprim component for 6 months. Infliximab was subsequently held. Repeat chest CT scan at 6 months showed resolution of patchy ground glass and nodular infiltrates.
Take-home message: This case highlights the importance of considering *Nocardia* infection in ulcerative colitis patients receiving infliximab therapy presenting with shortness of breath and new infiltrates on chest imaging. In addition, patients receiving prophylaxis with TMP/SMX are still at risk for this infection because the effectiveness of prophylactic doses of TMP/SMX in preventing disease remains unclear.

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Cytomegalovirus pneumonia coexisting invasive pulmonary aspergillosis in an old aged diabetic patient after prolonged intensive care

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Introduction: *Cytomegalovirus* (CMV) pneumonia is an important cause of morbidity and mortality in transplant recipients, hematological malignancies on chemotherapy, and HIV-infected patients. Invasive pulmonary aspergillosis (IAP) occurs primarily in patients with severe immunodeficiency. Both infections have dramatically increased in the patients with impaired immune state associated with critically ill patients and those with chronic obstructive pulmonary disease.
Case description: The 93-year-old diabetic woman was admitted to the intensive care unit (ICU) due to urosepsis. Antibiotic therapy with piperacillin-tazobactam was given. As clinical progression to profound shock and multiple organ failure, high-dose vasopressors, hydrocortisone and fluid resuscitation were given. After short course of continuous veno-venous hemofiltration was used, the hyperkalemia and metabolic acidosis were improved. The patient was maintained on regular haemodialysis. However, active gastric and duodenal ulcers with bleeding were identified by endoscopy. Hemostasis and high-dose pantoprazole infusion were given. As stable condition after ICU stay for one month, she was transferred to respiratory care center for weaning ventilator. However, CXR showed partial consolidation over bilateral lung, favoring inflammatory process. The sputum culture showed Acinetobacter baumannii and Aspergillus species. Meanwhile, the results of CMV-PCR for serum and sputum samples were positive. Blood CMV virus load was 8140IU/mL. In spite of one week therapy with imipenem and ganciclovir, the sepsis and pneumonia did not improve. The CXR still showed severe pulmonary edema and high airway pressure was noted. The serum Aspergillus galactomannan (GM) antigen revealed >5.59 index (normal, <0.5). As rapid deterioration of clinical conditions, the families agreed palliative treatment and she died after 43 days of hospitalization.
Conclusion: Early diagnosis and treatment of CMV infection is important in view of the poor prognosis of established infection. Strategies include pre-emptive therapy when viral load increases or CMV-PCR becomes positive on serial monitoring. As cultures for Aspergillus spp are positive only in few cases, serum GM assay is useful for early diagnosis of IPA even before the clinical symptoms and signs becoming obvious. Old age, diabetes, hemodialysis, steroid use and prolonged ICU stay might predispose our patient to develop IPA and CMV pneumonia. Voriconazole was not given for our patient in time, which also highlighted the importance of early diagnosis and therapy.

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Buerger's disease

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Introduction: This case demonstrates some of the features associated with Buerger's disease. This is a disease affecting the distal arteries