CHRONIC STRONGYLOIDIASIS IN A TRANSPLANT RECIPIENT

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BACKGROUND

- Strongyloidiasis is a parasitic infection caused by a nematode, endemic in tropical and subtropical countries.
- Recently, autochthonous cases have been described of Spain's east coast.
- It can occur asymptotically or cause skin, gastrointestinal or pulmonary involvement, and immunosuppressed subjects are at risk of hyperinfestation and disseminated disease.
- Nowadays, it is not included in the systematic screening for patients before initiation of immunosuppression and there are not guidelines for its treatment and prophylaxis in high-risk subjects

CASE PRESENTATION

7-year-old boy

- Mitochondrial complex IV deficiency
- Multivisceral transplant and splenectomy at 3 years, under treatment with Tacrolimus and Metilprednisolone
- Spanish origin, resident in Madrid, summers on the Spanish east coast

At 4years old he presents:

- recurrent urticaria (no suspicion of GVHD)
- eosinophilia 2490/mm³, IgE 3200mg/dL.
- Positive *Strongyloides stercoralis* serology

→ Diagnosis: **Strongyloidiasis**

- Treatment with Ivermectin with clinical improvement, initial decrease of eosinophilia (1190/mm³) and serological titers.
- Subsequent reactivation (Eosinophilia 2000/mm³, IgE>5000mg/dL, higher serological titers) led to a new treatment cycle, not completed due to drug interaction.
- 14 months after the first cycle, combined treatment with Ivermectin-Albendazole was administered for 10 days.
- 4 months later, a new cycle of combined treatment, accompanied with a delayed hypersensitivity reaction to Albendazole.
- Due to persistence of clinical and analytical alterations, he received again Ivermectin for 7 days and desensitization against Albendazole was performed.
- He received a new cycle Albendazole-Ivermectina, with improvement of serological titres and eosinophilia.
- Subsequently, he has continued with prophylactic Ivermectin (monthly).

DISCUSSION

- Strongyloidiasis should be included in the systematic screening prior to immunosuppression, given the potential severity of the condition and the difficulties in treatment.