

CAMPYLOBACTER BACTEREMIA IN AN HIV POSITIVE RENAL TRANSPLANT PATIENT

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We describe a case of campylobacter bacteremia in a renal transplant recipient who presented with fevers and gastrointestinal symptoms.

A 34 year old African American patient presented to the hospital with fevers(as high as 102 degrees), abdominal pain, nausea, vomiting, severe fatigue, and multiple joint pains. His past medical history included renal transplantation(11 months ago), HIV, hypertension, and anemia. His medications included cyclosporine, mycophenolate, prednisone, HAART, as well as anti-hypertensive medications. On evaluation, he was found to be febrile, hypotensive, with diffuse abdominal tenderness, and multiple bilateral joint tenderness. His laboratory studies were significant for a creatinine of 5.7(baseline of 2.5 after transplantation), a WBC of 4.9, cyclosporine level of 689, and a CD4 count of 45. A right upper quadrant ultrasound revealed cholecystitis. Blood cultures remained persistently positive for one week for campylobacter (speciation not done) which was sensitive to ciprofloxacin. Stool cultures were negative. The patient was treated with a two week course of levofloxacin. All of his symptoms resolved within one week of treatment and subsequent blood cultures were negative.

Campylobacter bacteremia is extremely rare but can be a severe debilitating febrile illness. As more HIV positive patients are transplanted who are very immunocompromised, it is important to be aware of such rare infections. A more aggressive prophylaxis strategy for these patients may be needed to avoid these infections.