中文題目:胰臟移植後病人之結腸炎感染病例報告

英文題目: A Unique Case Report of Colitis After Pancreas Transplantation
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Background

Solid organ transplantation (SOT) recipients received life-long immunosuppressive agents to preserved graft function. They have increased risk of opportunistic infection due to their suppressed immune system. Here, we described a case of type 1 diabetes mellitus post pancreas transplantation, who is under immunosuppressive agents Tacrolimus and Mycophenolate mofetil (MMF)usage. Fever of unknown origin was noted, and eventually diagnosed of Cytomegalovirus (CMV) and fungus related colitis. His fever subsided and condition improved after anti-CMV and anti-fungal agent use.

Case presentation

A 28 y/o male with underlying disease of type 1 diabetes mellitus received pancreas transplantation in 2015. He is under immunosuppressive agents of Prograf 6mg QD and

MMF 1g QD. He was admitted due to fever and anemia. Ga-67 scan showed hyperintensity lesion at right quadrant of his abdomen. Colonscopy was arranged and an ulcerative lesion at ileocecal valve was noted. Biopsy was done and the report showed suspect CMV infection. Ganciclovir was prescribed and even IVIG for treatment of CMV colitis, but his fever persisted. Subsequent colonscopy was arranged for evaluation of treatment response. However, 2nd biopsy report showed fungus infection with high suspicious of histoplasmosis, so we consulted infection specialist, and anti-fungal agent of Ambisome was suggested. After Ambisome course for 2 weeks, his fever subsided. We arranged 3rd colonscopy which showed improved of infection. Patient was discharged smoothly after fever subsided and condition stabilized.

Conclusion

Infections in SOT recipients can be due to a wide range of pathogens. CMV and fungus are both possible but not commonly seen pathogens. So, if fever occurred in immunocompromised patients with poor response to initial treatment, further investigation of opportunistic pathogens should be taken into consideration.