

Kaplan–Meier analysis of time to death from any cause showed significant survival benefit in favor of POS ($P = 0.035$).

Deaths among patients with probable or proven breakthrough IFI during prophylaxis

Patients with IFI	POS (n=7)	FLU/ITZ (n=25)
Total deaths, n (%)	1 (14)	11 (44)
Cause of death, n (%)		
Progression of IFI	0	8 (32)
AML/MDS	0	2 (8)
Intercurrent illness	1 (14)	1 (4)

Conclusions: In this study, among 32 AML/MDS patients with IFIs, mortality rates were high (44% in the standard azole group and 14% in the POS group). An early intervention strategy such as POS prophylaxis, which significantly decreases the incidence of IFI, may be more effective than waiting to treat established IFI.

116

Scopulariopsis spp. Invasive Infection in Immunocompromised Patients

H.F. Kennedy*, B.E.S. Gibson, C.L. Williams.
Department of Microbiology, Royal Hospital for Sick Children, Yorkhill Division, Glasgow, UK

Background: The most common disease association of the mould *Scopulariopsis* is onychomycosis. However, in addition, there now exists a small but increasing number of reports of invasive infections, with high associated mortality, in immunocompromised patients receiving therapy for malignancies or in receipt of bone marrow or solid organ transplants.

Objectives: To describe an unusual case of infection by *Scopulariopsis brevicaulis* in a paediatric patient with acute lymphoblastic leukaemia (ALL) and review the literature on invasive infection by *Scopulariopsis* spp. in immunocompromised patients.

Methods: Case report and literature review. Antifungal MICs were determined at the HPA Mycology Reference Laboratory, Bristol, UK. Case: A 10-year-old girl receiving maintenance chemotherapy after relapse of ALL following bone marrow transplantation was admitted with fever and a dry cough. Her CRP level was 141 mg/L and her absolute neutrophil count was $2.1 \times 10^9/L$. Blood cultures at this time were negative. A CT scan revealed multiple pulmonary lesions suggestive of fungal pneumonia. AmBisome was added to empirical antibiotic therapy. Bronchial lavage was not performed. Blood cultures taken 10 days later

yielded *S. brevicaulis*. Voriconazole was added but blood cultures remained intermittently positive. Antifungal susceptibility results were then received (amphotericin B MIC: 1 mg/L, voriconazole: 8 mg/L, itraconazole: 16 mg/L, caspofungin: 4 mg/L and terbinafine: 0.5 mg/L). The addition of oral terbinafine was associated with microbiological response and complete resolution of fever. AmBisome was later discontinued and the patient discharged. To date, she remains asymptomatic and afebrile on oral voriconazole and terbinafine. However, some pulmonary lesions remain.

Results/Conclusions: Review of the literature indicates that isolation of *Scopulariopsis* spp. from blood cultures is rare and resistance or reduced susceptibility to antifungal agents compromises therapy of infection. However, in the case presented here, blood cultures were positive on 5 occasions, allowing definitive identification and antifungal susceptibility testing, which guided subsequent therapy. In addition, neutrophil counts of $>1.0 \times 10^9/L$ throughout the period of fungaemia probably influenced the clinical outcome, which was superior to that of the majority of reported cases of *Scopulariopsis* spp. invasive infection in immunocompromised patients.

117

Safety of 70% Ethanol as an Antiseptic Catheter-lock Solution for Tunneled Polyurethane Central Venous Catheters (CVC): Randomized Placebo Controlled Trial

B.J.A. Rijnders*, L. Slobbe. Erasmus University Medical Center, Rotterdam, The Netherlands

Background: Antibiotic-locks have been shown to prevent CVC-related bloodstream infection in pts with tunneled CVC. An ethanol-lock might be a good alternative because it has a broad antimicrobial spectrum and does not carry the risk of selection of antibiotic-resistant microorganisms.

Objectives: To evaluate safety and tolerability of 70% ethanol CVC-lock.

Materials & Methods: Hematology pts who had tunnelled polyurethane CVC inserted during hospital stay for chemotherapy were randomized to 70% ethanol lock or placebo (NaCl 0.9%). Lumina were locked for 15 min/day during hospitalization and 1x/week otherwise. Ethanol/placebo was flushed slowly through the CVC afterwards. Liver enzymes (g-GT, ASAT) and MCV on d0 and d14 were measured and pts were asked to fill out a questionnaire on side effects. Recruitment of 440 pts is ongoing. This abstract reports on a planned