



# Transplantation pulmonaire : principales complications infectieuses

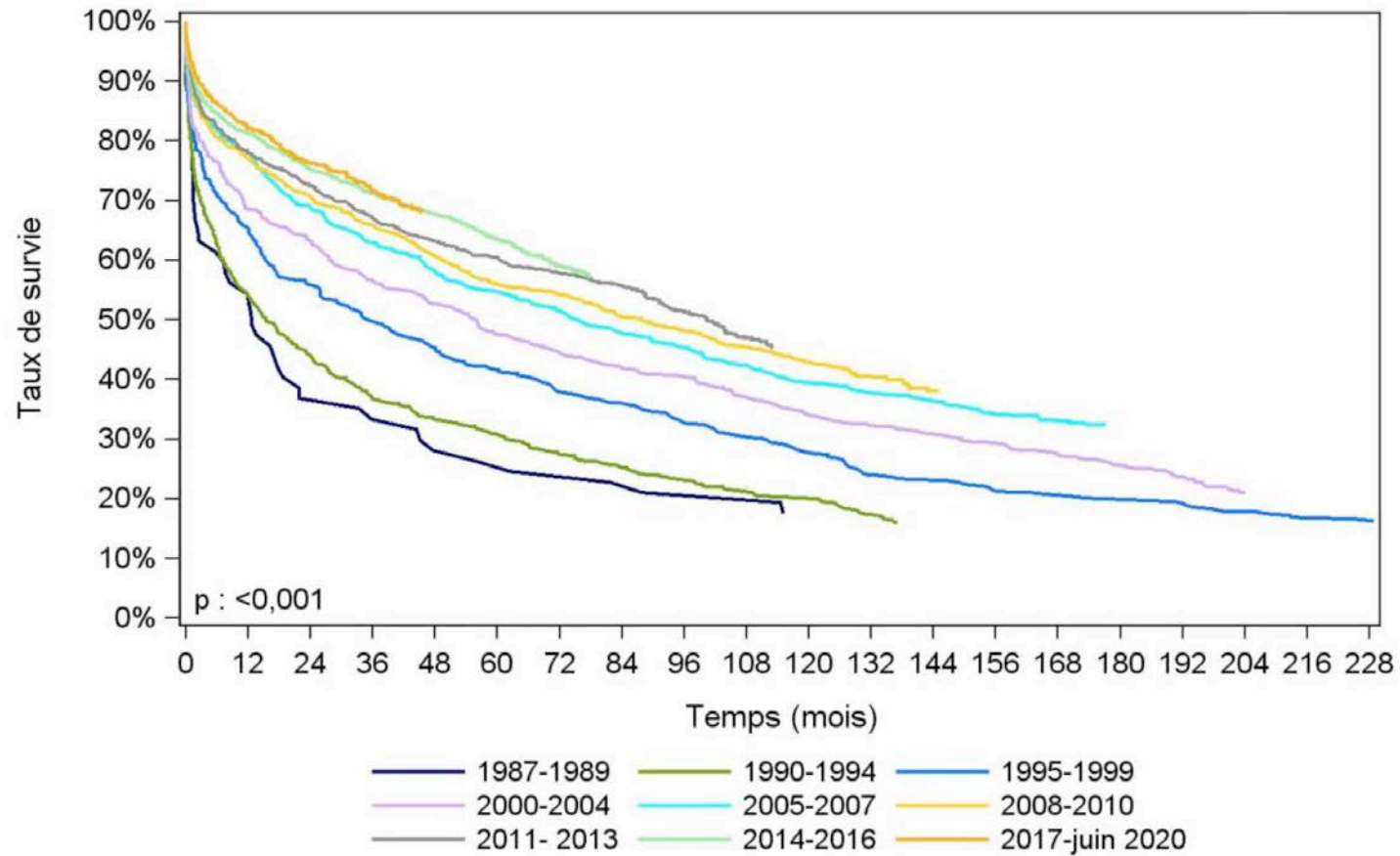
**Nicolas Carlier**  
Service de Pneumologie  
Hôpital Cochin, Paris



