Figure: Example of two isolates tested for terbinafine with GCS method: one susceptible with MIC of 0.008 µg/ml (A) and one resistant (B) with MIC of 3 µg/ml.

Antifungal resistance was noted to be amphotericin B (n = 15, 40.5%), fluconazole (n = 10, 26%), voriconazole (n = 4, 10.81%), darifenacin (n = 6, 16.21%), posaconazole (n = 4, 13.33%), and fluconazole (n = 4, 10.81%). Multidrug resistance was noted in 15 (40.54%) isolates and 3 isolates (8.14%) were resistant to a drug from all three groups.

Conclusions: C. auris poses a great threat to immunocompromised individuals and those admitted in ICUs for long term.

Poster Presentations

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Identification, clinical profile, antifungal susceptibility pattern of candida auris from a tertiary care center in India

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Objective:
To identify the phenotypic characteristics of Candida auris.
To analyze the clinical profile of Candida auris infection.
To describe the antifungal susceptibility pattern of Candida auris.

Methods:
The study was conducted in the Department of Microbiology in Mycology division at Sri Ramachandra Institute of Higher Education and Research from December 2019 to November 2021. The study protocol was approved by Institutional Ethics Committee.

Candida species isolated from various specimens sent to the laboratory were identified by Matrix-Assisted Laser Desorption ionization-Time of Flight mass spectrometry (MALDI-TOF). The growth characteristics of C. auris were investigated on various media including Selective AuxM (SAM), HGC heme agar Candida and Tetracycline reduction agar.

Antifungal susceptibility testing was performed by using the Clinical and Laboratory Standards Institute broth microdilution method M27-A5. Antifungal susceptibility test results for fluconazole, itraconazole, voriconazole, posaconazole, micafungin, anidulafungin, caspofungin and amphotericin B. Candida albicans American Type Culture Collection (ATCC) 29219 was used as quality control strain.

Data were collected for demographics, risk factors for candidiasis, treatment, and outcome from the respective wards and ICUs.

Results:
A total of 37 C. auris isolates were collected. Both adult and pediatric cases were included. The majority (23.7%) of the C. auris cases were seen in the age group of 15-64. Median age was 14 years for the adults. Among the children, 6 were neonates and 1 was an infant. The most common source of isolation was urine and blood.

A total of 35/37 isolates showed moderate to heavy growth on the SAM, while 2 isolates showed mild growth after 72 h. But all the other Candida species and other yeast tested were inhibited on this medium. All the isolates of C. auris grew as cream to pinkish purple colonies on Hachrane agar Candida. On Tetracycline reduction agar, all of them formed maroon colonies.

The average duration of hospital stay was 25 days (range 4-65). A total of 35 of the patients were admitted to ICU. 8 had undergone mechanical ventilation and intubation. Central venous catheter was inserted in 9 patients and post-operative catheters placed in 4 patients. 4 patients had undergone tracheotomy and 2 of them had undergone some other invasive procedures. Fetal peripheral nutrition was received by 3 patients, 16 were diabetic and 13 were hypertensive. Prior antifungal exposure was present in 9 patients and 26 had received broad-spectrum antibiotics.

The crude mortality rate with C. auris infection in patients was 32.43% and the attributable mortality rate, as considered by the treating physicians was 10.43%.

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Amphotericin B in pediatrics: analysis by age stratification suggests a greater chance of adverse events from 13-month of age onward

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Background: Decerebrohalic amphotericin B (D-AMB) remains an antifungal of great therapeutic value in pediatrics. It is generally accepted that its use in neonates is safer than in older children. However, childhood presents different periods of development which deserves to be evaluated more precisely. Our goal was to assess the usage profile of D-AMB in stratified pediatric age groups, adapted according to the National Institute of Child Health and Human Development (NICHD), classification.

Methods: We conducted a retrospective cross-sectional observational study at a Brazilian tertiary children's hospital. Non-parametric tests were applied, such as the chi-square test to compute proportions and Fisher's exact test to assess the association between categorical variables or in contingency tables.

Results: A total of 127 medical records were enrolled as patients monotherapy (birth -37 weeks postmenstrual age), term neonates (birth to 27 days), infants (28 days-12 months), toddler (13 months-2 years), early childhood (3-5 years), middle childhood (6-11 years) and early adolescence (12-18 years). Very low acute inflammation-related side effects were observed during administration of D-AMB in pediatrics. We found an unfavorable impact of D-AMB from 13 months onward, suggesting this group as a turning point for a greater chance of adverse events, and not seen after the neonatal period as is conventionally known (Fig. 1).

Conclusions: Clinical or observational studies based on age stratification are essential to precisely elucidate whether drugs with toxicity potential can be used safely in the pediatric population. Searching for a turning point has been shown to contribute to the accuracy of the study, while providing more substantial information on the impact of D-AMB on different pediatric age groups.