Pseudomonas aeruginosa eradication after lung transplantation: is it the tip of the iceberg?

Jonathan Messika [1,2,3], Vincent Bunel[1,2], Gaelle Weisenburger[1,2], Cendrine Godet[1,2] and Hervé Mal[1,2]

[1]APHP.Nord-Université de Paris, Hôpital Bichat-Claude Bernard, Service de Pneumologie B et Transplantation Pulmonaire, Paris, France. [2]Physiopathology and Epidemiology of Respiratory Diseases, UMR1152 INSERM and Université de Paris, Paris, France. [3]Paris Transplant Group, Paris, France.

Jonathan Messika (jonathan.messika@aphp.fr)

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Is respiratory *Pseudomonas aeruginosa* infection or persistence in lung transplant recipients an early marker of an emerging chronic lung organ dysfunction? Or its by-product?
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To the Editor:

Chronic lung allograft dysfunction (CLAD) remains the leading cause of death after 1 year post-lung transplantation (LT). As such, every effort to decrease, or to delay, CLAD occurrence must be commended. With this in mind, we read with much interest the study by De Muynck *et al*. [1]. In this retrospective study of 662 LT recipients in the University Hospitals Leuven, the authors show that CLAD-free survival and graft-survival is significantly better in patients in whom *Pseudomonas aeruginosa* was never isolated in the respiratory tract. Moreover, in the 95 patients with at least one episode of *P. aeruginosa* isolation, a significantly better outcome was reported for those whose *P. aeruginosa* was deemed to be "successfully eradicated" and, on the contrary, significantly lower survival, lower CLAD-free survival and graft survival, and a more pronounced decrease in forced expiratory volume in 1 s during the first year was found when *P. aeruginosa* eradication was not achieved. These findings are of utmost interest, and the authors, belonging to a very well-known team, with a long-lasting expertise on LT, should be commended for having conducted this study.