

**CASE REPORT**

**HUMAN HERPES VIRUS 6 INFECTION IN A RENAL TRANSPLANT RECIPIENT**

Rebeca N Martins<sup>1</sup>, Larissa A Afonso<sup>1</sup>, Natalia Moysés<sup>1</sup>, IVna M Magalhães<sup>1</sup>, Tereza Matuck<sup>2</sup>, Deise Monteiro de Carvalho<sup>2</sup>, Silvia MB Cavalcanti<sup>1</sup>

<sup>1</sup>Laboratório de Diagnóstico Viroológico, Instituto Biomédico, Universidade Federal Fluminense, Niterói

<sup>2</sup>Serviço de Nefrologia do Hospital Geral de Bonsucesso, Rio de Janeiro

*Corresponding author:*

Silvia M. B. Cavalcanti, Departamento de Microbiologia e Parasitologia, Instituto Biomédico, UFF, Rua Prof. Ernani Melo 101, 321 (Virologia), 24210-130 Niterói, RJ, Brazil

Tel.: +55 21 2629-2431

Fax: +55 21 629-2433

E-mail: silviacavalcanti@vm.uff.br

Key words: herpes vIrus 6, human renal transplant

Human herpesvirus 6 (HHV-6) is a lymphotropic herpesvirus of emerging clinical significance in immunocompromised patients (Ward 2005). Little is known about clinical impact and relevance of HHV-6 variant, an infection in renal transplant recipients, but illness may be due to primary infection or reactivation (Rubin 1993). Possible associations have been proposed between HHV-6 and other herpesviruses, specially Cytomegalovirus (Gentile 2000). We are describing the case of a 37-year-old man who underwent allogenic kidney transplantation (Tx). Post-transplant immunosuppression was performed by using Basiliximab+Cyclosporine+ Micophenolate. On day 15 after transplantation, the patient developed high fever, diarrhea, icteric mucosa and myalgia. Hepatic transaminases and Gama GT enzymes were elevated. Renal graft biopsies were not available due to the critical state of the patient. Hence, three samples of sera were collected and viral infections were studied. The patient was negative for Hepatitis A, B and C, Epstein-Barr and Cytomegalovirus IgM antibodies. The precocity of the clinical symptoms suggested Human Herpesvirus 6 (HHV-6) as a possible agent of the observed alterations. After the use of Multiplex PCR in order to detect HHV-6 and 7 DNA, we observed HHV-6A as the sole pathogen. HHV-6 IgM seroconversion was demonstrated. Following therapy with gancyclovir, viral load declined to undetectable levels. Gradual improvement in clinical status of the patient was observed. HHV-6 infection may be associated with specific clinical manifestations and should be considered in a transplant recipient who presents a clinical syndrome resembling CMV infection, where CMV assays are negative. This case confirm symptomatic HHV-6 infection and suggests that HHV-6 variant A reactivation may potentially trigger rejection and even death, if misdiagnosed.

#### **REFERENCES**

- Gentile G 2000. Post-transplant HHV6 disease. *Herpes* 7: 24-27.
- Rubin RH. 1993. Infectious disease complications of renal transplantation. *Kidney International* 44: 221-223.
- Ward K 2005. The natural history and laboratory diagnosis of human herpesviruses-6 and -7 infections in the immunocompetent. *Journal of Clinical Virology* 32: 183-193.