



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

CUTANEOUS CRYPTOCOCCOSIS IN A KIDNEY TRANSPLANT RECIPIENT: A THERAPEUTIC CHALLENGE

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Background: Cutaneous cryptococcosis (CC) is a deep cutaneous fungal infection caused by *Cryptococcus neoformans* (CN) promoted by immunosuppression. We report a case in a renal transplant recipient.

Observation: A 28-year-old woman, with three year renal transplantation history, was seen for a lesion in her left thigh that had been evolving for one year. The examination found a firm, infiltrated erythematous lesion of 3 cm. Doppler ultrasound revealed a hypervascular mass. Histological examination found a dermo-hypodermal infiltration with multinucleated giant cells developed around intra and extracellular fungal spores stained in black with PAS and Grocott and not stained by Warthin Starry. Culture of a skin biopsy isolated CN which was sensitive to fluconazole (FCZ). The diagnosis of CC was made since no systemic dissemination was found. The patient was initially treated by FCZ (200mg/day) during 5 months without improvement. So, the dose of FCZ was increased to 400 mg/day leading to a complete disappearance of the lesion after 3 months. FCZ was stopped 3 months later. A histologically confirmed recurrence occurred one year after FCZ interruption but the patient refused any treatment. The mass was stable after six months of follow up.

Key message: Cryptococcosis can occur after renal transplantation. Isolated skin involvement may be seen secondarily to a primitive cutaneous inoculation. The recurrence in our case suggests the need for a long course treatment.

