TTS 2024 ISTANBUL TURKEY September 22-25 + Virtual October 21-23
In Person + Live Streaming
Organized in partnership with
Endorsed by

A rare Case of Kaposi-Juliusberg's Syndrome in a kidney transplant patient

Awatef Azzabi[1], M Riadh Troudi[1], Wissal Sahtout[1], Rihem DAHMANE[1], Guedri Yosra[1], Dorsaf Zellama[1].

1-Nephrology department, Sahloul hospital

2- Faculty of medicine of Sousse Tunisia, University of Sousse

3- Research laboratory LR12SP09

Introduction:

- Kaposi-Juliusberg's syndrome (KJS) is a rare disease caused by Herpes simplex virus. It isa severe and disseminated skin infection with general signs. It usually occurs in patients with atopic dermatitis (AD), which is a profuse eczema of allergic origin. It mainly affects children. In the absence of early diagnosis and treatment, its prognosis is severe. The disease in adults and specifically kidney transplants is rarely described in the literature. Here reporteda rare case of Kaposi-Juliusberg's syndrome in a kidney transplant patient.

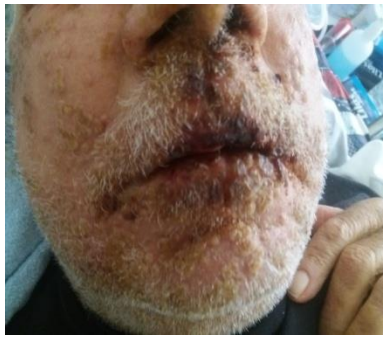
Observation:

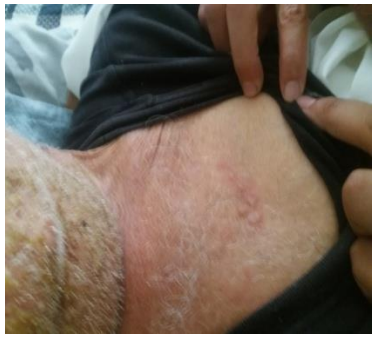
- This is a case about a 66-year-old male patient. He has a history of hypertension, chronic kidney disease (CKD) diagnosed in 2001. He reached the end stage of CKDin 2002. He started peritoneal dialysis from March 2002 to May 2004. He received a living kidney transplant (KT) in 2004 from an unrelated living donor (his wife).

- The complications occurring after renal transplantation were recurrent urinary tract infections and diabetes. He underwent endoscopic resection of a prostate adenoma in 2010 complicated by urethral stenosis(the creatinine was 18 mg/l). This was treated by recurrent internal urethrotomy (IU) due to the persistence of the stenosis after each intervention.

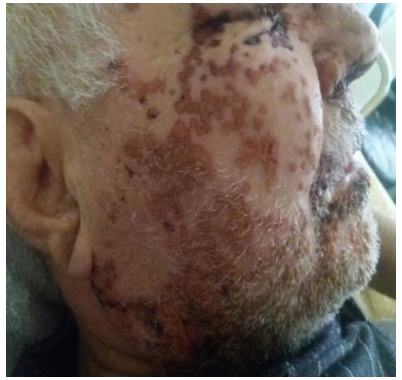
- Ten days after the 4th internal urethrotomy, the patient was admitted to Sahloul university hospital with fever and dysuria. He presentedpollakiuria and macroscopic hematuria. On physical examination: he appeared ill, he had a temperature of 39°C, a heart rate of 110 beats/min and a blood pressure of 120/70 mmHg. No heart murmur or other signs of endocarditis were present.

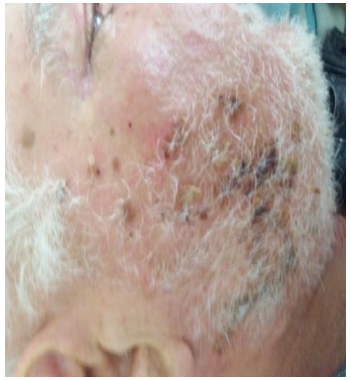
- Laboratory results showed a biological inflammatory syndrome (white blood cells at 32000/mm^3 and CRP at 370mg/L), Creatinine rose at 50 mg/l. The Blood cultures were positive for Klebsiella Pneumoniae.The diagnosis retained was urinary tract infection due to Klebsiella pneumoniae complicated by sepsis. He was treated byertapenemintravenously. Five days after the end of the antibiotic therapy, the patient presented a vesiculo-necrotic eruption with an umbilical varioliform aspect. This affected the face,and especially peri-orificial sites, and the trunk. It has a herpetic appearance with erosive mucosal involvement. He complained also of painful mouth and conjunctiva (Figures 1, 2,3).





- **<u>Figures 1, 2 and 3: The skin lesions of Kaposi Juliusberg's syndrome</u>**





- The urine test stripshowed:Leukocyturia ++, Hematuria ++ and Proteinuria +. To biology data showed: Urea: 38 mmol/L, creatinine: 52.8 mg/L (GFR = 11 ml/min),Natremia: 128 mmol/L,Kaliemia: 5 mmol/L, Calcemia: 2 mmol/L; phosphoremia: 2 mmol/L, CRP 111 mg/L, albumin 29 g/L, Proteinuria: 0.56 g/d. There was no cytolysis, cholestasis or rhabdomyolysis.The laboratory results included a leukocyte count of 5060/mm^3 (polynuclear neutrophils: 4110/mm^3, lymphocyte: 250/mm^3, Monocyte: 100/mm^3), a Hemoglobin of 6 g/dl and a platelets count of 180.000/mm3. The Ciclosporin T0/T2 residual levels were: 68/165 ng/ml. The cytobacteriological urine exam concluded to a rate of leukocyturia at 800/mm3, of hematuria at < 1/ mm^3 and a negative culture.

- The Doppler ultrasound of the graft showed a normal-sized graft with moderate cortico-medullary differentiation, fine excretory cavities and normal velocities and resistance indexes. The clinical presentation was very suggestive of Kaposi Juliusberg's syndrome. Therefore a HSV-1 PCR was performed. It was positive at 4300 copies/ml. The diagnosis of Kaposi Juliusberg's syndrome was retained. The patient was treated byantivirals: Acyclovir by intravenous infusion. This was combined withlocal disinfection of the lesions and anti-staphylococcal antibiotic therapy to prevent secondary bacterial infections. The ophthalmologic examination for herpetic keratitis was negative and there were no other complications of KJS.

- The evolution was marked by improvement of the skin lesions by two weeks of treatment

Conclusion:

- The Kaposi Juliusberg's syndrome is a rare complication and especially in kidney transplant patients. The state of immunosuppression induced by immunosuppressant therapies favors this disease and its complications. The functional and vital prognosis of the patient is improved thanks to early diagnosis, prompt management and antiviral treatment.