**AP-HP. Centre  
Université  
de Paris**

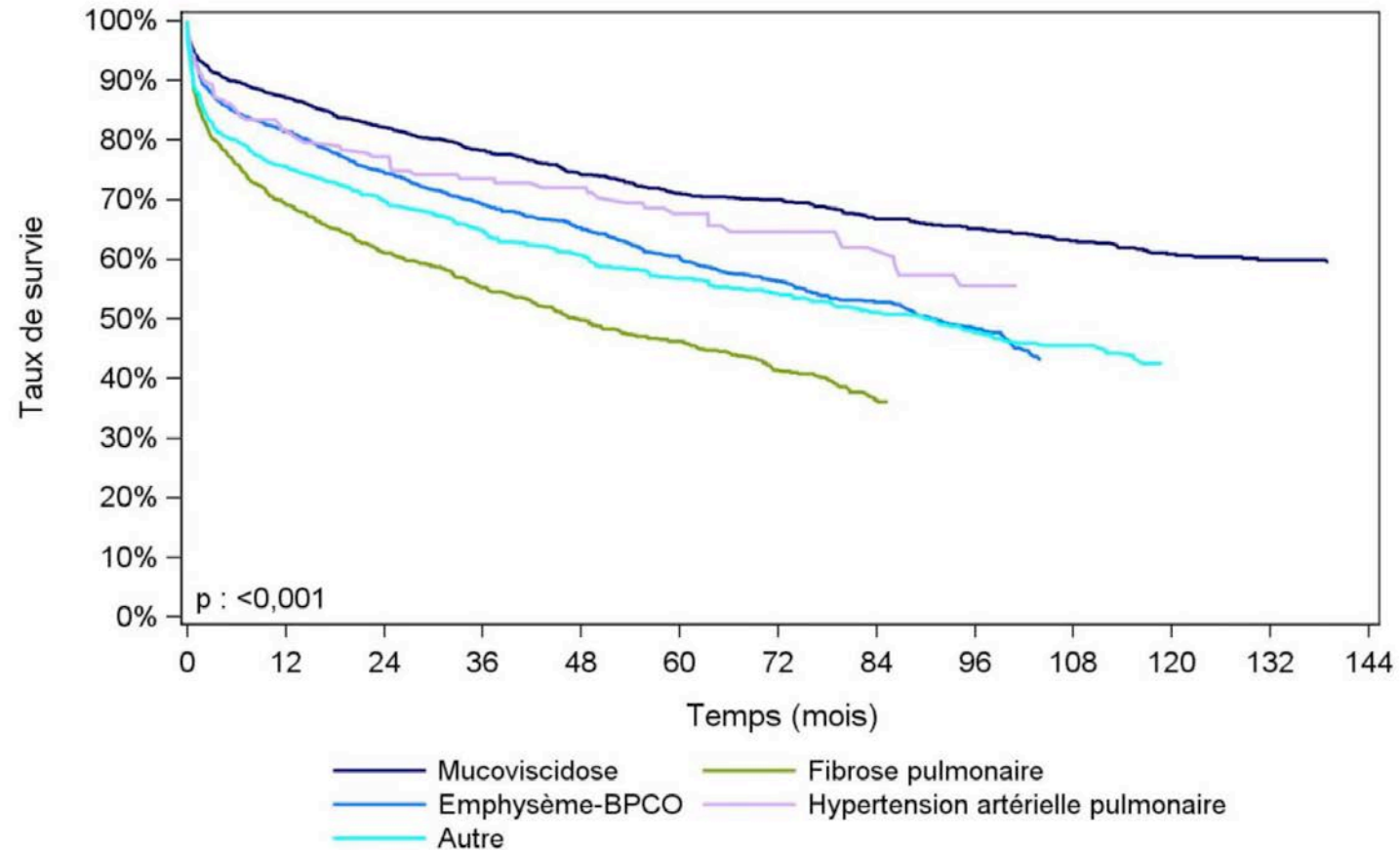
# Transplantation pulmonaire : survie

- Selon période de greffe



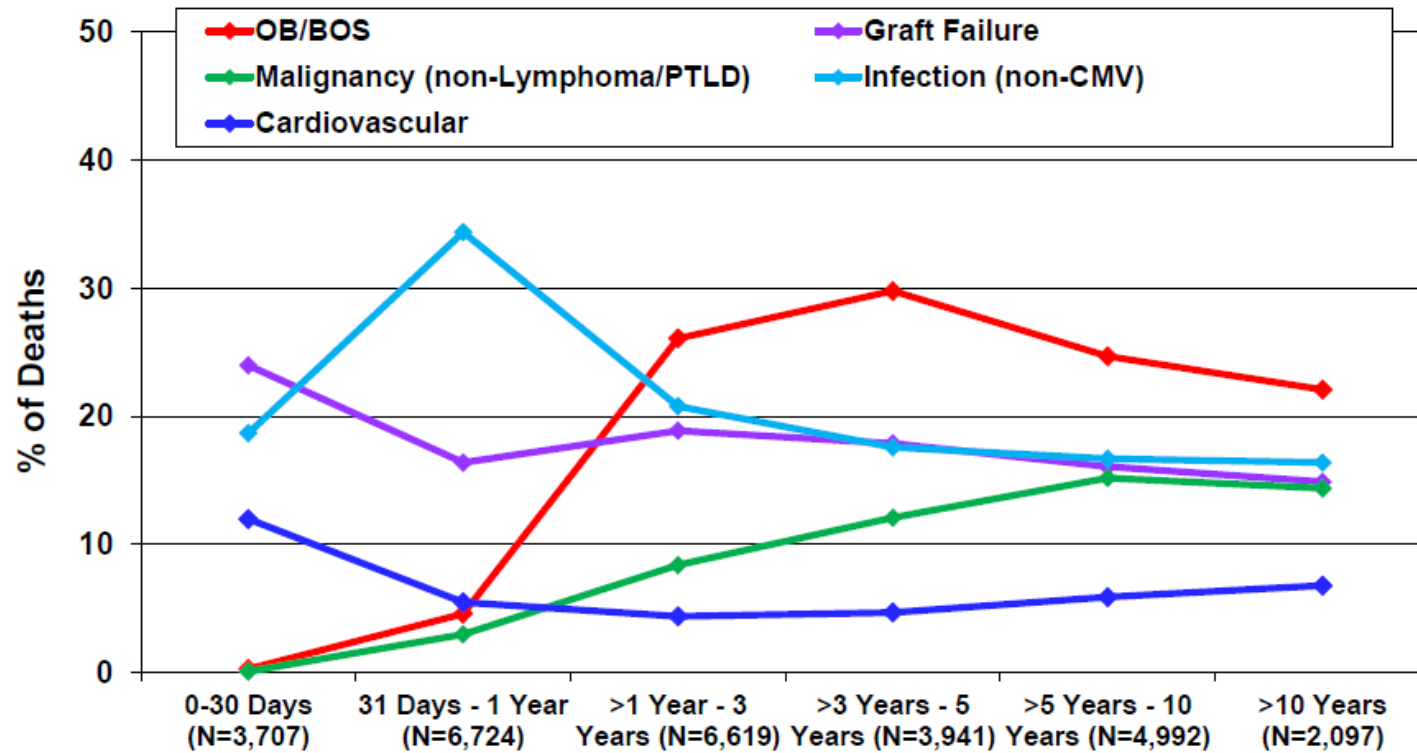
# Transplantation pulmonaire : survie

- Selon indication



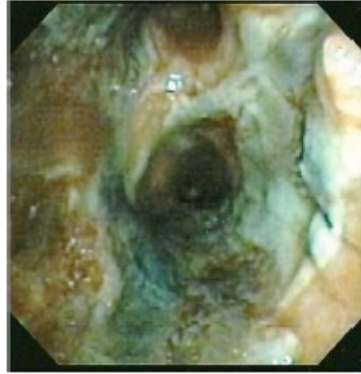
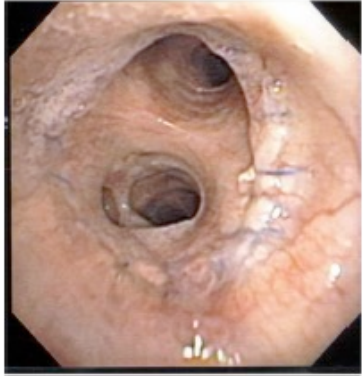
# Causes de mortalité post-greffe

## Adult Lung Transplants Relative Incidence of Leading Causes of Death (Deaths: January 1990 – June 2017)



# Complications post-greffe

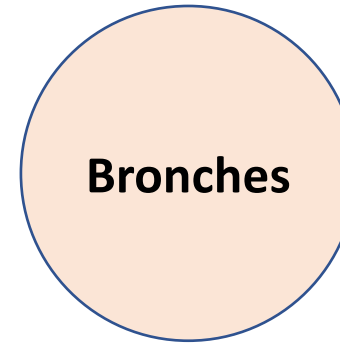
## Phase précoce (J0-M1)



Nécrose

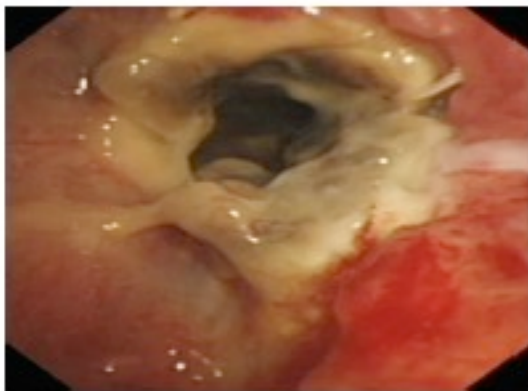


Déhiscence



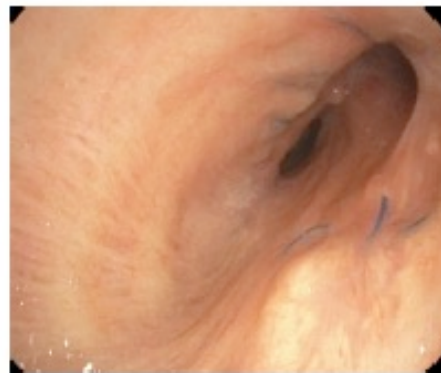
Bronches

## Cicatrisation (J7-M3)

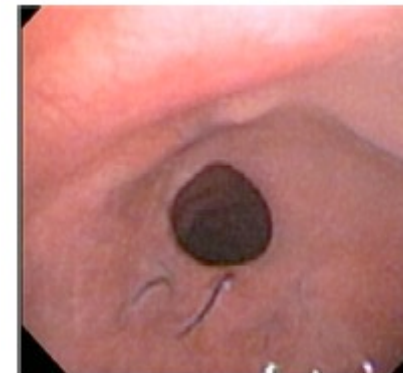


Fausses membranes

## Phase tardive (M3-...)



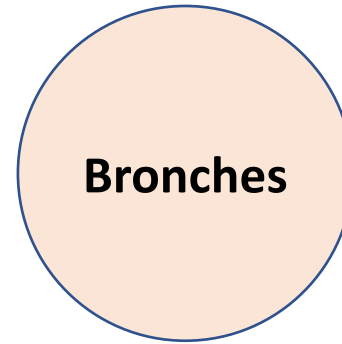
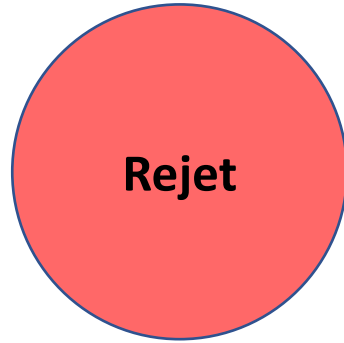
Malacie



Sténose

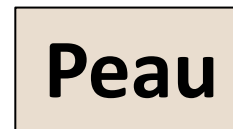
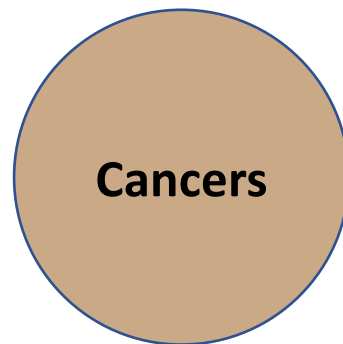
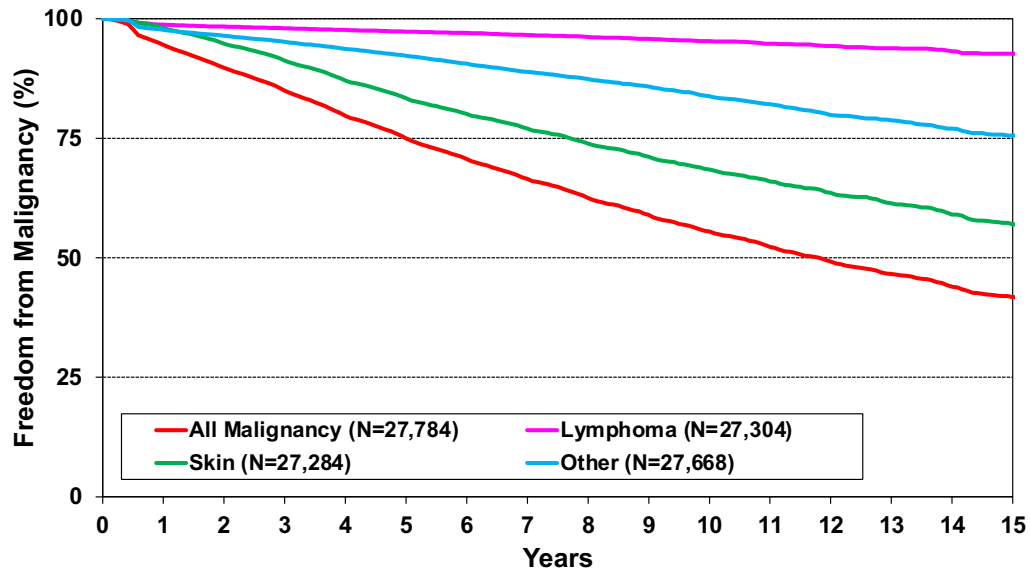


