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Epidemiology and clinical features of invasive fungal diseases after kidney transplantation

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Background: Invasive fungal diseases (IFD) are more common in solid organ transplant recipients with use of immunosuppressive agents which contributes high morbidity and mortality. To prevent IFD, accurate identification of epidemiology and clinical features is needed. With rare IFD data from single organ transplantation, we report IFD epidemiology and clinical features after kidney transplantation.

Material/methods: A single-center descriptive study was conducted to identify epidemiology and clinical features of IFD. Electronic medical records of patients who were diagnosed with invasive fungal disease after renal transplantation between February 1995 and March 2015 were reviewed. All IFD cases were diagnosed according to the EORTC-MSG criteria.

Results: During the study period, 118 patients were diagnosed as IFD among 1963 kidney transplant recipients. The most common cause of transplantation was diabetic nephropathy and more than 90% of recipients were under dialysis before transplantation. 70 patients received kidney from deceased donor. 78% of IFD were diagnosed after 12 months from kidney transplantation. There were 62 cases of invasive candidiasis (14 cases of *C. albicans* and 4 cases of *C. tropicalis*), 26 cases of invasive aspergillosis, 5 cases of subcutaneous mycosis, 2 cases of cryptococcosis, 2 cases of trichosporosis, and 1 case of scedosporiosis. Fluconazole was most commonly used in invasive candidiasis and most of invasive aspergillosis was treated with voriconazole. 12-week mortality was 18% for invasive candidiasis and 60% for invasive aspergillosis.

Conclusions: The incidence of IFD among kidney transplant recipients reaches 6% and even diagnosed after 12 months from kidney transplantation. With high mortality in invasive candidiasis and aspergillosis, early diagnostic approaches are needed on the suspicion of clinicians.