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Introduction: The vesicular stomatitis is a viral, non-protecting granulomatous (rhabdovirus, flaviviridae, arbovirus, nipah virus) viral infection. Rare cases of s.a.r.s. cases worldwide confirms 0.8%-4.2% cases of all infections. Tubercular vertebral osteomyelitis has a great prevalence in developing countries like India. Co-infection of the spine by both fungal and tuberculosis organa is rare, there is only one case that has been reported till now in our literature review.

Case: A 62-year-old man presented with complaints of lower back pain for 3 months and fever with chills for 1 month. 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 intradural disc, multiple spinal segments stenosis at L4-L5 causing axial load of nerve roots for which he was given 3 days of IV and followed by 15 days of oral methyl prednisolone. On steroids, patient developed fever and lower back pain for which he was admitted. Repeat MRI spine revealed knotty stenosis and spinal stenosis-arthropathy. At the point, he was referred to our center for further management and was admitted. He was a known case of diabetes and underwent bilateral ILI stenting for nephrotic syndrome 3 months before. On post-operative day 4, he had developed low back pain. He was typically stable but febrile, unable to sit or walk without support. He also had history of hypertension and chronic renal failure. On physical examination, he was unwell, malnourished, dehydrated, and was pale. The patient had generalised tenderness, and deep and superficial wound veins. He had tender and firm in the lower back, left side, and the left lower limb. He had lower limb weakness and lower back pain persisted. Hence a repeat vertebral biopsy was planned. Surprisingly, CINNA of the biopsy sample detected very low MTR and immature histiocytes. Based on these findings, the patient was started on treatment with isoniazid and rifampicin for tuberculosis. He had been followed up for 4 months.

Conclusion: A rare case of pyogenic intradural vertebral osteomyelitis in a 62-year-old male. The patient had a history of diabetes, hypertension, and ischemic heart disease since 2007. He was diagnosed with tuberculosis and skin infections. However, he was noted to be colonized with TB. Conclusion: Vertebral osteomyelitis should be suspected in patients with risk factors, especially if deep vein and clinical sigmoid signs being helpful. High suspicion and tissue diagnosis remains crucial for early diagnosis and aids in better clinical outcome.

Poster Presentations

A rare case of post covid bilateral renal mucormycosis

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Objective: The most commonly reported sites of COVID-associated invasive mucormycosis till now have been rhino-orbital-cerebral.

Method: A 40-year-old male was presented with low-grade fever and increased CRP. He had a known history of diabetes, hypertension, and ischemic heart disease since 2007. On examination, he was tympanic and afters, blood pressure and oxygen saturation were within normal limits. He was also a hypertensive. He also had a history of tuberculosis. He was a known case of diabetes and underwent bilateral stenting for nephrotic syndrome 3 months before. On post-operative day 4, he had developed low back pain. He was typically stable but febrile, unable to sit or walk without support. He also had history of hypertension and chronic renal failure. On physical examination, he was unwell, malnourished, dehydrated, and was pale. The patient had generalised tenderness, and deep and superficial wound veins. He had tender and firm in the lower back, left side, and the left lower limb. He had lower limb weakness and lower back pain persisted. Hence a repeat vertebral biopsy was planned. Surprisingly, CINNA of the biopsy sample detected very low MTR and immature histiocytes. Based on these findings, the patient was started on treatment with isoniazid and rifampicin for tuberculosis. He had been followed up for 4 months.

Conclusion: A rare case of pyogenic intradural vertebral osteomyelitis in a 62-year-old male. The patient had a history of diabetes, hypertension, and ischemic heart disease since 2007. He was diagnosed with tuberculosis and skin infections. However, he was noted to be colonized with TB. Conclusion: Vertebral osteomyelitis should be suspected in patients with risk factors, especially if deep vein and clinical sigmoid signs being helpful. High suspicion and tissue diagnosis remains crucial for early diagnosis and aids in better clinical outcome.

A rare case of vertebrobasilar ischemia caused by encephalitis and Mycobacterium Tuberculosea a double trouble

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Results: Tinea capitis was confirmed in 209 patients 173 (77.15%) male and 12 (4.8%) female out of 921 suspected patients globally. The prevalence was 0.42%. Of the 921 patients, the prevalence of dermatophytes was 0.42%. The Microscopy Laboratory of Medical Mycology from 4.1 to 7.7%. In both sexes, a higher rate of tinea capitis was observed in patients younger than 20 years. Of T. krusei (144/2039, 69.2%) was the most etiological agent, followed by T. mentagrophytes (132/2039, 6.4%, T. rubrum (144/2039, 6.4%). Microscopy examination revealed dermatophytes. On direct microscopy examination, onthisian hair test in 77% cases, ochronosis in 2.2%, septum hair in 10.5%, and scalp hair was also found in one case was observed.

Conclusion: In recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. However, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. However, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. However, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. However, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. However, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease. Therefore, in recent decades, the prevalence of tinea capitis caused by anthropophilic fungi has remained high, particularly in younger children. Therefore, it is essential to focus on public and personal health education in this age group to prevent and control disease.
in producing flask-shaped sporangia on a short sporangiosphere with brown pigmented rhizoids after 14 days of incubation. The morphological features were suggestive of S. castellator. She was subjected to ophthalmic debridement surgery and treatment with antifungal B. It was continued. She was clinically improving however, refractory hypokalemia along with hypernatremia interrupted her antifungal therapy resulting return of severe symptoms. Contrast-enhanced computed tomography of the brain revealed multiple micro-abscesses in the right temporal lobe. She clinically deteriorated and succumbed to the disease.

