

Immunosuppressants

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***Aspergillus* spondylodiscitis: case report**

A 25-year-old man with short-bowel syndrome developed *Aspergillus* spondylodiscitis during immunosuppression with tacrolimus, corticosteroids, methylprednisolone, mycophenolate mofetil and antithymocyte globulin.

The man received induction with antithymocyte globulin [dosage not stated] following a multivisceral and renal transplantation. Immunosuppression was then started with tacrolimus and corticosteroids [specific drug not stated]. A CT scan demonstrated fungal pneumonia 7 days after his transplant. *Aspergillus fumigatus* was isolated from bronchoalveolar lavage. At this point, he was receiving tacrolimus, trough level 20 ng/mL [dosage not clearly stated], and corticosteroids 40 mg/day.

The man started receiving caspofungin and voriconazole, but his recovery was complicated by additional infections. Nine days post-transplant, he developed a *Candida albicans* infection localised in his ethmoid cells, requiring endoscopic sinus surgery. An *Enterococcus faecium* infection developed in an intraperitoneal haematoma 14 days after his transplant, necessitating intraperitoneal drainage and linezolid treatment. A cytomegalovirus infection was detected 9 weeks post-transplant, which was treated with ganciclovir. During this period, he also developed acute cellular rejection 5 and 6 weeks post-transplant. On both occasions, he received 3 days of pulsed methylprednisolone 500mg. Mycophenolate mofetil 1000 mg/day was added to his treatment regimen after his second rejection episode; tacrolimus was maintained at 15 ng/mL. At 8 weeks post-transplant, lower back pain and limited mobilisation developed. Spondylodiscitis between L2 and L3 was detected on MRI scan, but a needle biopsy was negative. Linezolid and voriconazole were administered, and he was discharged 12 weeks post-transplant. Two weeks later, he was readmitted with increased back pain and CRP levels. A repeat MRI scan showed progressive spondylodiscitis, requiring surgical restoration. A spinal smear and culture revealed *A. fumigatus*. His subsequent treatment regimen consisted of voriconazole, caspofungin and amphotericin B liposomal. Three weeks later, he was discharged with normal CRP levels. At last follow-up, he was asymptomatic.

Author comment: "*Aspergillus spondylodiscitis* . . . should be considered in immunocompromised patients with ongoing back pain, especially when *aspergillus* species was already detected in other sites."

Gerlach UA, et al. *Aspergillus* spondylodiscitis after multivisceral transplantation. Annals of Transplantation 14: 52-7, No. 4, Dec 2009 - Germany 803009390