

## Images in Clinical Tropical Medicine

### A 29-Year-Old Renal Transplant Recipient with Acute Respiratory Failure

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A 29-year-old woman was admitted with a 2-day history of fever, cough, hemoptysis, abdominal pain, and diarrhea. She had received a renal transplantation 4 months before and was receiving mycophenolate mofetil, tacrolimus, and prednisone. Two days after admission, she developed a petechial rash on the abdomen (Figure 1), paralytic ileus, and progressive respiratory distress requiring mechanical ventilation. The white blood cell count was 4,300, with 12% eosinophils, blood cultures were negative, serological tests for human immunodeficiency virus (HIV), human T-cell lymphotropic virus type 1 (HTLV-1), and cryptococcal antigen were negative, and plasma viral load for cytomegalovirus (CMV) was negative. The chest X-ray showed bilateral interstitial infiltrates (Figure 2). A bronchoalveolar lavage tested negative for bacteria, galactomannan antigen, mycobacteria, and fungi, but it disclosed rabbitiform larvae of *Strongyloides stercoralis* (Figure 3), which were also found in the stools. She was started on ivermectin and broad antibiotic coverage but died of multi-organ failure 4 days later. Strongyloidiasis is a well-known complication of severe immunosuppression. Conditions such as HIV and HTLV-1 infections, chronic use of steroids, chemotherapy, diabetes, hematologic malignancies, and malnutrition pre-dispose to the hyperinfection syndrome, which carries high mortality rates.<sup>1</sup> Pre-transplant patients and donors in endemic areas should always be investigated for



FIGURE 1. Petechial rash located on the abdomen.



FIGURE 2. Chest X-ray showing bilateral interstitial and alveolar infiltrates.



FIGURE 3. Rabbitiform larva of *S. stercoralis* found in the bronchoalveolar lavage.

*Strongyloides* infection, for which treatment with ivermectin is indicated.<sup>2</sup>

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