

Images in Nephrology
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A renal transplant recipient with intraglomerular *Candida albicans*

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A 62-year-old man was admitted for his first renal transplantation in August 2001. Immunosuppressive therapy consisted of anti-thymocyte globulin, ciclosporin A, mycophenolate mofetil and steroids. On Day 1 post-transplantation, haemorrhagic shock occurred, leading to massive blood transfusion, surgical re-intervention and delayed graft function (DGF). A large haematoma developed at the transplant site.

One month later, DGF was still present and the patient developed severe sepsis. A renal biopsy was performed and showed isolated acute tubular necrosis, explaining the DGF, and unexpectedly a few glomeruli and tubes contained yeast forms that were characteristic of *Candida albicans* (Figures 1 and 2). Blood cultures were also positive for *C. albicans* as were transplant site haematoma cultures.

C. albicans septicaemia was treated with 15-day intravenous amphotericin B together with 1-month

treatment with fluconazole and evacuation of the haematoma.

One month later (2 months after kidney transplantation), renal function had recovered, and the patient was discharged from the hospital with a plasma creatinine level of 240 µmol/l.

To the best of our knowledge, there is only one published report of intraglomerular yeast [1] in an HIV-infected patient. Our own report of severe candidaemia after kidney transplantation associated with the intra-glomerular presence of *C. albicans* would appear to be the only reported case to date.

Conflict of interest statement. None declared.

Reference

1. Veatch A, Dikman SH. Human Immunodeficiency virus nephropathy and intraglomerular cryptococcus neoformans. *N Engl J Med* 1998; 339: 887

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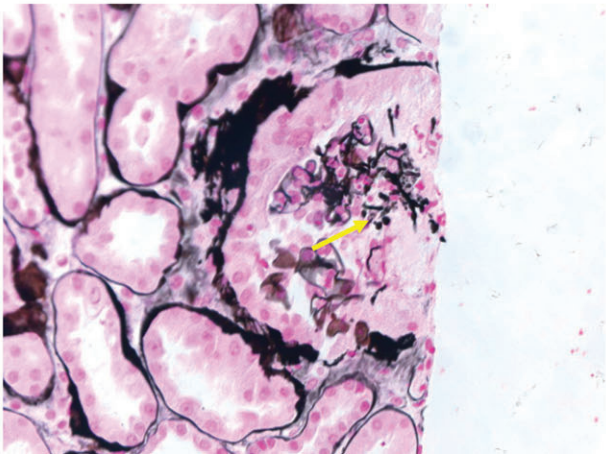
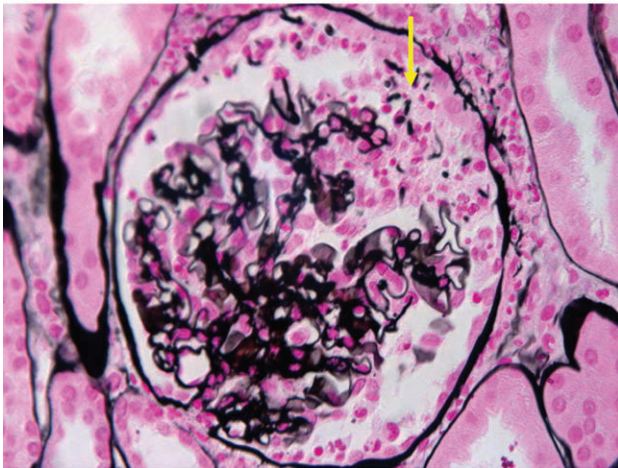
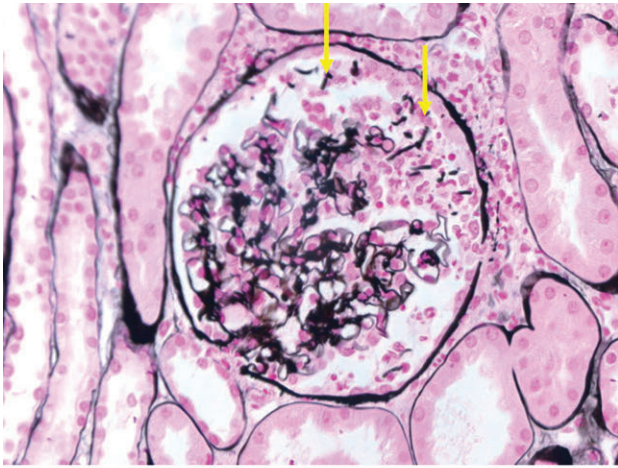


Fig. 1. Silver stain ($\times 400$) showing intraglomerular yeast (*Candida albicans*) (yellow arrows) in two different glomeruli associated with inflammatory reaction in the urinary chamber.

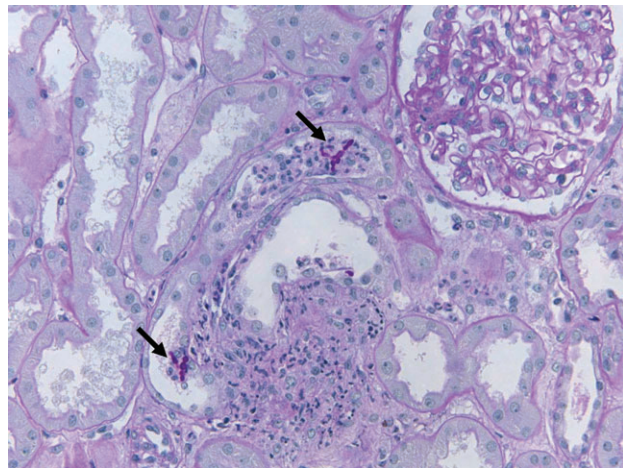


Fig. 2. PAS stain (A $\times 200$; B $\times 320$) showing intratubular *Candida albicans* (black arrows) associated with inflammatory reaction in and around the tube.