BARTONELLA HENSELAE-MEDIATED DISEASE IN A RENAL TRANSPLANT PATIENT

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Introduction: We report a 4-year-old female with a past medical history of end-stage kidney disease secondary to autosomal recessive polycystic kidney disease who had Bartonella henselae-mediated disease, 3 years after a kidney transplant. Her immunosuppression consisted of tacrolimus and mycophenolate. She presented with fever and abdominal pain; she was noted to have cervical lymphadenopathy and splenomegaly on physical examination. Abdominal ultrasound showed hypoechoic nodules throughout the spleen, consistent with microabscesses. The patient was exposed to a house cat. Cat-scratch disease has become more common in patients with solid organ transplants.

Objectives: To explore the etiology, clinical presentation and management of Bartonella-Mediated disease in a patient with solid organ transplant.

Methods: N/A

Results: The etiologic agent of cat-scratch disease is Bartonella henselae, an aerobic intracellular gram-negative bacillus. The major reservoir is cats and transmission to humans is due to inoculation from a cat scratch or bite. The clinical presentation in immunocompetent patients is fever and lymphadenopathy; whereas, immunocompromised patients may have severe disseminated disease. Psarros, Riddel, Gandhi, Kauffman & Cinti (2012) reported 29 cases of solid organ transplant recipients with Bartonella henselae infection of which only 28% were children, 90% had history of cat exposure, 93% presented with fever, 41% with lymphadenopathy and 24% with skin lesions. Treatment of Bartonella henselae in immunocompetent patients is supportive or requires antibiotics; however, treatment for immunocompromised patients has not been well-defined. The subject received oral azithromycin 10 mg/kg/day for 14 days and her fever and lymphadenopathy resolved.

Conclusion: It is important to include Bartonella henselae in the differential of patients with a solid organ transplant who present with fever, lymphadenopathy and splenomegaly. Splenic microabscesses might suggest Bartonella henselae infection in these patients.