# Complications post-greffe

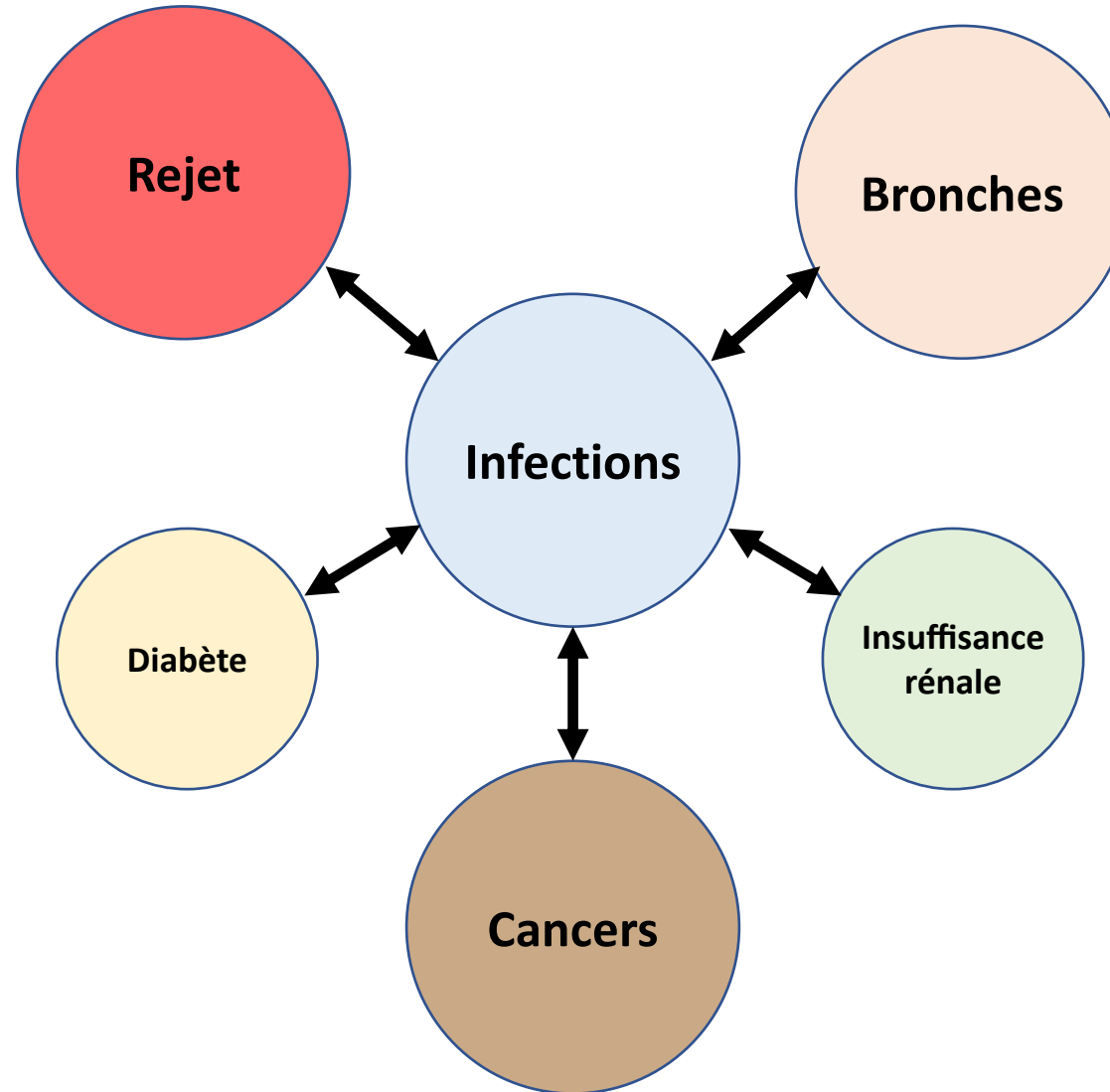


## Adult Lung Transplants

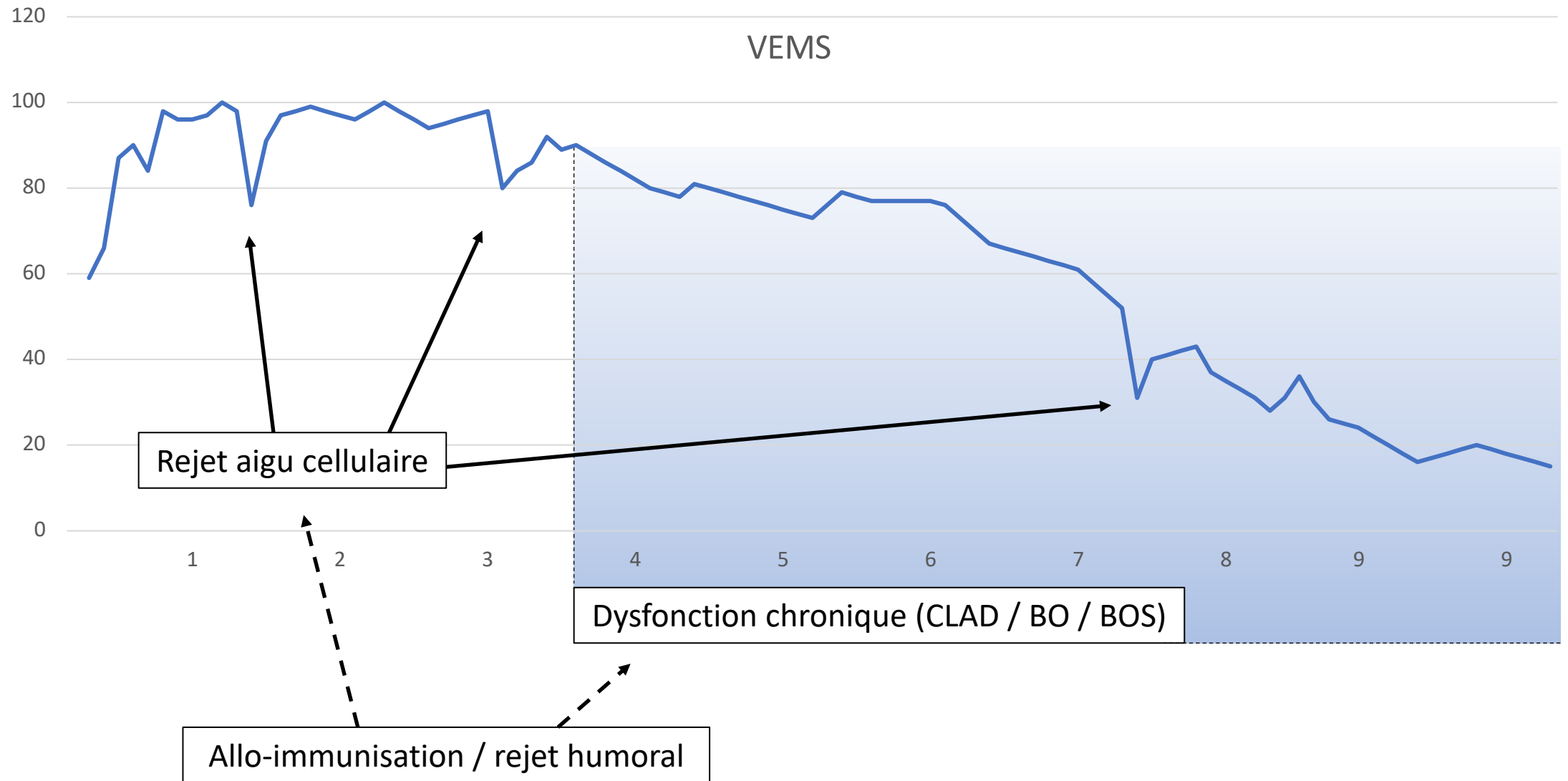
Freedom from Malignancy (Transplants: January 1995 - June 2017)



