predilection value for bacterial infections in COVID-19, the PCT had a positive predicative value for the secondary bacterial infections over 98%. Length of stay in hospital co-related with the development of secondary infection and mortality (P-value < 0.05).

Condition: Culture-based testing should be carried out before the administration of anti-microbials. PCT can be used as a guiding tool. Culture-based testing of antibiotics along with periodic surveillance and head bag practices will immensely contribute to infection control.

P203 A rare case of vertebral osteomyelitis caused by co-infection of Candida and Mycobacterium Tuberculosis: a double trouble
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Introduction: The vertebral osteomyelitis can be prokaryotic (bacterial), non-prokaryotic-gramanumous (tuberculosis, brucellosis, salpingitis), protozoal (malaria, toxoplasmosis), fungal (Candida, cryptococcosis), and it can also occurs due to 0.7%–2% of all spread infections. Tubercular vertebral osteomyelitis has a high prevalence in developing countries like India. Co-infection of the spine by both fungal and bacteria organisms is rare, there is only one case that has been reported till now in our literature review.

The 46-year-old man presented with complaints of lower back pain for 3 months and fever with chills for 3 months. He had done multiple OPD visits at other centers for his lower back pain in the past 2 months, where a whole spine MRI was done which was suggestive of pyogenic intravertebral disc. He was treated with multiple antibiotics on and off. Though he took the treatment, he did not improve. Due to these symptoms, he had undergone thoracentesis and was advised for thoracic surgery.

A chest X-ray was suggestive of right-sided pleural effusion. Thoracoscopic examination was performed by one of the senior thoracic surgeons, and a space-occupying lesion was found in pleura. Therefore, pleuroscopy was performed, and a small amount of pleural fluid was removed.

Histopathological examination revealed noncaseating tuberculous granuloma with caseous material and histiocytosis. Ancillary investigations were suggestive of active pulmonary tuberculosis, and the patient was referred to a tuberculosis hospital.

The patient was put on anti-tubercular and antimicrobial regime, but his symptoms did not improve. He was then referred to our hospital for further management.

On admission, he was found to be in an extremely poor physical condition with low blood pressure and tachycardia. He had a marked weight loss of more than 20 kg due to fever, anorexia, and weight loss. He had restlessness, tachypnea, and jaundice.

The treatment was started with piperacillin-tazobactam and nelfinavir. He responded well to the treatment, and he was discharged with normal weight and active participation in his family affairs.

Conclusion: This case describes the co-infection of Candida albicans and Mycobacterium Tuberculosis in a typical scenario of osteomyelitis. This type of rare phenomenon has to be borne in mind for a proper management of osteomyelitis.