

中文題目：腎臟移植十五個月後感染肺囊蟲肺炎併發急性呼吸窘迫症候群：案例報告

英文題目：Pneumocystis jirovecii pneumonia progressed to acute respiratory distress syndrome in a kidney transplantation recipient 15 months post-transplantation: a case report

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### **Abstract**

Kidney transplantation is the best treatment for end-stage renal disease. A successful kidney transplantation improves the quality of life and reduces the mortality rate for most patients. The advances in immunosuppressive agents over the past decades successfully reduces acute rejection rate, but also increases the risk of infection after transplantation. Pneumocystis jirovecii pneumonia (PJP) is one of the life-threatening opportunistic infections which may occur in immunosuppressed patients. We reported a case of kidney transplantation recipient who received six months of Sulfamethoxazole-Trimethoprim (SMX-TMP) treatment for PJP prophylaxis after kidney transplantation, but still developed PJP nine months after the discontinuation of SMX-TMP. This 68-year-old female presented with high fever and upper airway symptoms initially. Initial chest X-ray showed ground glass opacity over bilateral lung field. PJP was suspected by chest CT scan and intravenous SMX-TMP was given. The symptom of dyspnea with desaturation developed later, and the chest X-ray showed progressed to acute respiratory distress syndrome (ARDS). Thus intubation was done and PJP was confirmed by sputum polymerase chain reaction (PCR). Finally, she was extubated successfully and discharged after completion of antibiotics treatment.