

Závěr

Imunosuprimovaní pacienti jsou ve zvýšeném riziku infekcí běžnými i oportunními původci s potencionálně závažným průběhem. V případě infekce vyžadující hospitalizaci, kromě odběru biologického materiálu ke kultivačnímu vyšetření, nasazení širokospektrých antibiotik při předpokladu bakteriální etiologie a podpůrné léčbě dané aktuálním stavem pacienta, redukuje nebo vysazuje imunosupresivní léčbu a jako minimum podáváme hydrocortison v dávce 200 mg/den a konzultujeme příslušné transplantáční centrum. V diferenciální diagnostice febrilních stavů zvažujeme i neinfekční příčiny,

jako je akutní rejekční epizoda, relaps systémového onemocnění nebo polékovou horečku. U pacientů v dialyzační léčbě po selhání funkce štěpu nezapomínáme na možný graft intolerance syndrom projevující se teplotami, bolestivostí v místě štěpu, anemizací, případně makroskopickou hematurií při zachovalé diuréze. V tomto případě je při vyloučení infekční etiologie po konzultaci transplantáčního centra ke zvažování pulzní léčba kortikoidy. V případě jakýchkoli potíží u pacienta po transplantaci ledviny je konzultace příslušného transplantáčního centra žádoucí.

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