Disseminated cryptococcosis in solid organ transplant recipient

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Introduction

Invasive fungal diseases (IFD) have an overall incidence of 3.1% in solid organ transplant (SOT) patients.[1] Although rare, they result in high mortality, likely due to a delay in treatment caused by inherent delay of fungal culture-based diagnosis.[2-5] *Cryptococcus* are the third most common cause of fungal infection in SOT patients.[6-7]

Objective

Here we present a unique case of disseminated cryptococcosis in a patient who underwent kidney transplantation with rapid symptomatic onset and presence of perinephric and perihepatic abscesses. The findings presented may inform clinicians of the potentially unusual manifestations of common fungal infections in solid organ transplant recipients.

Methods

This study was submitted and declared except by the local Institutional Review Board (IRB). Pertinent clinical and radiologic information was extracted from the electronic medical record.

Results

Patient was found to have leukocytosis, low hematocrit, patchy lung infiltrates, and perinephric and perihepatic abscesses on imaging.

Discussion

Unique to this case is the prompt development of disseminated cryptococcal infection 3 months after transplantation; the typical time to onset is typically between 1.5-5 years post-transplantation.[1] Additionally perinephric and perihepatic abscesses were unusual findings for this infection.[8] Based on the history, it is likely the patient acquired *Cryptococcus* while engaging in farm-work, resulting in its unique presentation. Also unusual is the central nervous system involvement that developed despite tacrolimus use. This is a finding that contrasts previous literature.[9-10] This patient had multiple risk factors previously described in literature, including prior ICU admission, hemodialysis, corticosteroid and antibiotic use.[9-10]

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