# Complications post-greffe



# Complications post-greffe : rejet



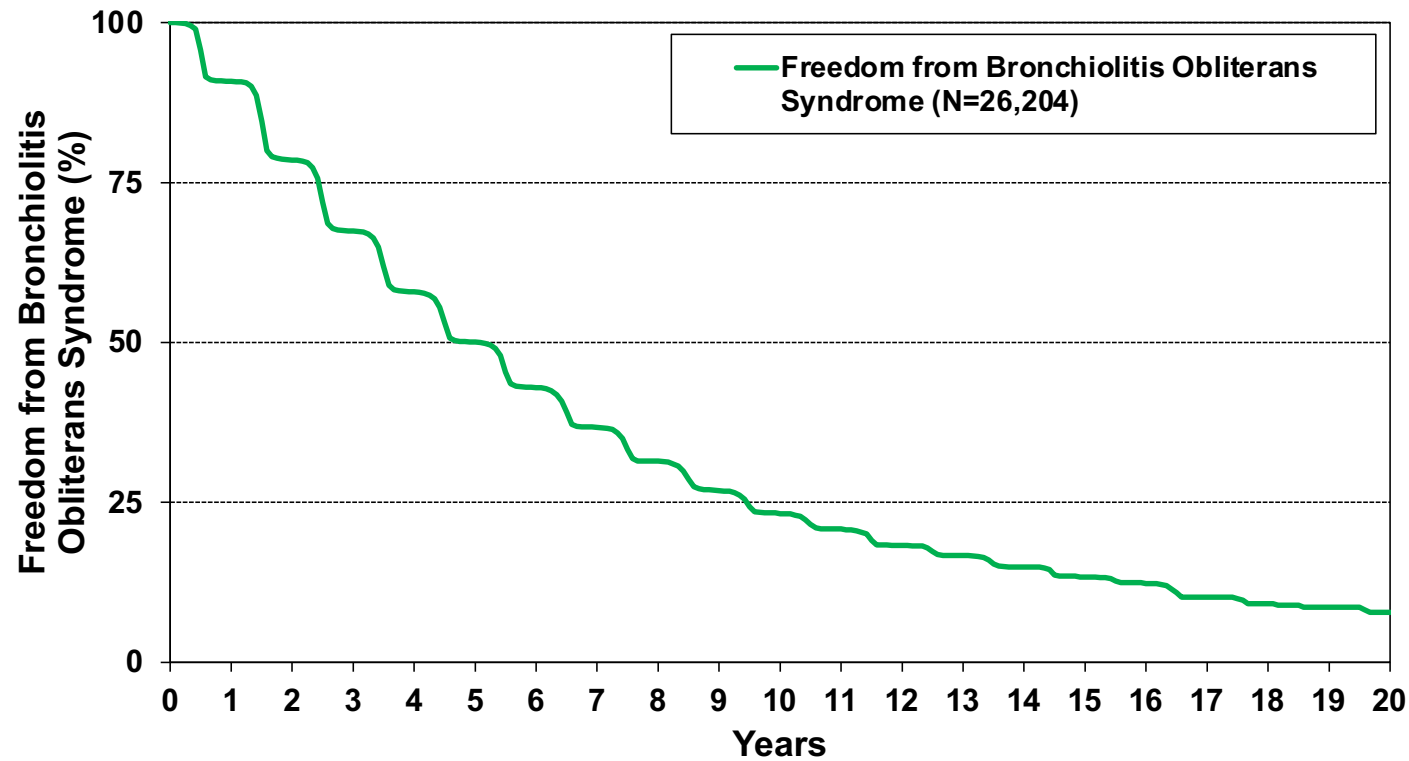


# Dysfonction chronique du greffon

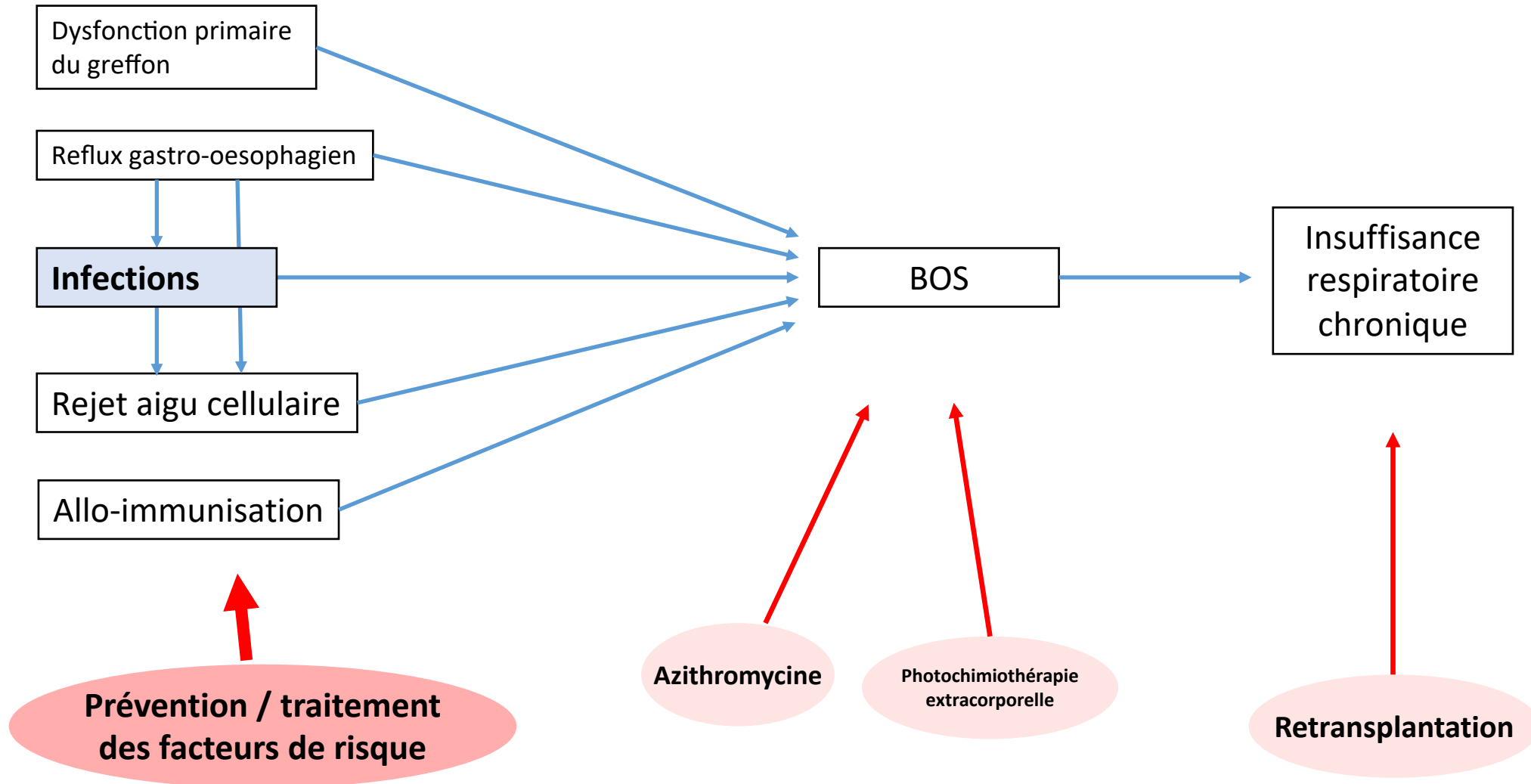
## Adult Lung Transplants

### Freedom from Bronchiolitis Obliterans Syndrome

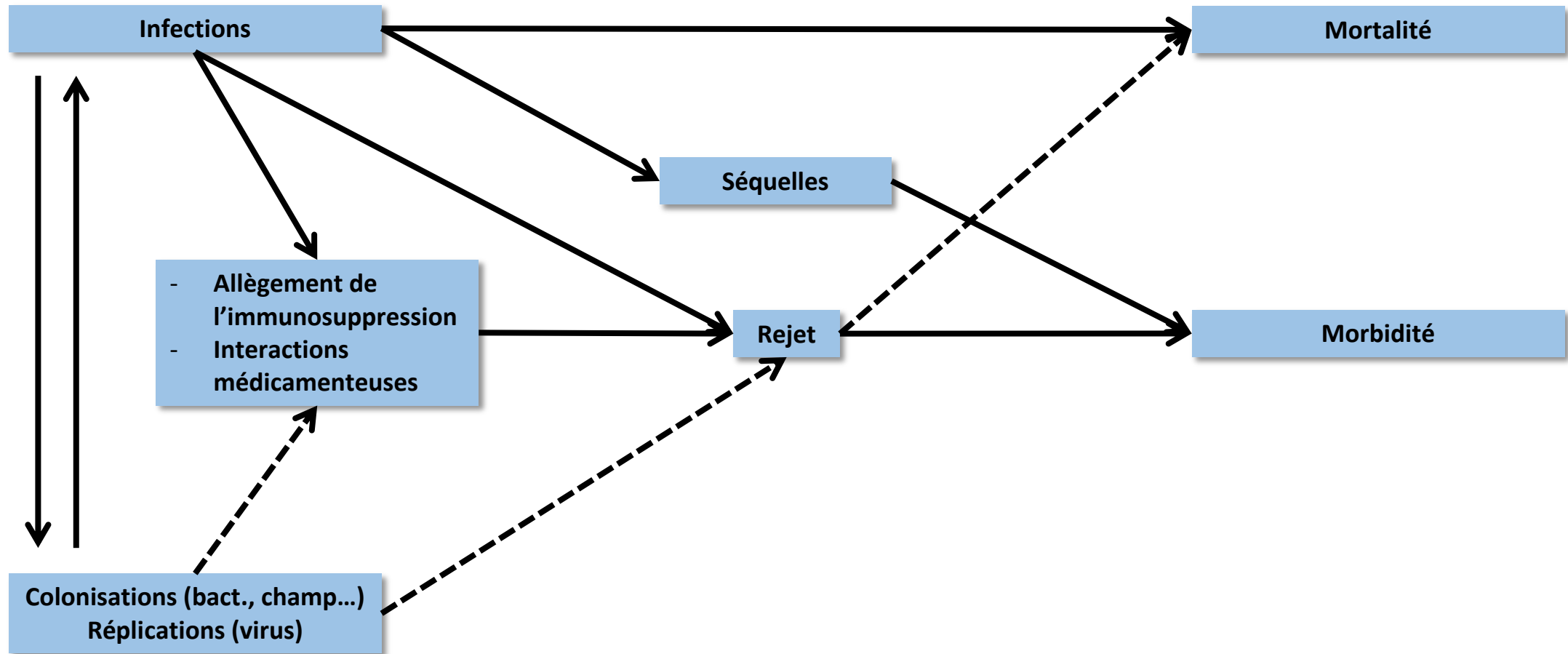
Conditional on Survival to 14 days (Transplants: January 1995 – June 2017)



