



Rare fungal infection diagnosed by panfungal PCR

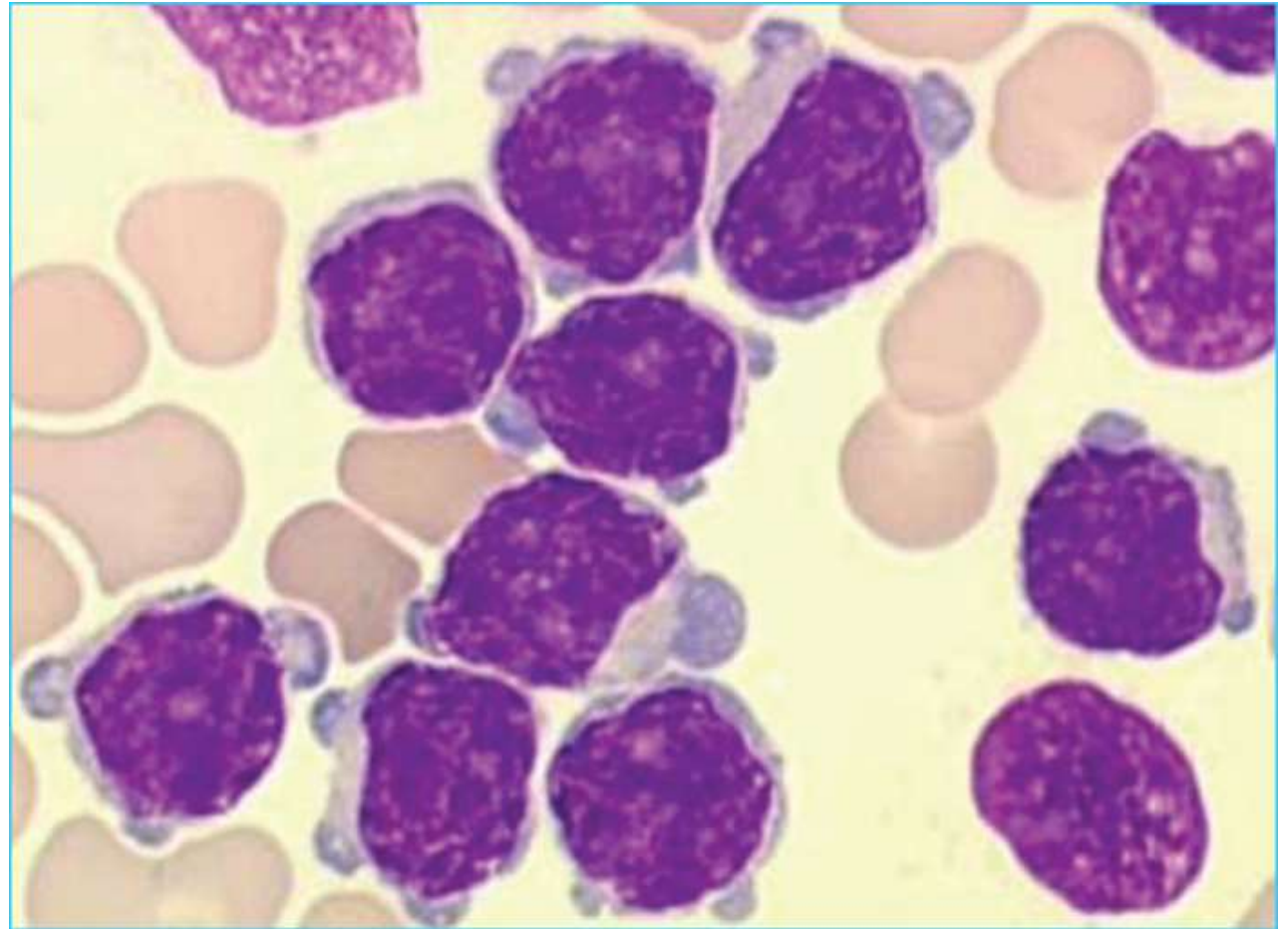
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Case presentation

- 70-year-old man
- Stem cell allograft for T cell prolymphocytic leukemia
- Prolonged febrile aplasia 5 month after transplantation



Investigations



Initial management

- Microbiological analysis negative
- Empiric treatment : broad-spectrum antibiotic and amphotericin B



