Life threatening Brain and Pulmonary Aspergillosis after Liver Transplantation

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Introduction:

Liver transplantation has many complications Because of receiving immunosuppressive regimens. Aspergillosis in solid organ recipients is one of the most common fungal infections that usually occur 1 month after transplantation. But in some cases in liver transplantation occurred earlier.

Case presentation:

The patient was 18 year-old male, who underwent liver transplantation due to acute fulminant hepatic failure with drug toxicity. He was on cellcept, prednisolone ,Tacrolimus .8 days after the surgery, he was affected by fever, agitation, loss of consciousness and lung involvement that was compatible with IPA (invasive polmunary Aspergillosis). Voriconazol and broad specterum antibiotic were started. Broncoscopy and BAL were done, BAL Galactomanan and Aspergillus PCR were positive. Brain MRI with GAD revealed ring-enhancing cerebral mass lesion with restricted diffusion in ADC/DWI. In neurosurgery consult he was not candidate for surgery.

Result:

After 5 days we have clinical response and after 2 weeks we had imaging response, the patient discharged on voriconazole with good condition. On follow up until 1 years he had not any complication.

Conclusion:

Aspergillus is a ubiquitous organism that mainly occurs in high risk liver transplant such as acute fulminant hepatitic failure and retransplantation. Voriconazole is the drug of choice for aspergillosis treatment.

keywords:
Liver transplantation, Aspergillosis, Voriconazole