Pseudoaneurysm with *Candidal* Infection after Renal Transplantation

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Picture 1.

Picture 3.

Picture 2.

A 30-year-old woman with end-stage renal disease secondary to glomerulonephritis was admitted to our hospital for

kidney transplantation in the right iliac fossa. The urine output of the patient improved markedly after transplantation. Two months after transplantation, she was rehospitalized because of refractory urinary tract infection and decreasing urine output. Contrast-enhanced computed tomographic scan showed a pseudoaneurysm (arrow) in the transplanted kidney (star) (Picture 1). Urine culture revealed a *Candida* colony. Catheter angiography was arranged for evaluation of the arterial supply to the graft; however, catheter angiography revealed poor opacification of the transplanted artery and a pseudoaneurysm (arrow) in the right external iliac artery (Picture 2). Unfortunately, due to deterioration of the graft condition, the patient underwent transplantectomy and repair of the right iliac artery. The final pathology examination with Periodic Acid-Schiff revealed *Candidal* infection with the presence of yeast with occasional budding and scanty pseudohyphae (Picture 3). Vascular complications are a significant cause of morbidity following a kidney transplant (1). Pseudoaneurysm, despite its rarity, is most com-

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monly caused by *Candida albicans* and *Staphylococcus aureus*; however, multiple pathogens have been recorded (2).

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