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A case of Candida glabrata causing cavitary lung disease in kidney transplant recipient

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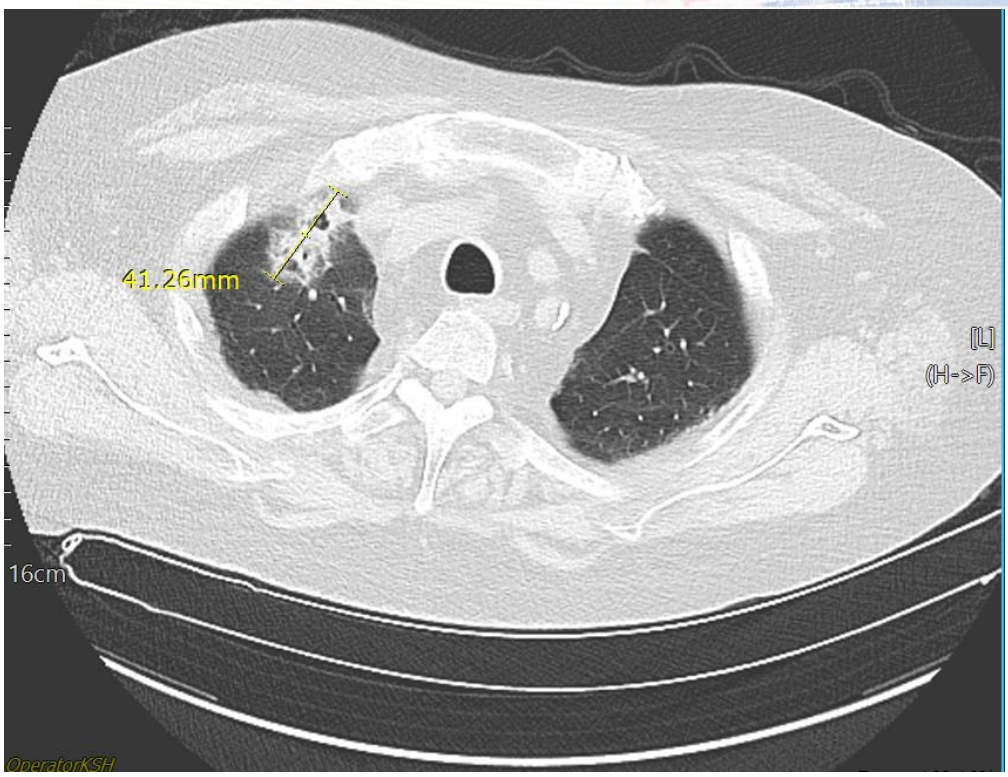
Case Study : Cavitary lung disease in kidney transplant recipients can be caused by a number of conditions, including infection, malignancy, and inflammatory diseases. We describe a case of a kidney transplantation (KT) recipient patient with a pulmonary cavitary lesion due to Candida glabrata, a harmless commensal organism that rarely causes human infection. To our knowledge, this is the first report of pulmonary disease caused by this organism in KT patient. A 61-year-old man who had received a cadaver kidney allograft 5 years previously with end-stage renal disease due to diabetic nephropathy. He complained of productive cough with purulent sputum and no fever. Maintenance immunosuppressive therapy was composed of tacrolimus at 0.5 mg twice a day, sirolimus at 1 mg once a day, and prednisone at 10 mg daily. A chest X-ray image showed right upper lobe cavitary lesion (Fig. 1). A chest computed tomogram showed an multiple less than 2.2 c m sized cavitary and nodular consolidations in both upper lung, especially right apical lung (fig 2) The erythrocyte sedimentation rate was 24 mm/h. The serum creatinine level was 1.9 mg/dl. Several blood cultures were negative. The tuberculin skin test was nonreactive. Brochoscopic washing was perfumed, and C. glabrata was cultured. A transthoracic pulmonary fine-needle aspiration was performed, and approximately 1 ml of nonfetid purulent secretion was obtained. Fluconazole treatment was then started, but lesion and signs are aggravated and changed to amphoterin-B and regression of the cavity after 2 month of treatment.

Figure 1_ thorac CT1.png



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