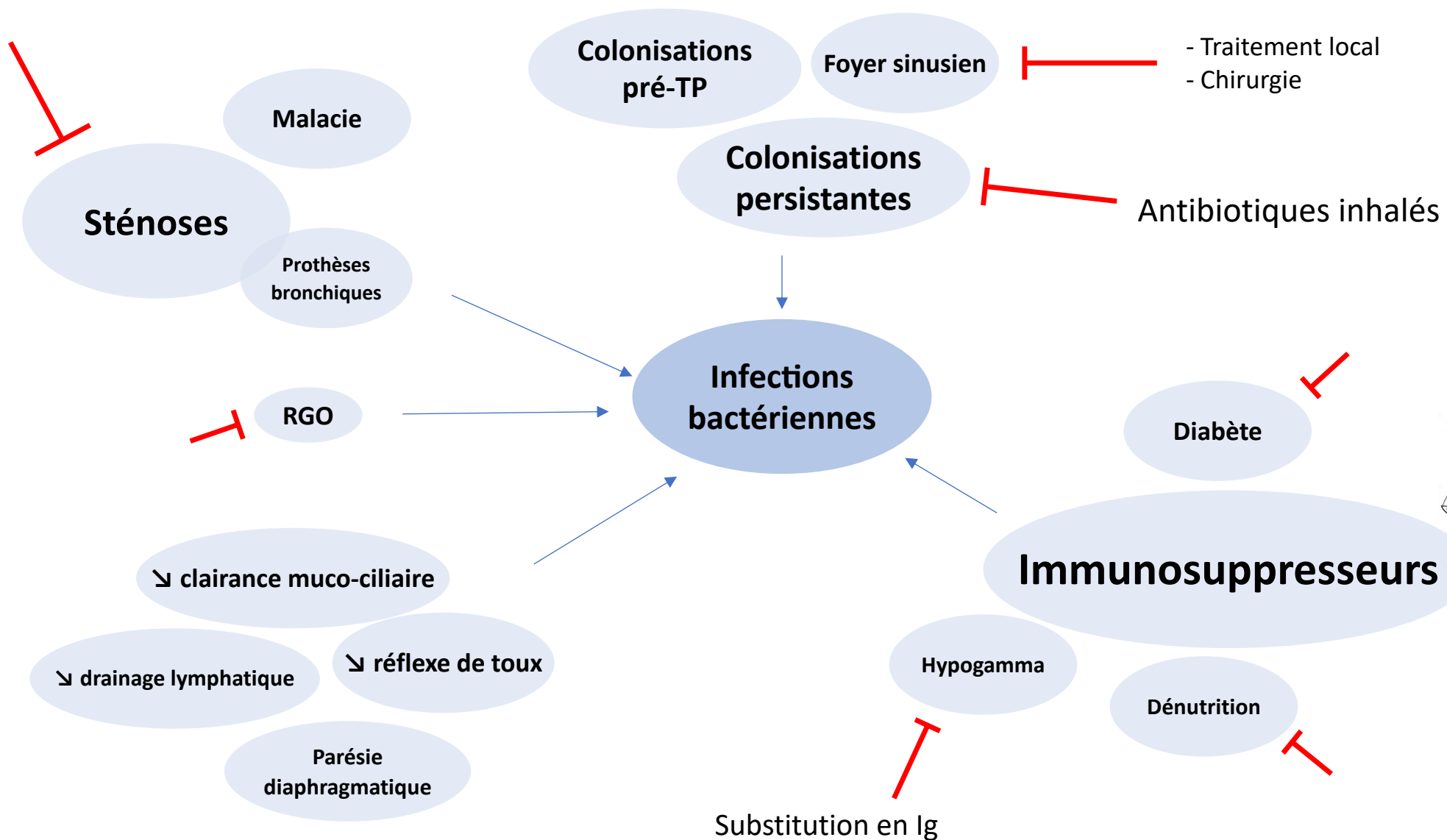
# Dysfonction chronique du greffon



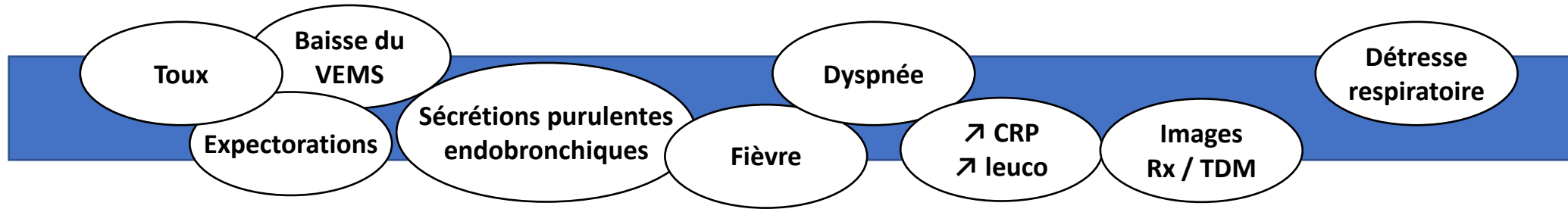
# Complications infectieuses // Rejet



# Infections bactériennes : facteurs favorisants



# Infections bactériennes

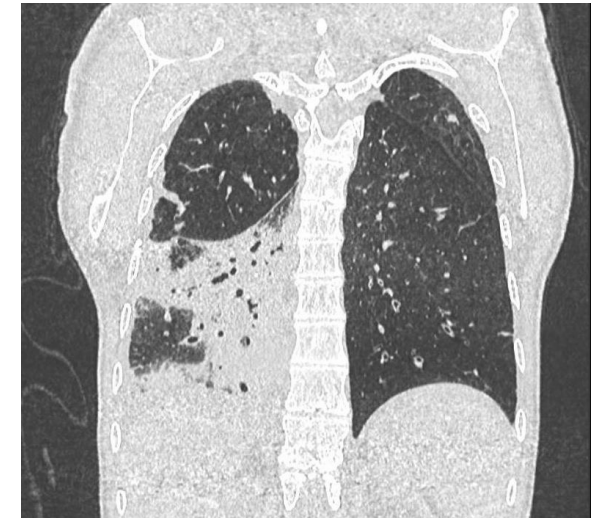


## *Bronchite*

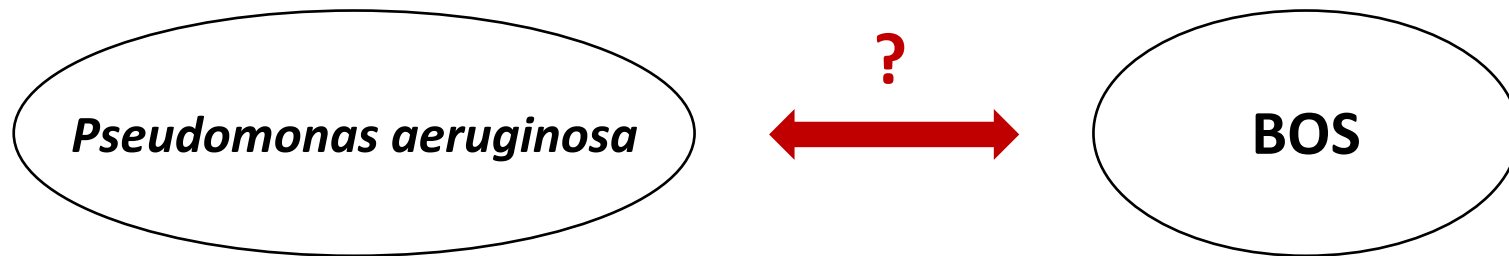


- Prélèvements endoscopiques si images
- Antibiothérapie « facile »
- Durée selon germe / sévérité / terrain (DDB...)

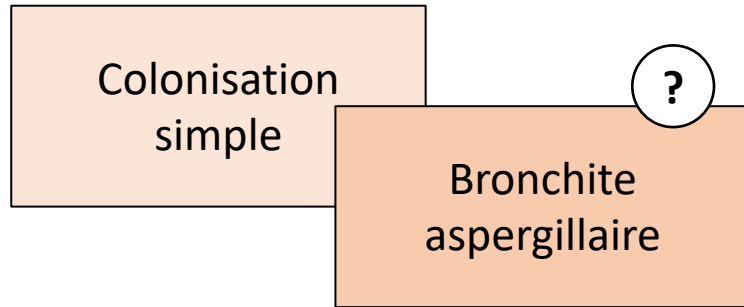
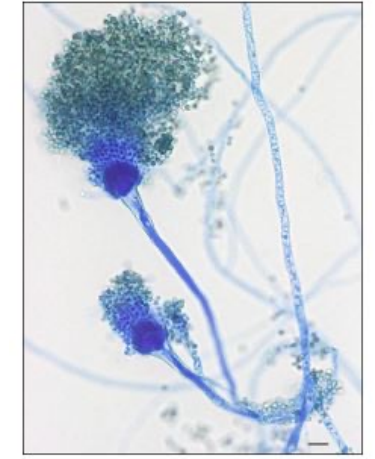
## *Pneumonie*



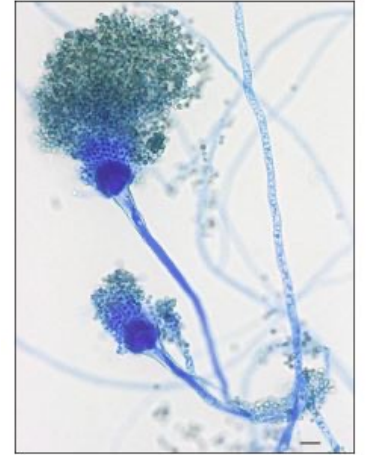
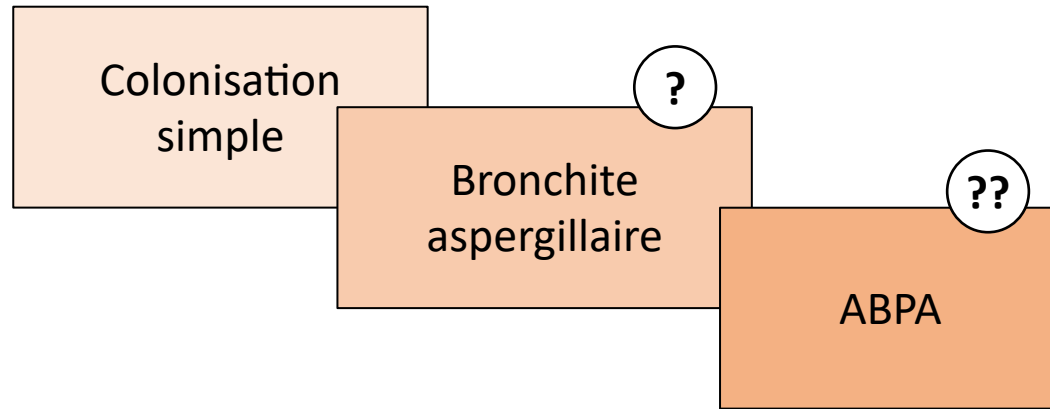
# Infections bactériennes



# Infections fongiques : *Aspergillus*

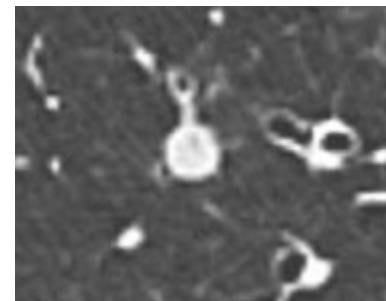
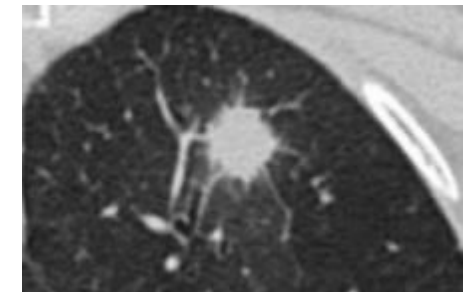
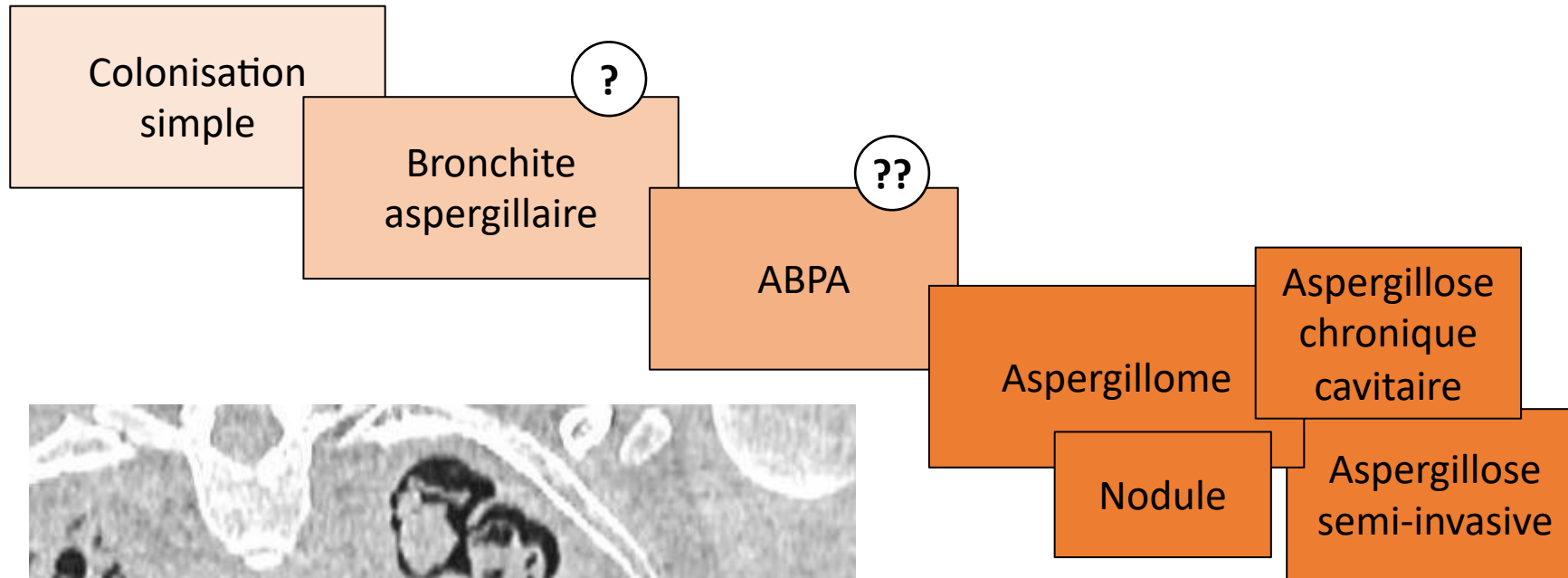
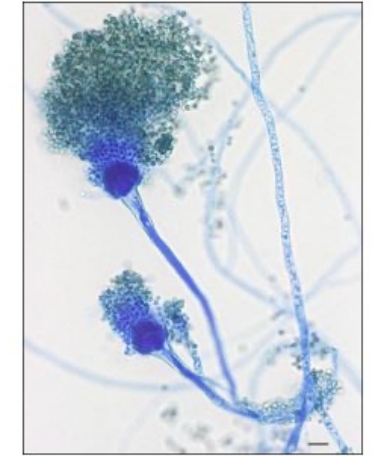


