

**Type: Poster Presentation**

Final Abstract Number: 54.006

Session: Mycology, Fungal Infections and Antifungal Drugs

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Time: 12:45-14:15

Room: Ballroom

**Endocarditis and endophthalmitis - late complications after candidaemia**

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**Background:** Candidaemia is a potentially devastating blood-stream infection predominantly affecting hospitalised, severely ill patients. Despite substantial advances in antifungal agents, candidaemia remains associated with high mortality. Candidaemia may cause severe sepsis and septic shock leading to multiorgan failure. Other complications include deep organ involvement, endocarditis and septic thrombosis. Optimising outcomes of candidaemia and prevention of complications requires timely initiation of adequate antifungal therapy.

**Methods & Materials:** Case report

**Results:** A 73-year-old patient was admitted for pancreatic head resection due to a benign tumour. Two week after the resection patient became septic based on a candidaemia with *Candida albicans*. The primary antifungal treatment with Anidulafungin was started and on day 7 after improvement of patient the therapy was switched to Fluconazole for another 15 days. All blood cultures taken under antifungal therapy were negative. Transoesophageal echocardiography offered no signs of an endocarditis of the biological aortic valve prosthesis, placed in 2007, or another valve. Ten weeks after the successful treatment of the candidaemia the patient developed septic shock with severe thrombocytopenia. Another transoesophageal echocardiography revealed major vegetation attached to the biological aortic valve prosthesis which was implanted in 2007. During open heart surgery, whitish large, polypous vegetation (outside dimensions of 25 x 22 x 20 mm) was found covering virtually the complete valve opening area of the valve prosthesis. The valve with adherent vegetation was removed en bloc and replaced by a new bioprosthesis. Histopathology revealed a fungal mass comprised of yeasts cells and pseudohyphae that were microbiologically identified as *Candida albicans*. After the replacement of the valve antifungal treatment with Caspofungin was started. An ophthalmologist diagnosed a bilateral endophthalmitis as a further complication of candidaemia seven days later. Caspofungin was stopped and the antifungal treatment was continued by Fluconazole. Furthermore it was done vitrectomy on the left eye. The patient succumbed three weeks later from acute subarachnoidal hemorrhage.

**Conclusion:** This case shows an endocarditis and endophthalmitis as very late complications of candidaemia almost three month ago. We have to discuss the antifungal management of the primary candidaemia as step down regimen in a patient with biological aortic valve prosthesis as possible cause for these complications.

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**Candida blood-stream infections**

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**Background:** *Candida* species are one of the most common causes of blood-stream infections. Although *Candida albicans* is the most common clinical isolate, several studies have detected a global shift in epidemiology toward non-*albicans* *Candida* species.

**Methods & Materials:** In this study the emergence of blood-stream infections caused by *Candida* spp. was explored retrospectively over one year period in Akdeniz University Hospital Clinical Microbiology Laboratory.

A total of 164 blood cultures from 97 patients were investigated. The blood culture isolates were identified using standard microbiological methods. Organisms were identified to the species level by germ tube test and by the evaluation of morphologic properties on Corn Meal Tween 80 agar.

**Results:** While *C. albicans* was the most frequently isolated species (n = 65), non-*C. albicans* *Candida* spp. included; *C. parapsilosis* (n = 42), *C. tropicalis* (n = 18), *C. glabrata* (n = 14), *C. krusei* (n = 10). Fifteen isolates could not be identified to the species level and were determined as *Candida* spp.

**Conclusion:** In our study, *C. albicans* accounts for 39.6% of all *Candida* blood stream infections, although a noticeable shift toward *Candida* species other than *C. albicans* has been observed, which is important because of intrinsic or acquired antifungal resistance in several of these species.

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**Treatment of mucormycosis with liposomal Amphotericin B, posaconazole and deferasirox: A case report**O.R. Sipahi<sup>1</sup>, U. Onal<sup>1</sup>, M. Tasbakan<sup>2</sup>, T. Yamazhan<sup>1</sup>, B. Arda<sup>1</sup>, H. Pullukcu<sup>2,\*</sup>, S. Ulusoy<sup>1</sup><sup>1</sup> Ege University-Faculty of Medicine, Izmir, Turkey<sup>2</sup> Ege University Medical Faculty, Izmir, Turkey

**Background:** In this report, we present a 69 years old diabetic patient with mucormycosis which was successfully treated with liposomal Amphotericin B (LAMB), posaconazole and deferasirox.

**Methods & Materials:** A 69 years old female patient with hypertension and type2 diabetes mellitus, admitted to hospital with