Worsening of infection



Lung biopsy

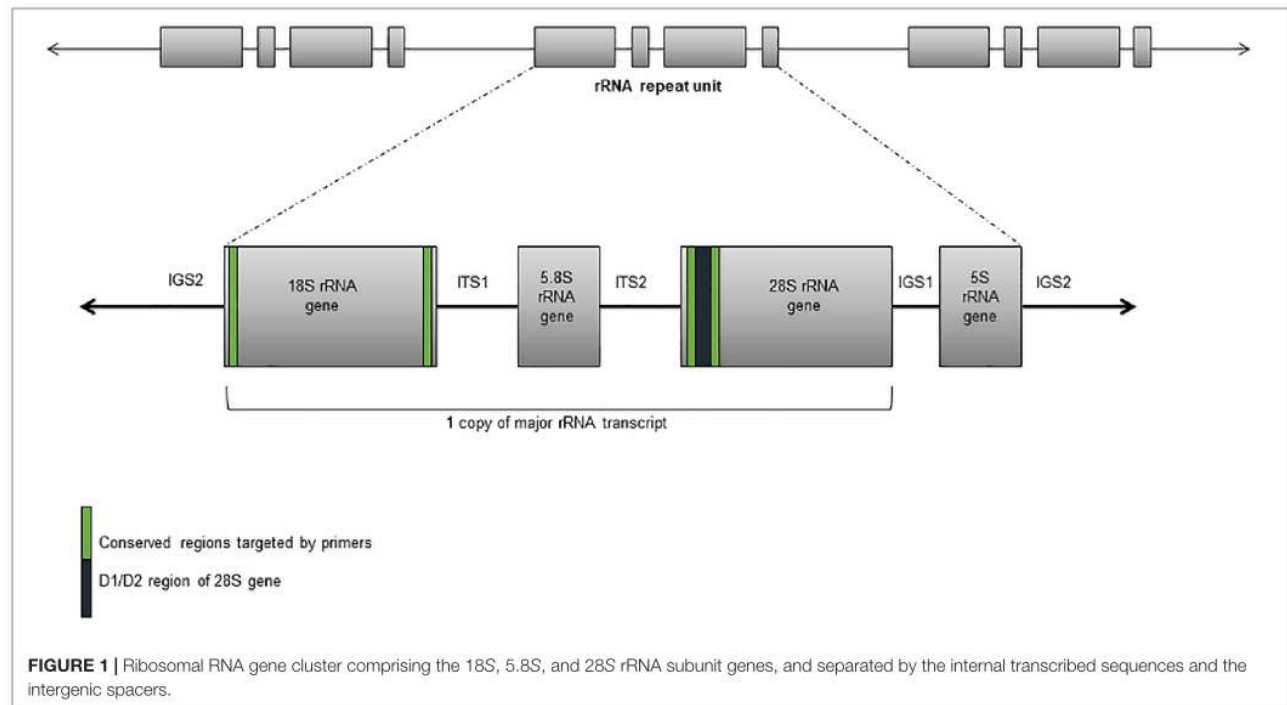
Panfungal PCR

Limitation

- Less sensitive and specific
- More expensive
- Requires more time

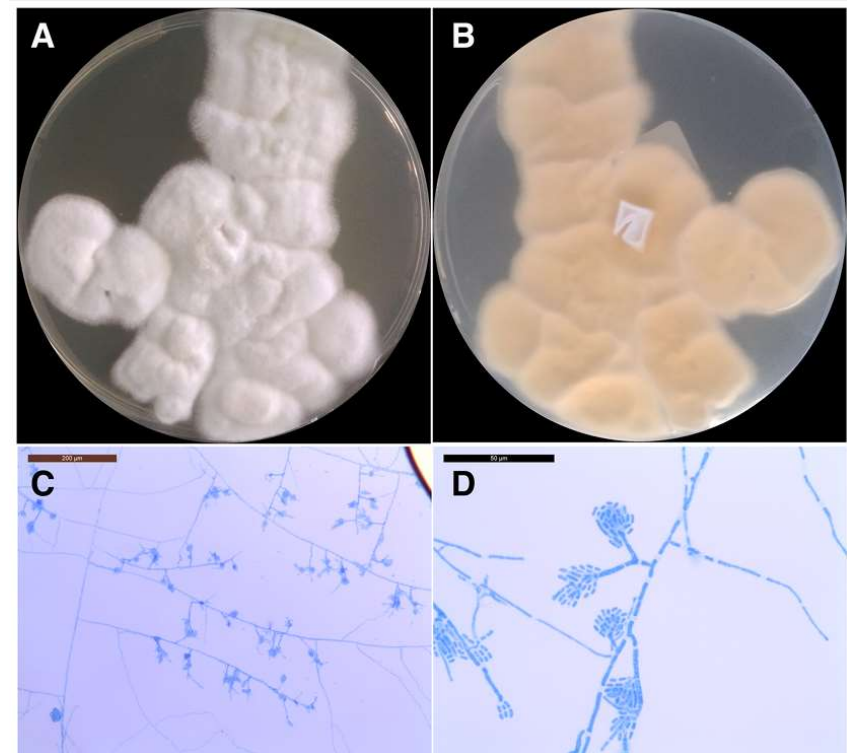
Advantage

Detect all fungal agent



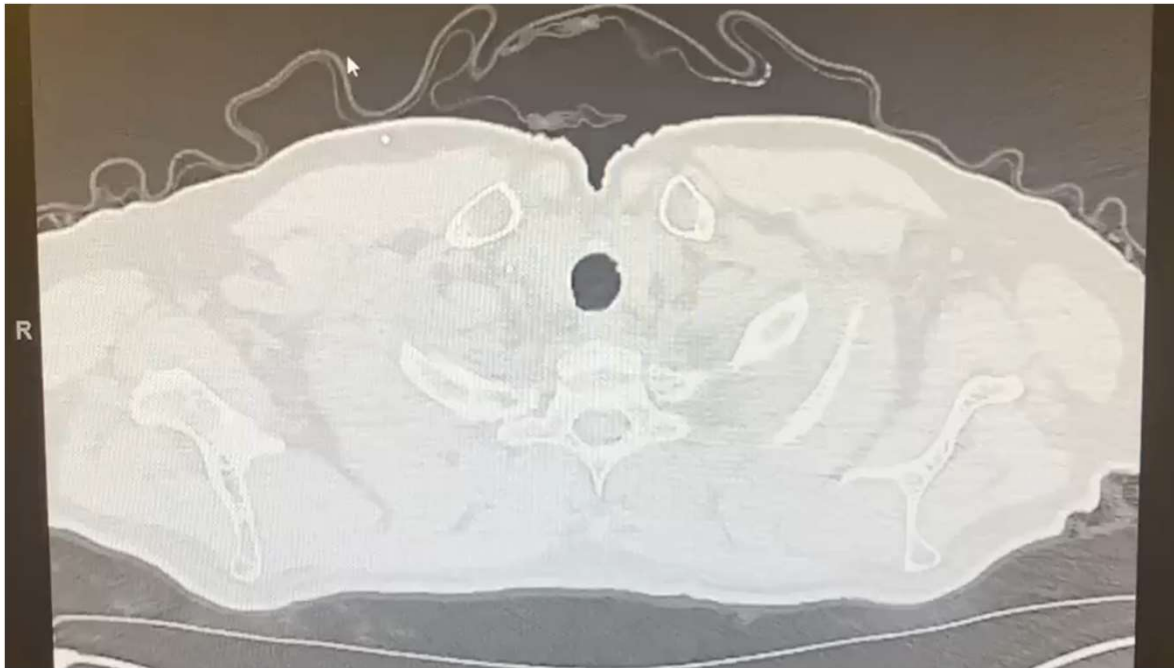
Hormographiella aspergillata

- Environmental filamentous basidiomycete
- Colonizer of the respiratory tract
- Opportunistic pathogen in immunocompromised patients
- Lowest MIC for voriconazole and amphotericin B



Continuation of the clinical case

- **Antifungal treatment** : Amphotericin B switched to voriconazole after acute kidney failure.
- **GVH treatment** : Rituximab and polyvalent immunoglobulin



Take Home message



Hormographiella aspergillata is rare opportunistic agent

Preferred treatment are amphotericin B and voriconazole

Panfungal PCR can be relevant for rare fungal agent