

Prophylaxis against fungal infections in solid organ and hematopoietic stem cells transplantation Profilaxis antifúngica en niños y adultos sometidos a trasplante de órganos sólidos y de precursores hematopoyéticos

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Invasive fungal infections are an important cause of morbidity and mortality in SOT and HSCT recipients. The main species involved are *Candida* spp. and *Aspergillus* spp, less frequently *Cryptococcus* spp., causal agents of mucormycosis and *Fusarium* spp. Usually occur within the first six months post-transplant, but they do it later, especially during episodes of rejection, which maintains the state of immune system involvement. Prophylaxis recommendations are specific to each type of transplant. In liver transplantation use of fluconazole is recommended only in selected cases by high risk factor for invasive fungal infections (A1). If the patient has a high risk of aspergillosis, there are some suggestions for adults population to use amphotericin B-deoxycholate, liposomal amphotericin B or caspofungin (C2) without being validated none of these recommendations in pediatric population. In adult lung transplant patients where the risk of aspergillosis is higher than in other locations, we