

中文題目：腎移植伴有侵襲性肺麴菌危險因素的病例報告。

英文題目：Risk Factors Associated With Invasive Pulmonary Aspergillosis in Kidney Transplant : A Case report.

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Introduction: In renal transplant recipients, invasive aspergillosis has been reported in ~0.7% and in up to 4% of patients. Despite a relatively lower overall incidence compared to other organ transplant recipients, invasive aspergillosis is a significant contributor to morbidity in renal transplant recipients. The national registry of U.S. Renal Data System documented that between 1994 to 1997, an estimated 12% of hospitalizations for fungal infections were due to aspergillosis. High dose and prolonged duration of corticosteroids and potent immunosuppressive therapy have been shown to be risk factors for invasive aspergillosis after renal transplantation. The mortality rate in renal transplant recipients with invasive aspergillosis has ranged from 75 to 80%.

Case Report: This 39-year-old male had history of End-stage renal disease, post cadaveric renal transplantation on 2015. He was just discharged from our hospital due to borderline transplantatic kidney rejection and chronic anemia. However, fever up to 39.1 degree with chills and cold sweating associated with symptoms of shortness of breath, dizziness, tachycardia and decreased urine output. Laboratory data showed thrombocytopenia and elevated C-Reactive Protein.

After admission, progressive dyspnea and desaturation were noted. We intubated and gave sedative agent with lung protected for acute respiratory failure, Aspergillus Ag positive, consult infection and change antibiotics to Caspofungin, Colimycin and voriconazole for infection control, steroid for post renal transplantation. Hypoxemia and unstable hemodynamic was developed. Therefore, VA ECMO was performed for oxygenation support. However, desaturation and urine output decrease, VA ECMO-CAVH was arranged. Due to hemodynamic and oxygenation improved then remove ECMO on 25 May. The clinical condition improved and transfer to ward keep management.

Discussion: Recent progress in immunosuppressive agents has resulted in long-term allograft survival and patient survival. At the same time, however, there have also been unwanted consequences from immunosuppression. Although infections remain a significant cause of morbidity and mortality after transplantation, improved prophylactic, diagnostic, and treatment strategies have decreased the negative effect of infection on transplant outcomes. Ongoing attention to infection prevention beginning before transplantation as well as improved surveillance for infections should be maintained in all patients being considered for transplantation.