

Kriptokokni meningitis u primatelja bubrega i gušterače: prikaz 2 slučaja

Barbara Jalšenjak¹; Bojana Šimunov²

1 Medicinski fakultet Sveučilišta u Zagrebu

2 Klinička bolnica Merkur

ID Barbara Jalšenjak 0009-0006-7065-9670; Bojana Šimunov 0000-0002-1768-2277

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KLJUČNE RIJEČI: imunosupresivna terapija; kriptokokni meningitis; transplantacija solidnih organa

UVOD: *Cryptococcus neoformans* inkapsulirana je kvasnica koja najčešće uzrokuje meningitis i pneumoniju. Infekcija se primarno događa u imunosuprimiranih pacijenata koji imaju i veći rizik od lošijeg ishoda liječenja.

PRIKAŽ SLUČAJA:

1. slučaj: Pacijentica u dobi od 61 godine, kojoj je prije 12 godina učinjena transplantacija (TX) gušterače, hospitalizirana je zbog febriliteta. MSCTom toraksa je verificirana nodularna intersticijska infiltracija politopno. Zbog sumnje na mikozu uveden je vorikonazol, uz inicijalni meropenem i vankomicin te redukciju imunosupresije (IS). Nakon stabilizacije stanja i regresije infiltrata dolazi do pogoršanja. U hemokulturi je identificiran *C. neoformans* te je lumbalnom punkcijom potvrđen kriptokokni meningitis. U terapiju su uvedeni amfotericin B i flucitozin te je obustavljena IS, uz iznimku metilprednizolona. Pacijentica je i grafektomirana s ciljem potpunog ukidanja IS. Unatoč liječenju dolazi do pogoršanja stanja i smrtnog ishoda.

2. slučaj: Pacijentica u dobi od 54 godine kojoj je prije 6 godina učinjena TX bubrega hospitalizirana je zbog glavobolje, mučnine i povraćanja. Pri prijemu bila je afebrilna i urednih upalnih parametara. Kriptokokni meningitis je dokazan lumbalnom punkcijom. Liječena je amfotericinom B i flukonazolom, uz redukciju IS. Na zadnjoj kontroli je bila uredna funkcija presatka bez sekvela meningitisa.

ZAKLJUČAK: Oportunističke infekcije veliki su problem kod pacijenata s transplantiranim organima. Bolesnici mogu biti afebrilni u slučaju životno ugrožavajućih infekcija. U slučajevima težih kliničkih slika, kada je nužno potpuno ukinuti IS, potrebno je učiniti grafektomiju ukoliko se ne radi o vitalnom organu.

Cryptococcal meningitis in kidney and pancreas recipients: report of 2 cases

INTRODUCTION: *Cryptococcus neoformans* is an encapsulated yeast that mostly causes meningitis and pneumonia. Infection primarily occurs in immunosuppressed patients who have a higher risk of a worse treatment outcome.

CASE REPORT:

Case 1: A 61-year-old female patient, who underwent pancreas transplantation (TX) 12 years ago, was hospitalized due to fever. Polytropic nodular interstitial infiltration was verified by chest MSCT. Due to suspected mycosis, voriconazole was introduced, along with initial meropenem and vancomycin and reduction of immunosuppression (IS). After stabilization and regression of the infiltrate, deterioration occurred. *C. neoformans* was identified in blood culture and cryptococcal meningitis was confirmed by lumbar puncture. Amphotericin B and flucytosine were introduced and IS was omitted, except methylprednisolone. The patient underwent graftectomy to completely eliminate IS. Despite treatment, the condition worsened and the outcome was fatal.

Case 2: A 54-year-old female, patient who underwent kidney TX 6 years ago, was hospitalized because of headache, nausea and vomiting. She was afebrile at admission with normal inflammatory parameters. Lumbar puncture indicated cryptococcal meningitis. She was treated with amphotericin B and fluconazole, with IS reduction. At the last check-up, the function of the graft was normal without sequelae of meningitis.

CONCLUSION: Opportunistic infections are a major problem in organ transplant patients. Patients can be afebrile in life-threatening infections. In case of severe clinical presentation, when it is necessary to completely omit the IS, graftectomy can be performed, if the organ is not vital.

KEYWORDS: immunosuppression therapy; meningitis, cryptococcal; organ transplantation

