
COCCIDIOIDOMYCOSIS AND RENAL TRANSPLANTATION: A RETROSPECTIVE STUDY OF 33 CASES OF COCCIDIOIDOMYCOSIS IN RENAL TRANSPLANT RECIPIENTS FROM EL PASO AND THE SOUTHWEST

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Coccidiomycosis is endemic in the southwestern United States and impaired cellular immunity profoundly increases the susceptibility to life threatening coccidial infections. This study examines the clinical presentation of Coccidiomycosis in renal recipients transplanted in El Paso from 1987-2002 and 28 other cases published in the literature from 1966-2002. The five El Paso cases occurred in a population of 297 transplant recipients (Cadaveric 203, living related donor 94) and represented XXXX of that population. (By contrast the background rate in the population over those years is estimated to be roughly 1 per 10,000). The total population of 33 patients included 24 males (73%) and 9 females (27%). The age distribution was 14- 63 yrs with a median age of 38 years. Fifty-four % patients were Caucasian, 33% Hispanic 3%, African- American, 3% Indian, and 3% Asian. There were 23 cadaveric recipients (70%) and 10 live related donor recipients (30%). Underlying renal diseases included CGN 48%, diabetes mellitus 30% SLE 3%, Alport's 3%, and unknown 15%. *Coccidioides immitis* was isolated from the lung in 79% of patients, spleen in 18% of patients, and urine in 21% pts. The initial clinical presentation included fever with clinical and radiographic evidence of pneumonia in a majority of the patients. The average time between transplantation and the diagnosis of infection was XXXX months. The shortest interval was 15 days and the longest interval was 50 months. Disseminated coccidiomycosis occurred in 8 patients who were treated with amphotericin B. Treatments included amphotericin in 29 (88%) of the pts and fluconazole in 6 (18%) patients). Death occurred in 18 (55%) patients with half of these dying from disseminated coccidiomycosis and the other half dying of causes unknown to us. There did not appear to be an increase in the mortality in patients who had diabetes mellitus. In this retrospective study, a majority of case of coccidioidomycosis occurred in white males. Pulmonary coccidiomycosis appeared to be the major presentation but a significant number of patients presented with involvement of the genitourinary tract. The majority of the patients were treated with amphotericin. Successful cure occurred in 15 (45%) of the patients. Prospective studies to determine appropriate antifungal medication, duration of treatment and risk factors would be helpful in preparing guidelines for these patients.