Discussion: Saksenaea vinita, a member of Mucorales, is largely bounded to cutaneous and subcutaneous infections. Rhizomucor cerebral infections are relatively uncommon and most of the reported cases were fatal irrespective of optimal therapy. Prompt diagnosis through fungal investigations of deep biopsy is mandatory. The delayed identification of this organism is attributed to its nature of poor sporulation on routine media. Special culture techniques and nutritionally deprived media enhance sporulation. Saksenaea vinita is usually sensitive to amphotericin B. High minimum inhibitory concentration has been reported though.

Conclusion: Specific culture techniques should be used to induce sporulation if non-sporulating macerations are encountered. Rhinocerebral macerations is associated with a high degree of mortality even with effective antifungal therapy.

**P289**
A teenage with *Pythium keratitis*—a case report

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Introduction: *Pythium* is an oomycete found in an aquatic environment and is considered to be a plant pathogen. However, it is also known to cause systemic infections in humans and animals. Keratitis or corneal ulceration caused by *Pythium* species closely resembles fungal keratitis and is known as a pseudo-fungal infection. It is associated with high-scarred morbidity owing to the difficulty in diagnosis and treatment.

Case Report: A 13-year-old adolescent from rural Sri Lanka presented with pain and tearing from left eye for 3 weeks’ duration. He was previously healthy and had no history of trauma to the eye. He had fished in a lake recently. On examination, visual acuity was only perception of light and there was a corneal ulcer in the left eye. Since the ulcer had a poor response to medical therapy, penetrating keratoplasty was performed twice with failure of the graft.

Direct smear of both corneal buttons revealed broad sporangia *Pythium* with occasional branches at right angles that mimic fungi of zygomyces. Culture on Sabouraud Dextrose Agar yielded expanding white submucous colonies. In the sense, hyaline, occasionally septated broad fungal filaments were visible. Therefore, the organism was identified as *Pythium* species in the Mycology Research Laboratories.

Repeated intraocular and intrastromal antifungal and topical and systemic antibiotic treatment resulted in a quasi, vascularized eye with the retained perception of light.

Discussion: *Pythium* keratitis carries a significant challenge in laboratory diagnosis due to its mucoid-like appearance. Normal PCR has higher accuracy than standard culture identification. Not being a true fungus, *Pythium* lacks ergosterol. Therefore, it is usually resistant to many commonly used antifungal agents which target ergosterol. High degree of suspicion is important for accurate identification in the laboratory and the clinicians should be informed for early, aggressive surgical intervention along with antimicrobial therapy in order to achieve a satisfactory outcome.

**P290**
Public health treatment due to rise in *Candida auris* candidemia infection

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Introduction: Isolation of *Candida* spp. from a blood sample in patients is known as candidemia. *Candida albicans* is the most common causative agent of candidemia globally while *C. tropicalis* is the most common causative agent in India. *Candida parapsilosis* complex, *C. glabrata*, and *C. auris* are the other three common causative agents of candidemia. *Candida auris* was described in 2009 and is a public health treatment. It is multidrug-resistant and causes localized hospital outbreaks.

Objective: To determine the fungal profile of candidemia in a tertiary care hospital.

Methods: In vitro drug susceptibility testing was done. All patients admitted to the Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Puducherry, India from January 2020 to January 2021, whose blood culture samples yielded yeast were included in the study. The patient's demographic details were recorded. Yeast isolates were identified by Matrix-Assisted Laser Desorption/Ionization-Time of Flight Mass Spectrometry (MALDI-TOF MS) as per the manufacturer’s instruction. The antifungal susceptibility testing (AST) was performed by microbroth dilution method for fluconazole, voriconazole, amphotericin B, and caspofungin as per Clinical and Laboratory Standards Institute (CLSI) M27 and interpreted by CLSI M19 and MIDI document. AST of *C. auris* was interpreted as per Centers for Disease Control and Prevention (CDC) criteria. Results were expressed in percentages.

Results: A total of 246 blood culture samples yielded yeast cells during the study period. Approximately 45% of samples were obtained from male patients, while ~55% were obtained from female patients. Most of the patients were between 41 to 60 years or under 10 years of age. A total of 122/240 (51.8%) were diabetic, and 30 (12.5%) were positive for severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). *Candida tropicalis* (34.7%) was the most common causative agent. It was followed by *C. parapsilosis* complex (20.2%). *Candida albicans* (16.5%), *C. glabrata* (13.5%), *C. glabrata* (6.5%), and other *C. spp. (3.5%). *Candida auris* was no longer observed as one of the top five agents of candidemia and it is replaced by *C. auris*. The rise of *Candida* due to *C. auris* is a cause of concern, and its prevalence is observed more than that of *C. albicans* in our tertiary care hospital. The antifungal resistance pattern of the top four *Candida* isolates is depicted in Figure 1. The antifungal resistance was maximum in *C. auris* isolates, followed by *C. parapsilosis* complex isolates. A total of 12.2% of *C. auris* isolates were resistant to amphotericin B, and azoles and 4.9% of *C. auris* isolates were multidrug-resistant.

Conclusion: *Candida tropicalis* was the most common causative agent of candidemia. But the increased prevalence of *C. auris* over *C. albicans* is a cause of concern as 4.9% of *C. auris* isolates were multidrug-resistant.