# Infections fongiques : *Aspergillus*

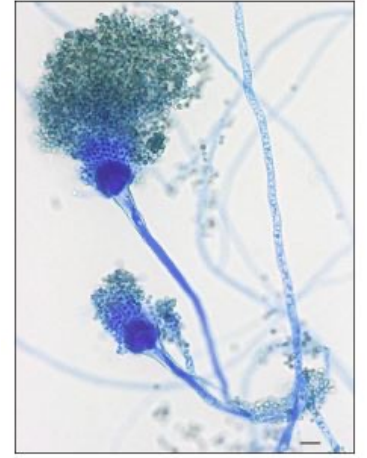




# Infections fongiques : *Aspergillus*

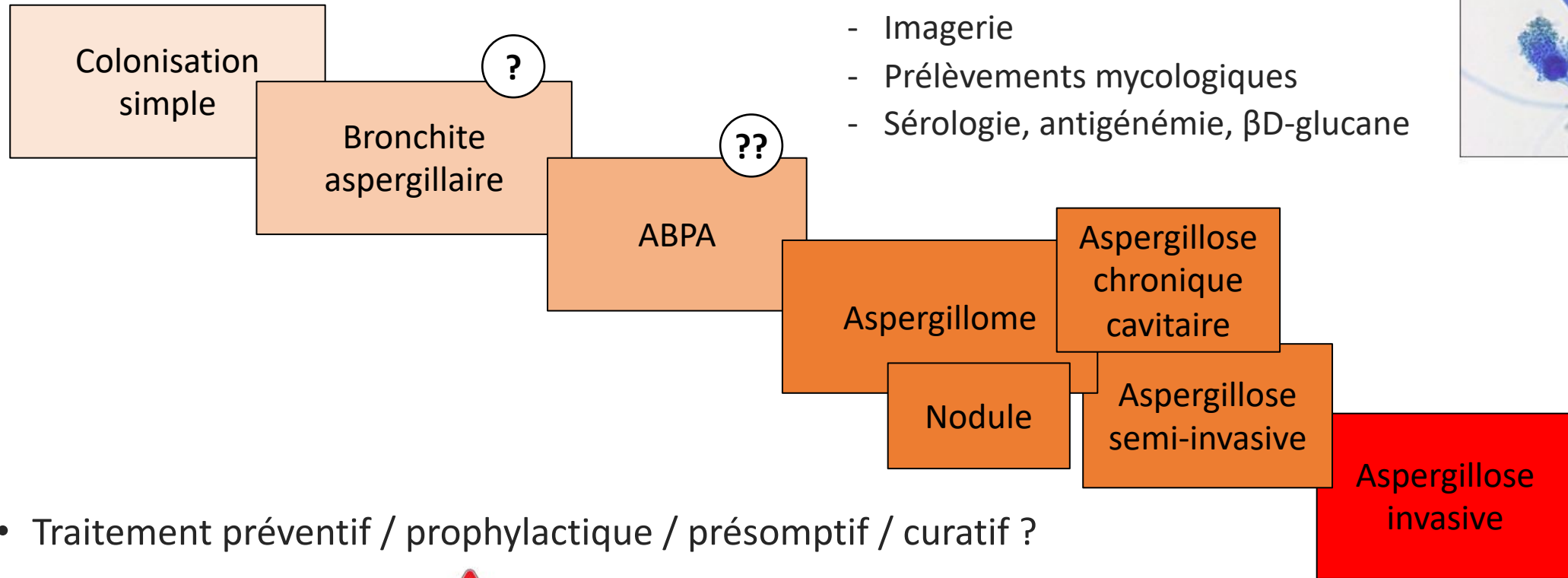



# Infections fongiques : *Aspergillus*



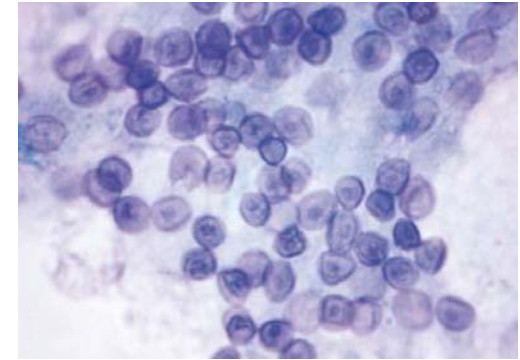
Outils diagnostiques :

- Imagerie
- Prélèvements mycologiques
- Sérologie, antigénémie,  $\beta$ D-glucane

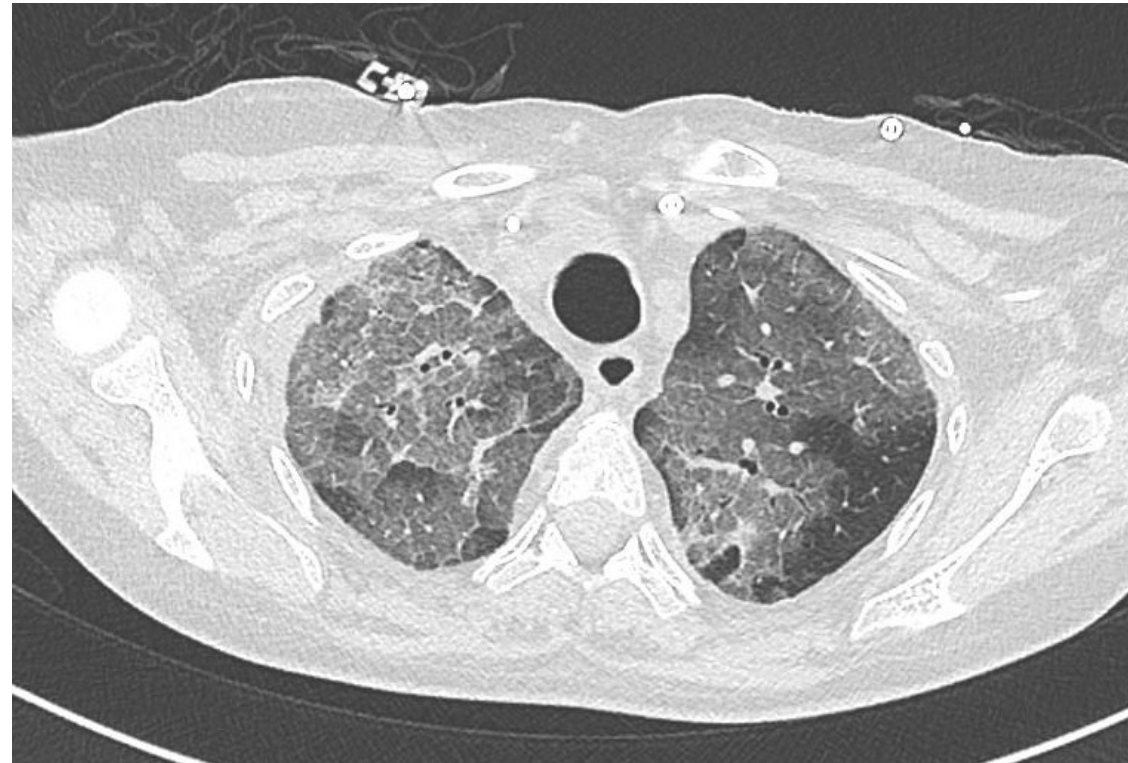


- Traitement préventif / prophylactique / présomptif / curatif ?
- Antifongiques azolés :  interaction / antirejets (tacrolimus)
- Traitement chirurgical souvent difficile...

