

AMPHOTERICIN B FOR TREATMENT OF CONCURRENT PULMONARY ZYGOMYCOSIS AND ASPERGILLUS IN KIDNEY TRANSPLANT RECIPIENT

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Zygomycosis is a rare, life-threatening fungus that infects immunocompromised patients. Zygomycosis commonly infects the lungs in an invasive nature, resulting in dyspnea, cough and hemoptysis from tissue necrosis and thrombosis. Inhalation of the endemic spores from the environment is thought to be the primary mode of transmission. Infected solid organ transplant recipients on immunosuppression have high mortality rates and poor graft survival. Previous studies propose that these recipients should be treated with surgical debridement, reduced immunosuppression, as well as use of high doses of amphotericin B lipid complex. This report establishes that zygomycosis can present with concurrent aspergillosis infection and can successfully be treated with amphotericin B.

A 52 year old African-American male with a history of ESRD secondary to DM Type 1 s/p cadaveric renal transplant 4 months prior to admission, presented with complaints of shortness of breath and hemoptysis. On admission, a CT chest illustrated a left upper lobe lung cavitary lesion, and a subsequent bronchoscopy biopsy proved positive for aspergillus. After progression of the cavitary lesion the patient underwent thoracotomy and left upper lung lobectomy, and began voriconazole therapy. The chest tube cultures and pathological report from the lobectomy exhibited a concurrent zygomycosis and aspergillus infection. Due to worsening hepatic function and pulmonary symptoms, the patient was switched from voriconazole to amphotericin B. Patient was treated with 6 week course for a total of 12.6 gm of amphotericin B while inpatient. A follow up mini BAL post-amphotericin B treatment showed clearing of the aspergillus and zygomycosis infection. Prior to discharge, the patient had preserved renal graft function and resolution of pulmonary symptoms. This is the one of the first reports of concurrent pulmonary zygomycosis and aspergillus infection successfully treated with amphotericin B in a renal transplant recipient.