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# *Trichosporon inkin* and recurrent infection of Bentall graft: A unique infection

## *Trichosporon inkin* e infecção recorrente de Bentall-Bono: uma infecção única

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A 71-year-old man underwent a Bentall procedure a year ago; his medical history was negative for any immunosuppressive conditions. Eight months later, he was admitted with a history of high fever (38.6 °C). Blood cultures were drawn on arrival, which identified *Trichosporon inkin*, treated with intravenous amphotericin B. A subsequent transesophageal echocardiogram revealed a hypermobile vegetation attached to the valve causing severe flow obstruction (Figure 1). Urgent surgery was performed.

Five months later, positron emission tomography fused with computed tomography (PET/CT), performed due to persistent fever, confirmed a peritubular relapse of the *T. inkin* infection, requiring urgent surgery and redo of the Bentall procedure, without further complications. This time, the vegetation was attached to the Dacron tube.

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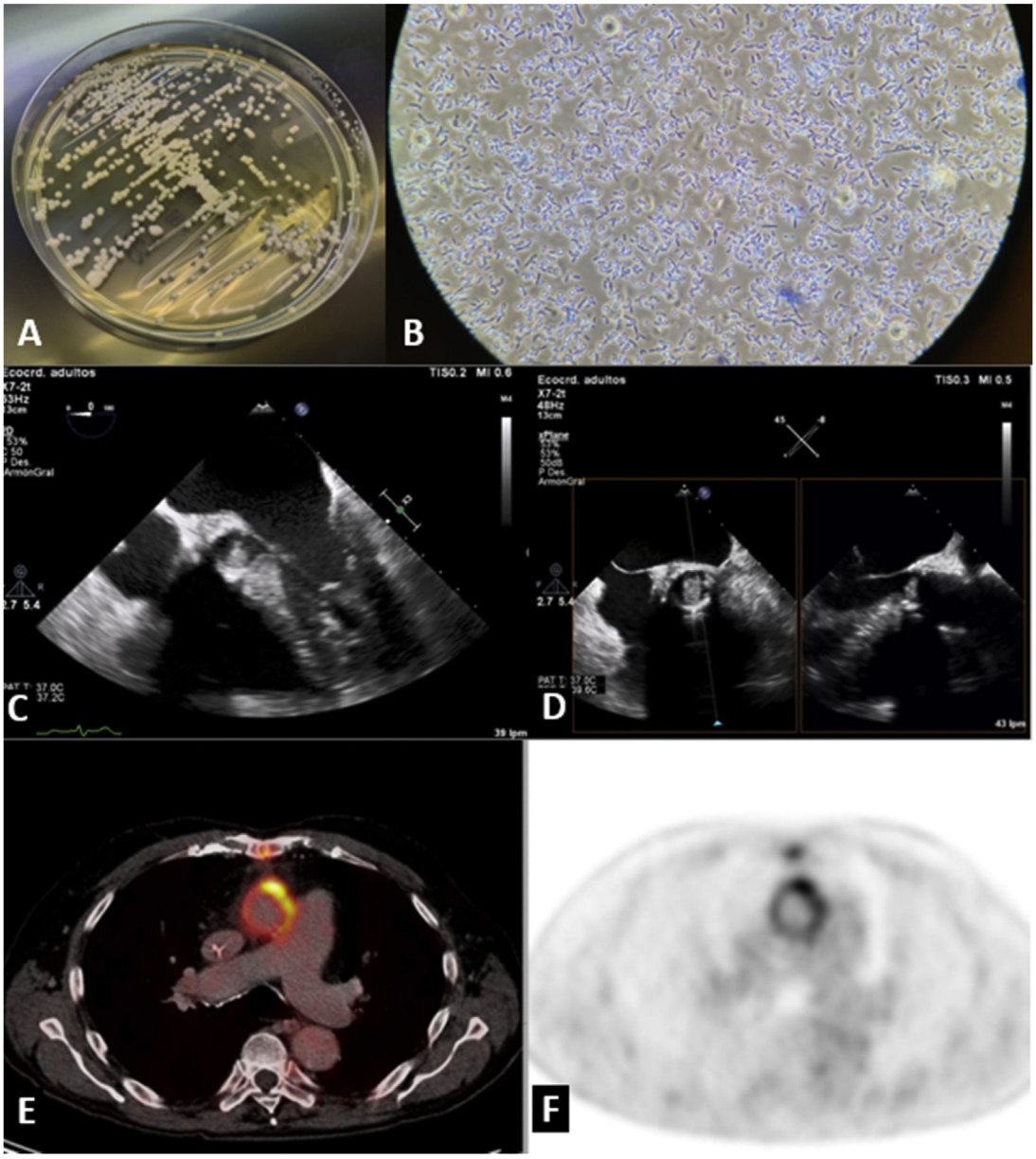


**Figure 1** (A) *Trichosporon inkin*: Sabouraud glucose agar, 30 °C, 7 days; (B) *T. inkin* arthroconidia and blastoconidia (lactophenol cotton blue 40×); (C) transesophageal echocardiogram showing a hypermobile mass causing severe obstruction (D and E) at the aortic valve; (E) positron emission tomography fused with computed tomography with a maximum standardized uptake value of 13 showing a vegetation located in the left anterolateral aortic wall.

An immunological study was performed, with no remarkable findings. The patient was discharged on 200 mg fluconazole daily guided by antifungal susceptibility testing, without relapse since then.

## Conflicts of interest

The authors have no conflicts of interest to declare.