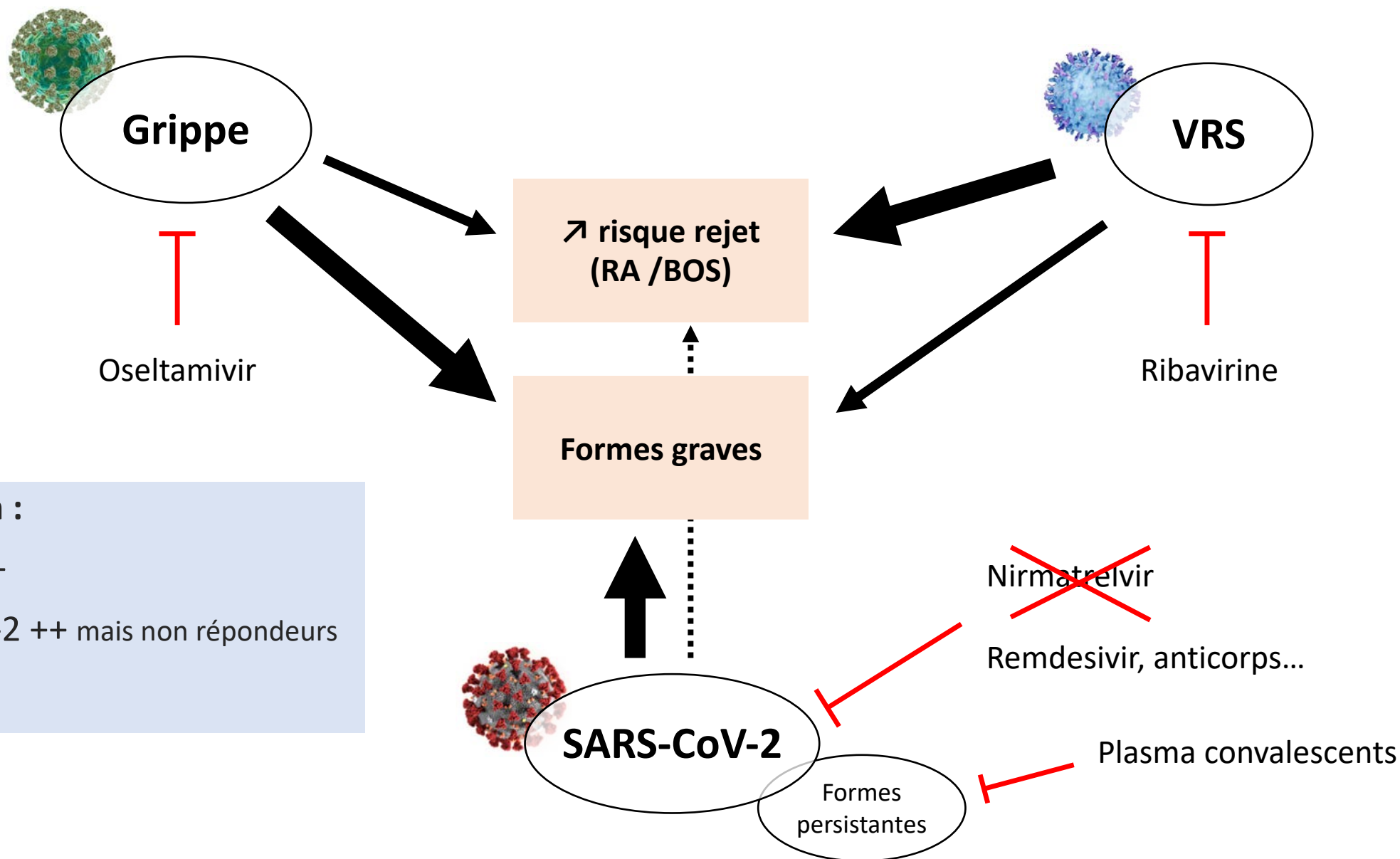
# Pneumocystose

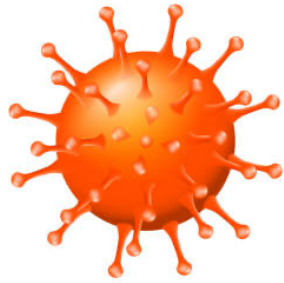


- **Prophylaxie** universelle efficace ++ : Bactrim®
- Mais E.I., **observance...**
  
- Alternative : Atovaquone
- Mais **observance...**

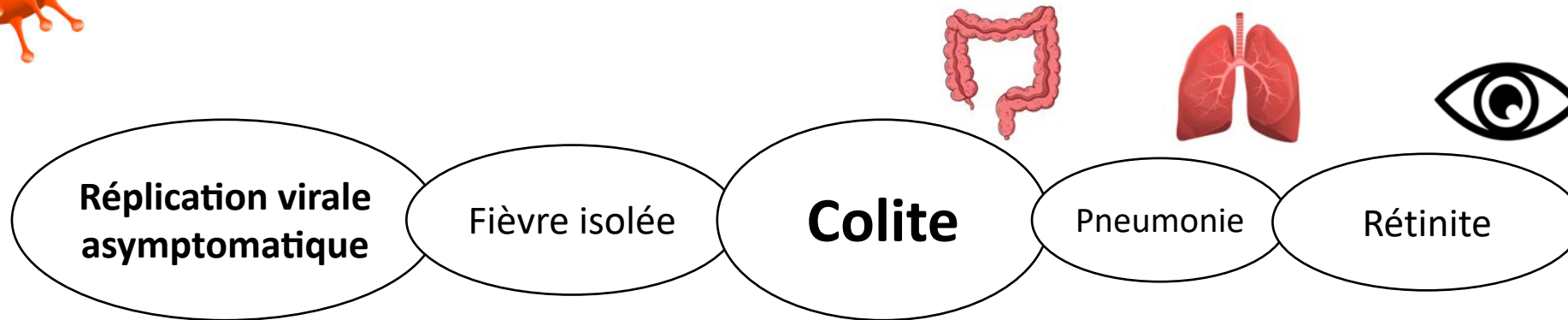


# Virus respiratoires





# Cytomégalovirus (CMV)



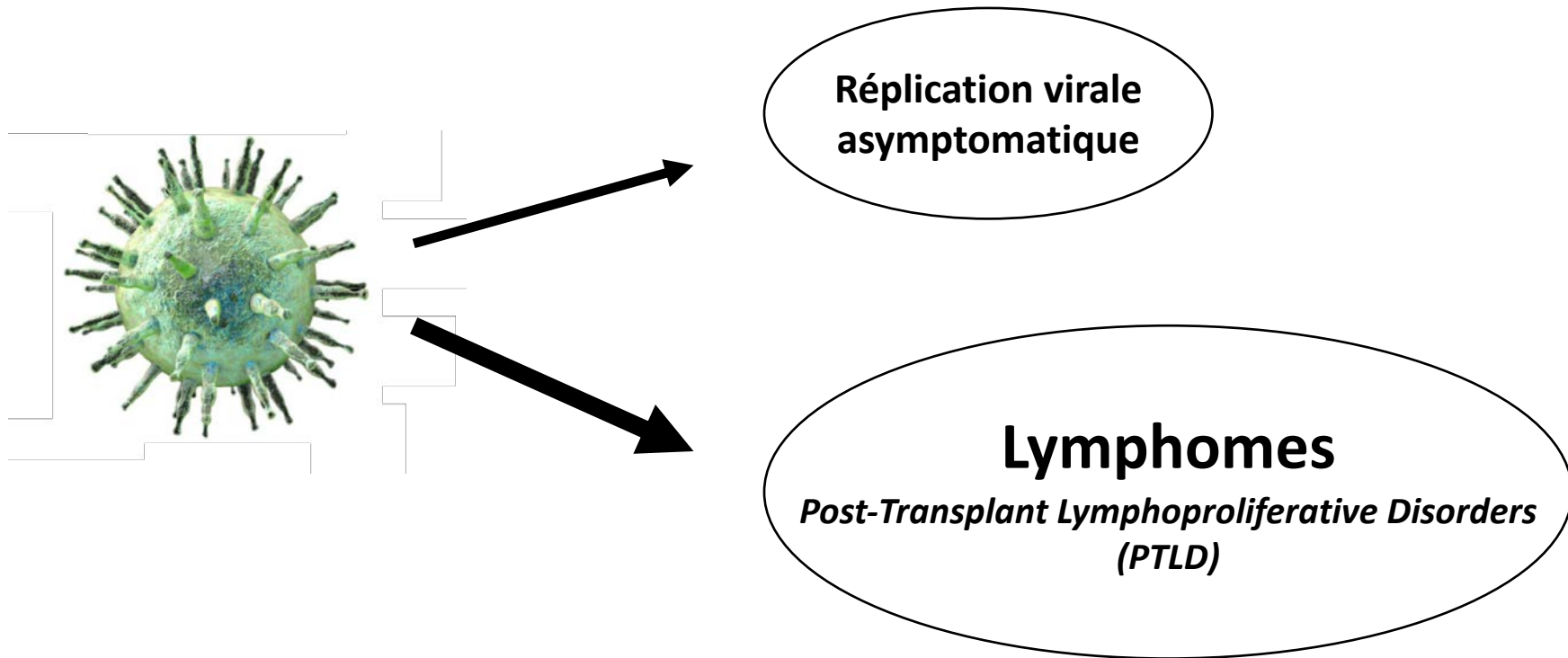
**Risque : selon statut donneur / receveur ( D+/R- +++ )**

**Prophylaxie : selon ↑**

**Traitement de 1<sup>ère</sup> int. : Valganciclovir P.O.**

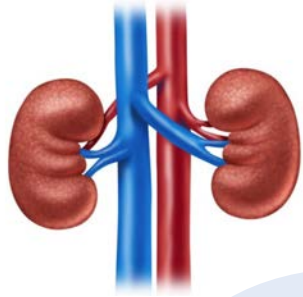
mais E.I. (**neutropénie ++**), formes résistantes, rechutes

# Epstein-Barr virus (EBV)



Risque : selon statut donneur / receveur ( D+/R- +++ )

