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## DACTYLARIA CONSTRICTA VAR. GALLOPAVA IN TWO RENAL TRANSPLANT PATIENTS

Prabhakar K, Kemmerly S, Baumgarten K, Garcia-Diaz J, Patel N  
Ochsner Clinic Foundation, Department of Infectious Diseases, New Orleans, USA

Phaeohyphomycosis infections are caused by darkly-pigmented (dermatiaceous) fungi. They are important pathogens in immunocompromised individuals, particularly with regards to transplant recipients on chronic maintenance immunosuppression. Included within this group is a thermophilic fungus known as *Dactylaria constricta* var. *gallopava*, which is known to cause pulmonary and CNS disease in immunosuppressed patients.

Reported here are cases of infection with *Dactylaria constricta* (*D. constricta*), both involving renal transplant recipients who presented in 2003. The first case involved a 47 year-old male status post renal transplant in 1993 who initially presented with abdominal pain, diarrhea, subjective fever, chills, nausea and vomiting. His immunosuppressive medications included tacrolimus, azathioprine and prednisone. Biopsy of a pulmonary nodule noted on CT scan showed fungal hyphae and subsequent culture was diagnostic of *D. constricta*. He was treated with lipid complex amphotericin B and voriconazole but eventually died from post-transplant lymphoproliferative disorder and sepsis. The second case involved a 52 year-old female status post renal transplant in 2001. She initially presented with slurred speech and left-sided weakness and went on to develop inability to speak. Her immunosuppressive medication regimen consisted of tacrolimus, mycophenolate mofetil and prednisone. Head CT showed a left cerebellar lesion and subsequent resection of the lesion revealed fungal hyphae and culture was positive for *D. constricta*. She was treated with liposomal amphotericin B as well as voriconazole, however she developed neutropenia, fever, renal failure and eventually died from multi-organ failure secondary to sepsis.

Fungal infections caused by pigmented fungi or “black molds” are becoming increasingly more common and recognized in immunosuppressed individuals, particularly with regards to the transplant population who are on chronic immunosuppressive agents. Both patients were urban dwellers, one was a relatively recent transplant and the other patient was transplanted ten years prior to presentation. However, both developed infection with *D. constricta* within 8 months of each other with no common exposure identified. Clinicians should have a higher index of suspicion for underlying fungal disease, particularly as it pertains to disease caused by black mold, so that patients may be started on anti-fungal therapy as soon as possible.