Nephro Urol Mon. 2014 November;6(6): e18657. DOI: 10.5812/numonthly.18657

Published online 2014 November 5. **Letter**

Protean Faces of Infective Endocarditis in Renal Transplant Recipients

Mohammadreza Ardalan [1,*]

[1]Chronic kidney Disease Research Center, Tabriz University of Medical Sciences, Tabriz, IR Iran

[*]*Corresponding author*: Mohammadreza Ardalan, Chronic kidney Disease Research Center, Tabriz University of Medical Sciences, Tabriz, IR Iran. Tel: +98-9141168518, Fax: +98-4133366579, E-mail: ardalan34@yahoo.com

Received: March 2, 2014**; Revised:** May 11, 2014**; Accepted:** May 12, 2014

*Keywords:*Endocarditis; Transplantation; Abscess

Dear Editor,

Recently, I read the published article by Moshkani Farahani et al. entitled "Infective endocarditis after renal transplantation", published in the January 2014 issue of NephroUrol Monthly Nephro-Urology Monthly (1), and found it very interesting. Nephro-Urology Monthly They retrospectively collected the data of infective endocarditis (IE) among the patients with allograft renal transplantation. Interestingly, the time of presentation after transplantation ranged widely from two to 120 months, and most frequent obtained pathologic microorganisms were *Enterococcus,* group D non-streptococcus, *streptococcus*, and *Staphylococcus aurous*. The diagnosed disease had a wide range of presentation and brain abscess was found frequently (7 out of 22 patient). Overall, their patients had one-year survival of around 50%. Organ transplant recipients are at increased risk of IE. The incidence of IE has been reported between 1.8 and 2.6 per 1000 renal transplant recipient while the rate in general population is 3.6 to seven per 100000 population. In their study, Moshkani Farahani et al. did not represent the total number of studied patients. It is also difficult to extrapolate the speed of diagnosis and therapeutic implementation, which would profoundly affect the patients' outcome, from a retrospective study. In Immunocompromised patients, endocarditis has a protean face, which represents in different hues (2). Recently, I had a renal transplant patient with splenomegaly, splenic infarct, and abdominal pain as the primary presentation of IE (3). IE is a serious condition that might be overlooked due to its highly-variable clinical manifestations among the solid organ transplant recipients (3). Although IE is a lethal infection, it is controllable if diagnosis is made earlier. Reports of IE in immunocompromised conditions should be appear in medical journals frequently, and new cases should not be considered redundancy. Each case teaches us a new view. This consideration is also more important in developing countries where the transplantation programs are expanding and transplant-induced immunosuppression creates unusual presentation for infectious diseases (4).

References

1. Moshkani Farahani M, Rostami Z, Einollahi B, Khosravi A, Nemati E, Lessan Pezeshki M, et al. Infective endocarditis after renal transplantation. *Nephrourol Mon.* 2014;**6**(1): e12326.
2. Reza Ardalan M, Trillini M. Infective endocarditis mimics ANCA associated glomerulonephritis. *Caspian J Intern Med.* 2012;**3**(3):496–9.
3. Ardalan MR. Confusing feature of Infective endocarditis in a renal allograft recipient. *J Nephrol Ren Transplant.* 2014;**6**(2): [Epub a Head of Print].
4. Ardalan MR. Tabriz nephro-educational courses; A global scientific vision with local vigilance. *J Renal Inj Prev.* 2013;**3**(1):7–8.