PART 2
A descriptive study of Trichosporon fungemia cases from tertiary care center from north India
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Poster 22, Session 2, 9:00 AM - 11:00 AM

Objective: Incidence of fungemia with Trichosporon spp. is increasing especially in immunocompromised patients. High mortality of 40% is associated with T. asahii fungemia. Trichosporon spp. are intrinsically resistant to antimicrobials, exibit high MICs to azoles, B, and have a propensity to turn bacteraemic occultants into frankly diagnostic. Cases of Trichosporon fungemia are often misdiagnosed and under-reported owing to the difficulties in diagnosis. Here, we report the clinical presentation and outcome of Trichosporon fungemia cases at the tertiary care center from north India

Method: This is a descriptive study conducted at the Department of Medical Microbiology, PGIMER, Chandigarh, India. A total of 8 patients who had fungemia due to Trichosporon spp. were included in the study. Trichosporon spp. was identified by matrix assisted laser desorption ionization time of flight mass spectrometry (MALDI-TOF MS) with an epidemiological algorithm. Antifungal susceptibility was done using microbiobiology algorithm recommended by the Clinical and Laboratory Standards Institute (CLSI). Beta-D-glucan (BDG) assay was performed as per the manufacturer's recommendation. Demographic and clinical data along with treatment outcomes of all the patients were noted from medical records.

Results: The average age of presentation of patients diagnosed with Trichosporon fungemia was 44 years and the male to female ratio was 5:5. The underlying conditions included neutropenic patients (n = 2), infectious endocarditis (n = 2) and renal transplant (n = 1). The other risk factors were common aseptic meningitis (n = 4), and prior surgical procedures (n = 3) BDG was raised in 5 patients and 4 patients had a positive value of >80 pg/ml. A total of 7 patients received antifungal treatment. Six patients clinically improved and were discharged while two patients died of refractory shock despite treatment with amphotericin B. Minimum inhibitory concentration of Trichosporon isolates was (range): amphotericin B 0.5-16 pg/ml, fluconazole 0.12-32 pg/ml, voriconazole 0.05-1 pg/ml, itraconazole 0.05-1 pg/ml, and posaconazole 0.05-0.15 pg/ml.

Conclusion: Trichosporon spp. is an opportunistic pathogen causing fungemia in immunocompromised patients. Most of the patients in our study were immunocompetent except for one post-transplant patient. BDG helps in the diagnosis of this infection. This study highlights the need to accurately diagnose Trichosporon infections and perform antifungal susceptibility testing for guiding appropriate management and reducing mortality.

Table 1. Prevalence of risk factors

| Prevalence | Usage of broad-spectrum antibiotics | Presence of central venous catheter | Surgical intervention/USG guided aspiration | Intensive care unit (ICU) admission |
|------------|------------------------------------|-----------------------------------|--------------------------------------------|----------------------------------|
| 100% (77%) | 77.8% (7/9)                          | 100% (13/13)                      | 35.7% (5/14)                               |

Conclusion: Role of Candida species in the pathogenesis of adjacent tissues in case of acral panmycosis has been neglected in the past. The present study is the first to recognize the presence of these organisms in our study and carries even more high-mortality. Screening 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.

P237 Disseminated histoplasmosis from skin to adrenals: a cosmetic catastrophe—a rare case report
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Poster 22, Session 2, 9:00 AM - 11:00 AM

Background: The varying presentations of histoplasmosis are always a diagnostic dilemma for clinicians. Cases of disseminated histoplasmosis can present in multiple specialties like dermatology, medicine, endocrinology, with skin, and mucosal hyperpigmentation as the only major symptom.

Case Report: Here we present a case of a 54-year-old male with hyperpigmentation all over the body with multiple specialty consults. He had been on dialysis for the past 2 years. There was a significant history of loss of weight over a period of 2 years. His cortisol levels were low which explained the focus in the adrenals, with bilateral adenohypofunction in imaging studies. The diagnostic work-up for TB and possible malignancy was done. The provisional diagnosis of histoplasmosis was made and confirmed with biopsy and culture. Definitive treatment with amphotericin was started, which showed improvement on follow-up.

Conclusion: Histoplasmosis is always underdiagnosed, because of a lack of information regarding the various clinical presentations. Early diagnosis and prompt treatment may save the patient from untreatable adrenal insufficiency. The diagnosis of adrenal histoplasmosis should be considered in patients presenting with constitutional symptoms and adrenal masses with or without adrenal insufficiency. Adrenal histoplasmosis can be the only possible presentation in disseminated histoplasmosis.

P238 SWOC analysis of a virtual clinical mycology training module of short duration conducted by IMARC laboratory at AIIMS, Bhopal
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Poster 22, Session 2, 9:00 AM - 11:00 AM

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Objectives: To discuss the strengths, weaknesses, opportunities, and challenges of the virtual clinical mycology training module conducted for a short duration of 20 h.
2 To identify vital areas for improvement in the training module.

Methods: A group of 15 members through small subgroup discussions collaborated across departments and branches over a period of 5 days to analyze the Kayrachaly Mycology training module of September 2021. The SWOC quadrant was prepared with support from the key organizers. The group of 15 members represented faculty, residents, participants, and logistic data managers. This large group was further divided into small groups of 1-4 members in each. They were provided with flip charts and writing boards to reflect on questions in the individual component of SWOC. A flow of WOCO analysis by each small group included steps of generating ideas, prioritization of themes, and finally formaling forward to subthemes workable or doable questions with complete clarity on internal and external factors.

Results: Strengths included the appropriate relevant topics, collaboration of mycologists with CPM and pathologists was good. Need for inclusion of clinical vignettes for demonstration of clinical, radiological, pathological, and microbiological collaboration, and approach to a given case was mentioned. The feedback of participants were analyzed by each small group and the need for similar handling was noted. Virtual training modules uploaded are available freely for reference to all interested. Online using 111 institutions participated.

Weaknesses included the struggle in managing platforms, nervousness in virtual interactions, and arranging routines/logistics timelines. The team of content for incorporating more interactive content was not maintaining adequate. Routine feedbacks were shared. These were fed by the group and also participants’ feedback mentioned the same. Major weakness involves contractual staff with new requirements affecting the already skilled techniques resulting in poor delivery. To overcome this faculty will take lead in all practical sessions was also discussed.

External attributes as opportunities for organizing standard training programs are funds provided by the Government of India, research SRs and several others. Need to tap more resources maintained by all members in terms of expertise and funds.

Challenges pointed human resources, quality instruments, and consumables deficit due to institutional policies. To overcome the said the team CLI SWOC for fungal diagnostics is essential. A group of train the trainers (TOT) must be prepared for each type of healthcare system.

Conclusion: The WOCO analysis of the training module weaknesses and challenges for improvement. Strengths and opportunities discussed for future planning of similar course.

P236 The role of Candida in acute pancreatitis: A deregulated pathogen
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Background: Acute pancreatitis is often complicated by infection of pancreatic necrotic tissue. The well established etiology commonly involves green negative enteric bacilli and enterococcus. Role of Candida species has remained debatable, despite being isolated in the infected and non-infected patients. We evaluated patients with acute pancreatitis with Candida infection over a duration of 4 years for assessment of risk and prognostic factors.

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

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

True Candida infection of pancreatic tissue was considered when yeast cells were seen in and grown in pure or mixed culture from:
1. Per-pancreatic fluid obtained intra-operatively, or
2. USG guided aspirate, or
3. Abdominal drain fluid and blood culture.