SUCCESSFUL TREATMENT OF INFECTIVE ENDOCARDITIS IN FOUR KIDNEY TRANSPLANT RECIPIENTS

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Infective endocarditis (IE) has been considered as a serious complication in kidney transplantation, leading to graft loss and high mortality rate. However, the role of kidney transplantation as a potential risk factor of endocarditis has been under-minded and its incidence and common pathogens are not clear yet. We report four successfully managed cases of IE in kidney transplant recipients. All patients were definitely diagnosed based on at least two major Duke Criteria for diagnosis of IE. Blood cultures revealed enterococcus in two cases, streptococcus group D in one, and no bacteremia in the last one. Simultaneous CMV infection occurred in two patients. One patient presented with hemiplegia due to cerebrovascular accident. Transthoracic echocardiography (TTE) demonstrated aortic vegetation in four and mitral vegetation in one of them. Successful treatment was achieved in all four patients by aortic valve replacement, accompanied by mitral valve replacement in two, all preceded by multiple antibiotic therapy. Although mild increased creatinine was observed in 3 cases, no graft rejection occurred during follow-up.

It seems that special attention should be paid to IE as a serious complication in kidney recipients and its potential risk factors such recurrent infections and CMV, as well as immunosuppressants. Early diagnostic and therapeutic intervention, particularly intensive antibiotic therapy and surgical management can preserve the patient and kidney allograft function.