



# Invasive aspergillosis

**Mohamed Alhosani<sup>1\*</sup>; Woosup Michael Park<sup>2</sup>; Mohamad Mooty<sup>3</sup>; Bashir Sankari<sup>4</sup>; Samar Farha<sup>5</sup>**

<sup>1</sup>Al Falah Street, Al Mariyah Island, Cleveland Clinic Abu Dhabi, Abu Dhabi, UAE

<sup>2</sup>Heart and Vascular Institute, Cleveland Clinic Abu Dhabi, Abu Dhabi, UAE

<sup>3</sup>Infectious Disease Institute, Cleveland Clinic Abu Dhabi, Abu Dhabi, UAE

<sup>4</sup>Surgical Subspecialties Institute, Cleveland Clinic Abu Dhabi, Abu Dhabi, UAE

<sup>5</sup>Respiratory and Critical Care Institute, Cleveland Clinic Abu Dhabi, Abu Dhabi, UAE

**\*Corresponding Author(s): Mohamed Alhosani**

Al Falah Street, Al Mariyah Island, Cleveland Clinic  
Abu Dhabi, Abu Dhabi, United Arab Emirates.

Tel: 00971-5041-81581;

Email: mohamed4alhosani@hotmail.com

Received: Jul 07, 2019

Accepted: Sep 09, 2019

Published Online: Sep 12, 2019

Journal: Journal of Clinical Images

Publisher: MedDocs Publishers LLC

Online edition: <http://meddocsonline.org/>

Copyright: © Alhosani M (2019). *This Article is distributed under the terms of Creative Commons Attribution 4.0 International License*

## Clinical Image

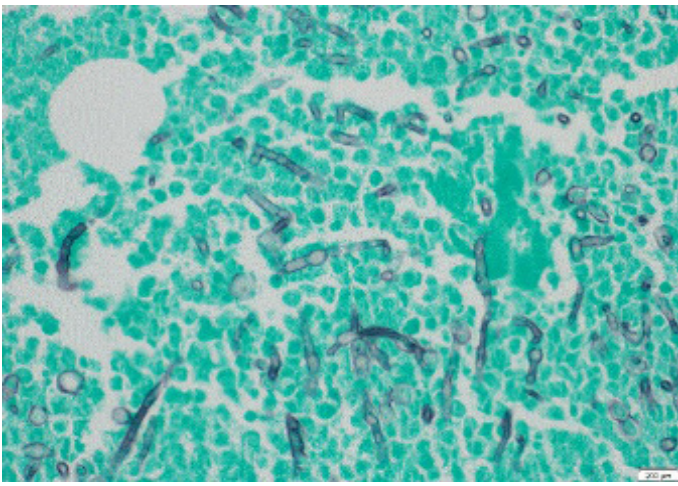
### Description

A 42-year-old female patient, who underwent commercial living unrelated kidney transplant of unknown donor status for end stage renal disease two weeks prior to presentation, was admitted for acute renal failure and rejection. Ultrasound of transplanted kidney showed hydronephrosis and absent blood flow. She underwent nephrectomy of the transplanted kidney with intraoperative findings of extensive necrosis of the kidney, subcutaneous tissue and muscle fascia. The donor renal artery was anastomosed to the internal iliac artery which was ligated and the donor renal vein was anastomosed to the external iliac vein. There was gross infection of the native iliac vessels. Kidney pathology showed hyphal elements and culture was positive for *Aspergillus* (Figure 1). Liposomal amphotericin and voriconazole were started. Unfortunately, she developed right lower extremity ischemia due to septic embolus from the iliac artery requir-

ing emergency revascularisation with stent placement and decompression fasciotomy. The skin was found to have fungal abscesses and the subcutaneous fat was cheesy grey consistent with fat saponification (Figure 2). The clinical picture consisted with systemic endovascular invasive aspergillosis. Despite multiple surgical debridements of the wounds, source control could not be achieved in view of extensive involvement and progression of necrosis and infection. *Aspergillus* is an environmental mold that was likely present at the original transplant operation. While secondary exposure and infection are possible, it is unlikely given the magnitude of the infection on presentation. The prevalence of invasive aspergillosis in renal transplant recipients ranges from 0.7% to 4% with mortality rate from 65% to 92% [1,2,3].



**Cite this article:** Alhosani M, Park WM, Mooty M, Sankari B, Farha S. Invasive aspergillosis. J Clin Images. 2019; 2(1): 1009.



## References

1. Trnacevic S, Mujkanovic A, Nislic E, Beegic E, Karasalihovic Z, et al. Invasive Aspergillosis After Kidney Transplant-Treatment Approach. *Medical Archives*. 2018; 76: 456-458
2. Pilmis B, Garcia-Hermoso D, Alanio A, Catherinot E, Scemla A, et al. Failure of Voriconazole therapy due to acquired azole resistance in *Aspergillus fumigatus* in a kidney transplant recipient with chronic necrotizing aspergillosis. *American Journal of Transplantation*. 2018; 18: 2352-2355.
3. Desbois A, Poiree S, Snanoudj R, Bougnoux M, Sberro-Soussan R, et al. Prognosis of Invasive Aspergillosis in Kidney Transplant Recipients: A Case-Control Study. *Transplant Direct*. 2016; 2: 90.