# Autres virus



**BK virus**



**JC virus**

Peu / pas de traitements  
→ **Allègement immunosuppression**

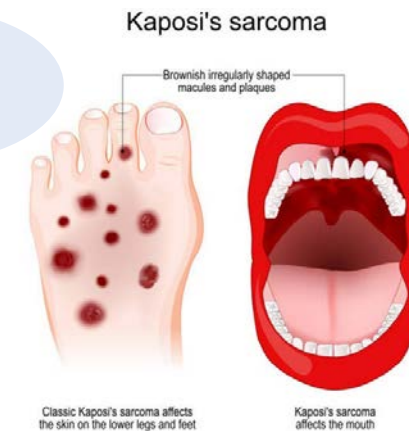


**Parvovirus B19**

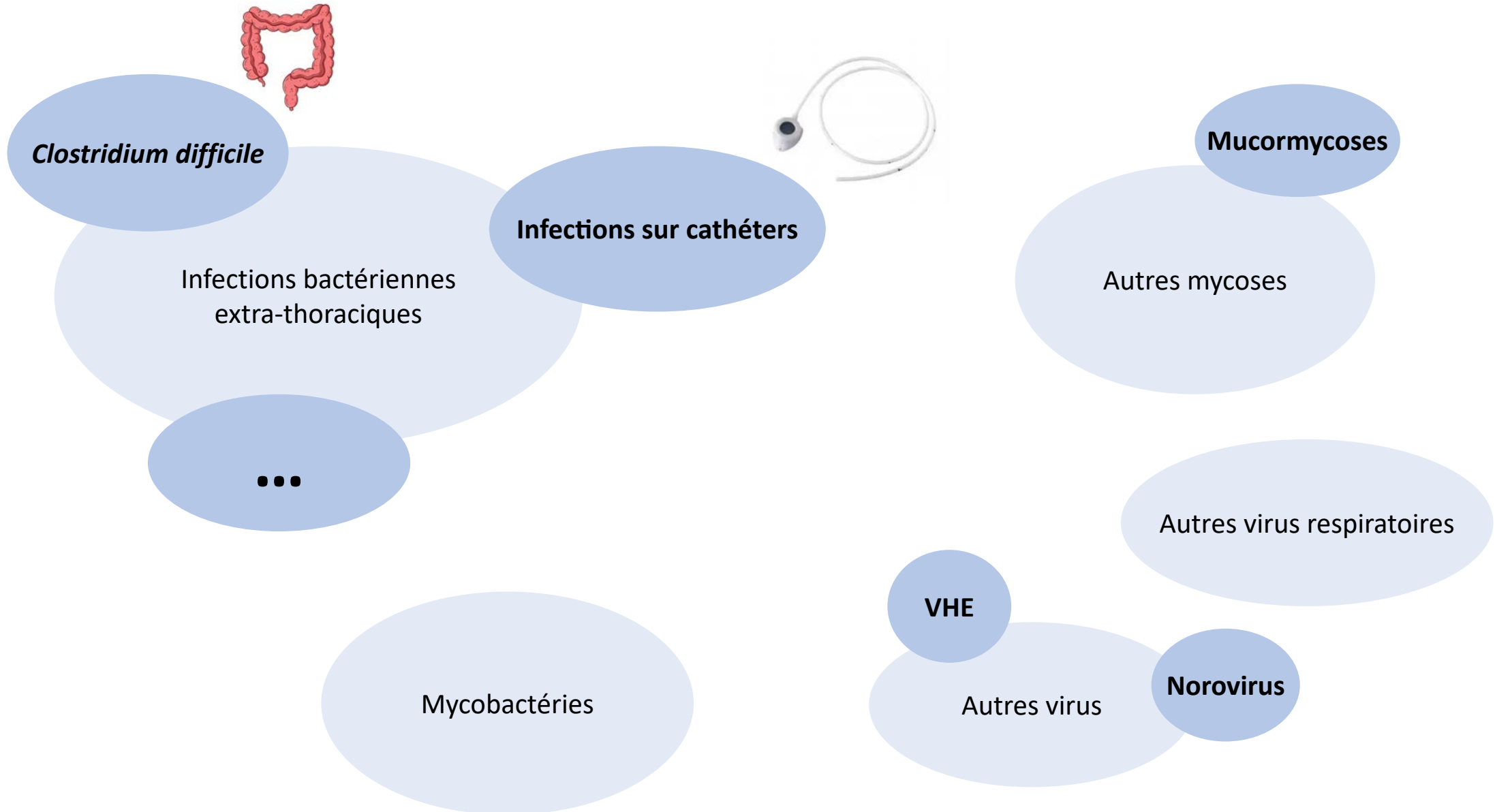
**HPV**



**HHV8**

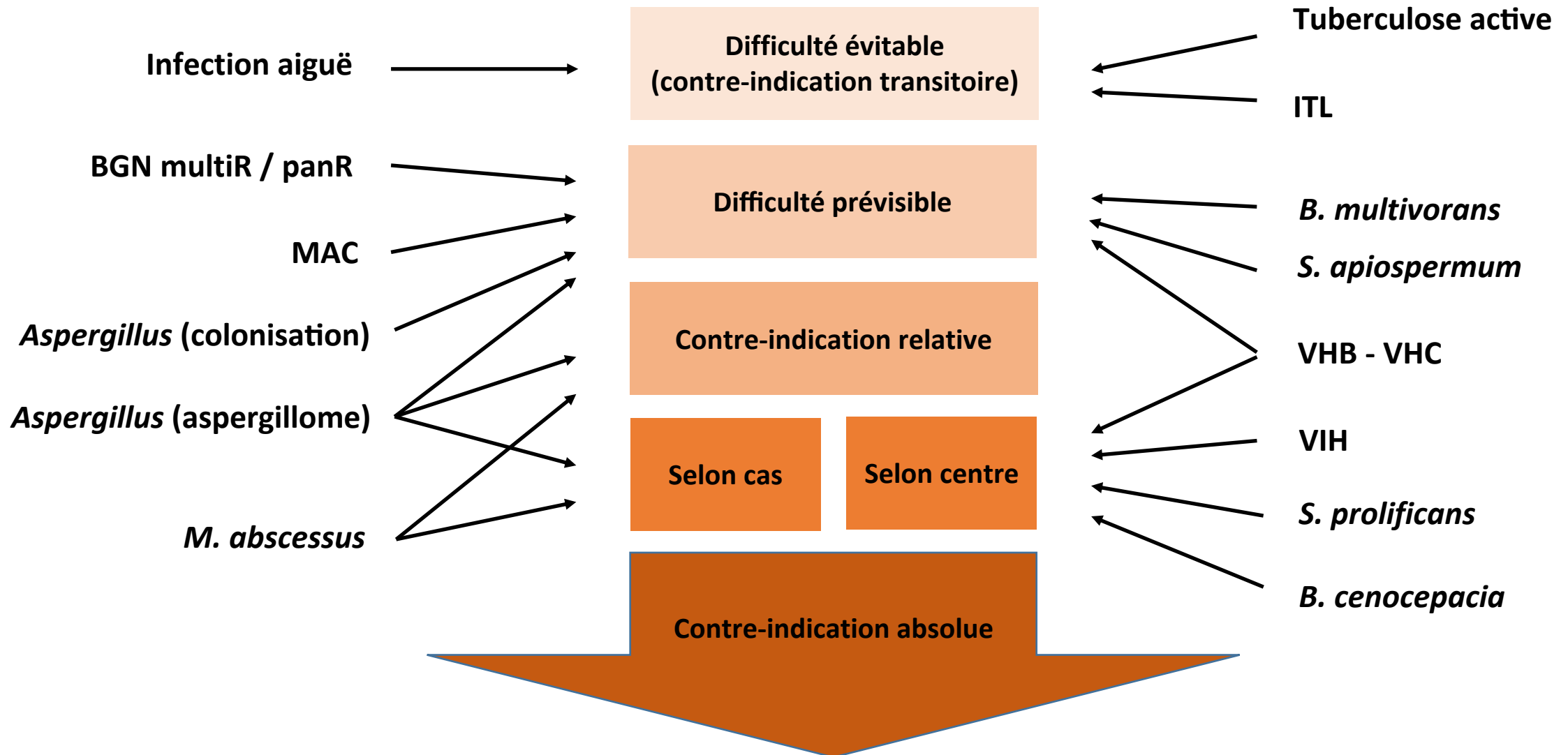


## Mais aussi...

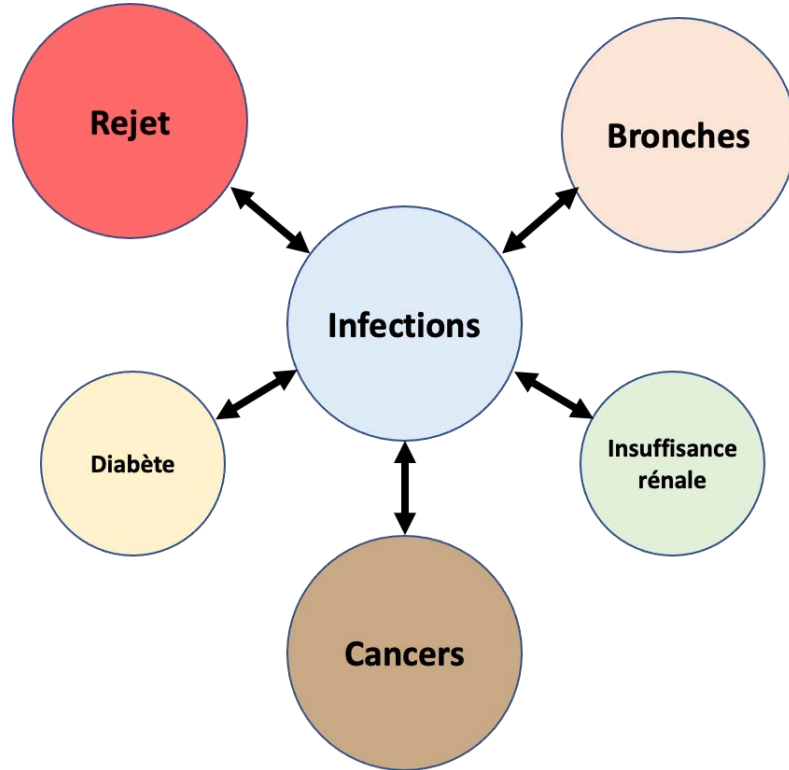




# Infections pré-greffe : contre-indications ?



# Conclusion



Immunosuppression :



Travail d'équipe

Suivi « partagé » : pas si simple

