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Cryptococcal Infection in Kidney Transplant Recipients – A three-decade experience

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Case Study: Background

Cryptococcal infections, though infrequent has a high mortality and morbidity rate among solid organ transplant (SOT) recipients. Infection is usually disseminated in immunocompromised patients but data in transplant recipients is still limited. Our study aimed to assess the clinical features and treatment outcomes of Cryptococcosis in renal transplant recipients (RTRs).

Methods

We retrospectively reviewed the cases of Cryptococcosis in RTRs transplanted in our hospital, a tertiary care hospital in North India over the last three decades. Data about the clinical presentation, clinical features, co-infections, response to antifungal therapy, immuno-suppressive regimen, and patient and graft outcomes of affected patients were collected.

Results

Of the 2429 RTR records analysed, 19 cases of Cryptococcosis (2 disseminated, 16 meningeal, and 1 cutaneous) were diagnosed accounting for an incidence of 0.78%. The median age of the patients was 42 years (24-60) and 17 (89.5%) were males. Only 6 patients (31.6%) received induction immunosuppression. The median time to infection after transplantation was 61 months (34-138). The most common clinical presentation was with headache (84.2%) followed by fever (52.6%) and altered sensorium (36.8%). Four patients had a recent increase in the immunosuppressive therapy before the occurrence of Cryptococcosis within the last 6 months. 12 patients (63.15%) successfully completed treatment with amphotericin B and fluconazole prophylaxis was continued. Recurrence were successfully managed in one patient with Amphotericin B. 6 patients (31.6%) died during the hospitalization. The median follow-up duration was 74 months (41-148). Among survivors, six patients had a functioning graft on last follow up.

Conclusions

Cryptococcal meningitis is a rare but potentially fatal infection. A high index of suspicion is required in transplant recipients as they may present with atypical or subtle symptoms.