

# Disseminated Cryptococcosis and Histoplasmosis in renal transplant recipient.

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There are no financial conflicts of interest to disclose.

# CASE REPORT:

- A 29/female renal transplant (ABO compatible) eight months ago (15 May 2023), father being donor.
- Induction immunosuppression of Antithymocyte Globulin (2mg/kg). Stable graft function on maintenance of Tacrolimus, Mycophenolate Sodium and Prednisolone. Nadir Sr Creatinine 1.2.
- Presented with vesicular lesions over face and upper limbs, headache, and breathlessness seven days, altered sensorium three days.

# PROGRESSION:

	DAY-0	DAY-3	DAY-5*	DAY-10*
Haemoglobin (g/dL)	11.0	9.20	9.10	8.40
Total Leukocyte count (	14,300	12,430	12,850	9100
Platelet Count	3.57	1.95	1.52	1.02
Sr Urea	167	209	131*	101*
Sr Creatinine	6.13	6.93	3.80*	2.85*
Sr Sodium	136	145	144	137
Sr Potassium	5.64	4.19	3.42	3.74

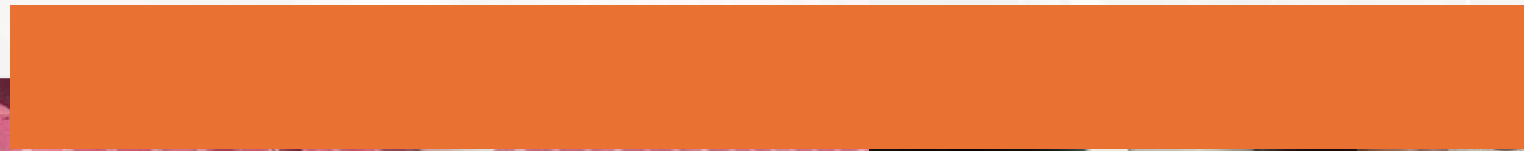
Sr Procalcitonin: 39.72

Urine r/m: Protein absent, PC 1-2, RBC Absent

\* Post dialysis values.



## CUTANEOUS LESIONS IN CRYPTOCOCCOSIS



TEST	RESULT
CSF microscopy	Clear, Proteins 41.1 mg/dL, Glucose 71 mg/dL TLC-2 (100% Lymphocytes) Adenosine deaminase 6.8 U/L <b>Budding yeast cells seen</b>
CSF for Cryptococcal Antigen	<b>Detected</b>
Serum Cryptococcal Antigen	<b>Detected</b>
Urinary Histoplasma Antigen	<b>Detected</b>
Urine culture-sensitivity	<b>Klebsiella pneumoniae ss</b> Synergy for Ceftazidime-Avibactam and Aztreonam

- Promptly initiated on Ceftazidime-Avibactam-Aztreonam, Liposomal Amphotericin B and Flucytosine.
- Developed septic shock and succumbed to her illness.
- Highlights the spectrum of opportunistic infections which can infect immunocompromised patients after transplant.
- A high index of suspicion should be borne in mind for early diagnosis and to avoid morbidity and mortality in our patients.