Nocardiosis in Renal Transplant Patients

S.	Seyhun	Kürşat ^a
E.	Ercan	Ok ^a
A.		Zeytinoğlu ^b
Y.	Yaman	Tokat ^c
G.	Güray	Saydam ^a
M.	Mustafa	Cirit ^a
F.	Fehmi	Akçiçek ^a

Departments of ^aNephrology, ^bMicrobiology and Clinical Microbiology, and ^cSurgery, Ege University, Medical School, Bornova/Izmir, Turkey

Ercan Ok, Nefroloji Bilim Dah, Ege Üniversitesi, Tıp Fakültesi, TR-35100 Bornova/Izmir (Turkey)

Dear Sir,

Nocardiosis is a life-threatening infection in immunosuppressed patients. The prevalence of the disease was reported to be 2.3-5% in renal allograft recipients [1, 2]. It frequently causes cutaneous disseminated form, localized suppurative subcutaneous lesion, pulmonary involvement and metastatic cerebral abscess form, the worst of all central nervous system involvement with a mortality ratio exceeding 80% [3]. Mono-poly-clonal antilymphocyte serum therapies, pulse methylprednisolone treatments, CMV disease, posttransplant diabetes mellitus, and splenectomy are well-known predisposing factors to all posttransplant infectious complications [4].

Six (1.7%) nocardia infections were diagnosed between 1.1.1987 and 1.7.1995

Table 1. Presenting symptoms, signs, chest X-ray findings, involved sites, suspected predisposing factors and outcome of the patients with nocardiosis

Case Presenting symptoms Chest X-ray findings No. and signs

Sites Suspected

involved predisposing factors

Outcome

Cough, fever, left crural abscess

Three nodules in the Lung,

left upper, middle and skin

right middle zones

Hepatitis B virus infection

Complete cure with TMP/SMX

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among 334 patients in our transplantation center. Their ages were between 30 and 48. Five of them were male; 3 had living related, 1 living unrelated, 2 cadaveric donor kidneys. The presenting symptoms, signs, chest X-ray findings, involved sites, suspected predisposing factors and outcome are summarized in table 1. All but 1 of the patients had pulmonary involvement. Two patients had cerebral abscess. Three cutaneous abscess forms were encountered. Diagnosis was made by ultrasonography-guided aspiration biopsy from a lung nodule, bronchoalveolar lavage, cutaneous abscess aspiration, open lung biopsy, cerebral biopsy and hemoculture. In 1 patient the diagnosis was made at the postmortem period. In all patients high doses of trimethoprim-sulfamethoxazole were used, in 1 patient with cerebral abscess cefotaxime additionally. All diagnosed patients fully recovered. As can be seen from table 1, predisposing factors were found to

be CMV disease, posttransplant diabetes mellitus, pulse methylprednisolone treatment.

While in our renal transplant population anti-HCV positivity was 34.7% and HBsAg positivity was 7.4%, 4 patients were anti-HCV positive and 1 was HBsAg positive in our 6 patients with nocardiosis. All patients with anti-HCV or HBsAg positivity had fluctuating ALT levels compatible with biochemical chronic active hepatitis. Two of them had biopsy-proven chronic active hepatitis in the posttransplant period. Interestingly, in the patient group who had anti-HCV and/or HBsAg positivity the prevalence of nocardiosis was 3.1% compared to 0.4% in the population with both anti-HCV and HBsAg negativity. We conclude that HCV and HBV infections may increase the predisposition of renal transplant recipients to nocardiosis.

References

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Announcement

The Massry Prize in Nephrology, Physiology and Related Fields

The 1997 Massry Prize will be awarded by the Meira and Shaul G. Massry Foundation to an eminent scientist who has made extraordinary and meritorious contributions in the field of 'Cytokines, Chemokines or Growth Factors'.

Nominations

Nominations may come from any country and must be made in writing. Seven copies of the nomination package should be mailed before Friday, May 23, 1997 to the Meira and Shaul G. Massry Foundation, 1140 Benedict Canyon Drive, Beverly Hills, CA 90210 (USA).

Only one nomination may be made by: (a) the deans of medical schools; (b) members of national academies of sciences; (c) Nobel Prize Laureates in physiology and medicine; (d) Massry Prize Laureates, and (e) eminent scientists who may be selected by the board of directors of the foundation. Self-nomination is not acceptable.

The nomination package should include the curriculum vitae of the nominee, five of her/his most important publications, names of four referees with their telephone and fax numbers, and a letter

providing in detail the scientific contributions of the nominee, the impact of her/his work on the scientific community and the relevance of her/his work to the advancement of health.

The nominations will be reviewed by a special independent selection committee which will choose the winner.

The prize is the Massry Gold Medal and a substantial monetary award.

The winner of the Massry Prize must appear in person to receive the prize in Los Angeles.

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