Possible Candida injection of pancreatic tissue was considered when Candida spp were isolated from:

1. Abdominal drains effluent (at least two samples) in postoperative patients, or
2. Candida spp grown in only in blood culture.

Relevant patient information was obtained from hospital information system. Data were analyzed by SPSS 20 statistical software and MS Excel.

Results: A total of 14 cases were identified amongst which 6/14 (42.8%) had true Candida infection whereas possible Candida infection was seen in 8/14 (57.1%) patients. Out of these, 3 (21.4%) were the predominant species seen in 8/14 (57.1%) whereas Candida albicans was seen in 4/14 (28.6%). One isolate of C. auris was identified. Patients with C. tropicalis infection showed higher mortality (69, 66.7%) as compared with patients with other Candida species, in whom 20% (5) mortality was noted. Admitting knowledge limitations in to retrospective data extraction, we delineated some of the possible risk factors predisposing to Candida infection, given in Table 1.

Table 1. Prevalence of risk factors.

| Prevalence |
|----------------|
| Usage of broad-spectrum antibiotics | 100% (7/7) |
| Presence of central venous catheter | 77.8% (7/9) |
| Surgical intervention/US guided aspiration | 100% (13/13) |
| Intensive care unit (ICU) admission | 35.7% (5/14) |

Conclusion: Role of Candida species in the pathogenesis of adjacent tissues in case of acute pancreatitis has been suggested in this study. The results, though not being typically recognized are important to note in the common scenario in our study and carries even higher mortality. Scoring for Candida spp should be carried out in these patients in view of starting antifungal treatment at the earliest possible so that proper diagnosis and management can be undertaken.

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Overview of post-covid mucositis in a tertiary care hospital in South India

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Poster session 2, Saturday, 22, 12:00 PM - 1:00 PM

Introduction: The unpreceded rise of COVID-associated mucositis (CAM) even before the havoc caused by COVID-19 pandemic could settle a major challenge to the radical pandemic. COVID-associated mucositis had rapid downhill progression and high mortality rates requiring a high index of clinical suspicion for early diagnosis and aggressive management for a successful outcome. Hence, we report our experiences in the management of COVID-associated mucositis patients.

Objective: To analyse the risk factors, clinical presentation, diagnostic, imaging, and treatment data of COVID-associated mucositis patients treated in our hospital.

Materials and Methods: Observational study was done on the clinical, microbiological, histopathological, imaging, and treatment data of 36 patients with mucositis in the setting of COVID during the period of 2020-2022 and analyzed. Results: Out of 36 patients analyzed, 27 were male and 9 were female. In all, 75% of patients (27 were diabetic; 24 patients (66%) had new onset SEVERE COVID-19 pneumonia. A total of 10 patients were treated with steroids; 20 patients required supplemental oxygen. The most common type was sinusitis (26 patients) followed by rhino-orbital disease (1 patient); 10 patients developed clinical manifestations within 4 weeks of COVID onset.

Findings: Out of 27 patients (26 patients) (11 patients) were the common presenting symptoms. The most common diagnostic nasal endoscopy finding was necrotic debris with blackish stains in the respiratory tract (26 patients). Cross-sectional imaging (CT and/or MR) showed involvement of paranasal sinus in 26 patients, orbit in 5 patients, and intracranial extension in 2 patients. Histopathological examination of the surgically debulked tissue showed tissue in 23 patients and 9 patients had angioinvasion.

Conclusion: COVID-19 increased the risk of mucositis and should be a major concern in the COVID-19 patient with diabetes, obesity, and history of smoking. The clinical manifestations were dominated by sinusitis, rhino-orbital disease, and respiratory tract involvement.

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The role of Candida in acute pancreatitis: A disentangled pathogen

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Background: Acute pancreatitis is often complicated by infection of parenchymal necrotic mass. The infection often coexists in patients with chronic alcoholics and severe diabetes mellitus with critical organ involvement. The role of Candida species in acute pancreatitis has been debated in the literature. The objective of this study is to understand the infection profile, risk factors, and clinical outcomes associated with Candida species in acute pancreatitis.

Objective: To determine the characteristics and role of Candida infection in patients of acute pancreatitis and ascertain the spectrum and distribution of risk factors.

Methods: This study was conducted including adult patients who were admitted to gastro-surgery department and had clinical presentation of post-pancreatic fungal infection. Specimens included peripancreatic fluid collection obtained intra-operatively or aspirated USC-guided, drain fluid and blood. In addition to aerobic bacterial cultures, fungal cultures were performed following standard microbiological procedures. Candida infections were categorized into true and possible as per Charlton et al. with some modifications.

True Candida infection of pancreatic tissue was considered when yeast cells were seen and grown in pure or mixed culture from:

1. Per-pancreatic fluid obtained intra-operatively, or
2. USC-guided aspirate, or
3. Abdominal drain fluid and blood culture.

One hundred and forty-nine patients were included in this study. A total of 9 patients (6.4%) were proven cases of Candida infection. Among them, peripancreatic fluid collection (6 patients) grew Candida species in pure culture. One patient had Candida species seen in USC aspirate culture. One patient had Candida species seen in drain fluid culture. The most prevalent Candida species were Candida albicans (3 patients) followed by Candida parapsilosis (2 patients) with a minority of other Candida species (4 patients). All the patients had underlying chronic alcoholism and acute pancreatitis. The study also showed a high mortality rate (66.6%). This study signifies the importance of early diagnosis and therapy for Candida infections in acute pancreatitis to improve patient outcomes. Further studies are needed to understand the pathogenesis and clinical outcomes associated with Candida infection in acute pancreatitis.