

## STRONGYLOIDES HYPERINFECTION SYNDROME

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Male patient, 74 years old, with a history of kidney transplantation and recent hospitalization for acute rejection treated with methylprednisolone pulses, was readmitted 15 days later due to fever, arterial hypotension, abdominal pain, diarrhea, cough, and watery rhinorrhea.

The clinical picture was interpreted as infectious colitis in a transplanted patient, and empirical antibiotic therapy was initiated.

During hospitalization he developed hematochezia, and a colonoscopy with biopsy was performed. He subsequently progressed to acute hypoxemic respiratory fail-

ure requiring mechanical ventilation. A bronchoalveolar lavage (BAL) was performed, revealing secretions compatible with alveolar hemorrhage.

Colon biopsy results reported the presence of nematodes (Fig. 1). In addition, BAL analysis demonstrated the presence of *Strongyloides stercoralis* larvae (Fig. 2).

The case was interpreted as hyperinfection due to strongyloidiasis, and treatment with oral ivermectin and albendazole was started. The patient was successfully extubated on the seventh day of mechanical ventilation, with no further oxygen requirement.

Figure 1 |

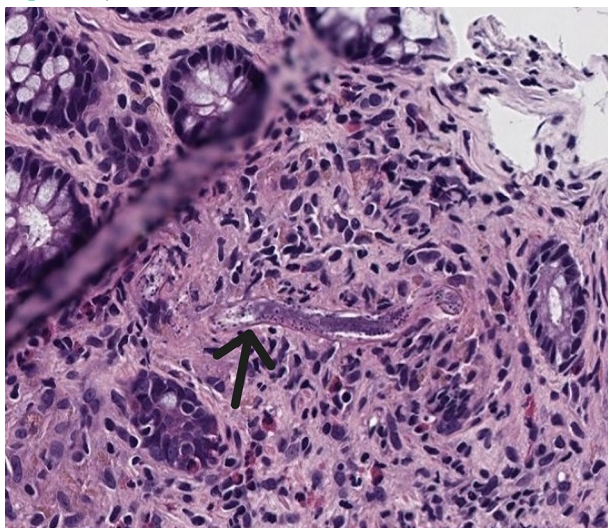


Figure 2 |

