Background: Lodinosemyces elongatogena, earlier considered as a sexual stage of Candia parapsilosis, was described as a distinct species isolated on rhodium-sodium yeast sources. Recent cases of human infections by this yeast have been described from Mexico, China, Malaysia, Korea, Australia, and the USA. We describe here eight cases of fungaemia by L. elongatogena from a tertiary care hospital in North India.

Methods: Clinical, pathological, and microbiological factors associated with L. elongatogena fungaemia were evaluated. Yeast was isolated from blood cultures (BD BACTEC™ 9240, New Jersey, USA) by matrix-assisted laser desorption ionization-time of flight mass spectrometry (MALDI-TOF MS). India, Kerala (Pukhraj Bhimraj, GMH, Barenz, and sequencing of D1/D2 regions of a large subset of ribosomal DNA. We performed antifungal susceptibility testing for amphotericin B, fluconazole, itraconazole, voriconazole, posaconazole, caspofungin, and micafungin by the microbroth dilution method recommended by the Clinical and Laboratory Standards Institute (CLSI).

Results: We report eight cases of fungaemia by L. elongatogena at our tertiary care centre. Of these, three were infants (<1 month) and five were adults (5-26 years old). The mean age of adults was 44.2 ± 3.4 years. Three were immunocompromised patients: one undergoing chemotherapy for multiple myeloma, one with advanced diabetes mellitus, and one with a previous history of tuberculosis. The remaining five patients were immunocompetent and included three non-neutropenic patients with severe COVID-19, one patient with a history of previous SARS-CoV-2 infection, and a healthy 25-year-old female.

Conclusion: Lodinosemyces elongatogena is an emerging yeast causing fungaemia in patients with comorbidities and undergoing surgery or invasive procedures. Though an antifungal breakthrough case for this yeast, the isolates exhibited low MICs to all the antifungals tested.

P142 Incidence of chronic pulmonary aspergillosis in a cohort of bacteriologically confirmed TB patients at a tertiary hospital in Ghana

Background: Chronic pulmonary aspergillosis (CPA) is a common complication of tuberculosis. Previous studies on CPA in TB patients are few in number and consist mainly of histopathological analysis. Although, our evidence of CPA in TB is critical in diagnostic algorithms for CPA, in rare cases, CPA may occur in patients with active TB. This prospective longitudinal study aimed to determine the incidence of CPA at three timepoints in a cohort of bacteriologically confirmed TB patients placed on anti-TB treatment in a hospital in Ghana.

Methods: Consecutive patients in whom MTB was detected by molecular analysis (GeneXpert MTB) and subsequently placed on anti-TB treatment were enrolled. They were screened for CPA on baseline and the time of diagnosis (0-4 weeks) and at the end of 12 weeks of treatment, the time of discontinuation of anti-TB treatment and at 3-month follow-up.

Results: A total of 46 patients were enrolled at baseline, of whom 34 (74%) were assessed at the end of treatment. Only 13 (30%) patients completed the 6-month course of anti-TB treatment as far. There were 13 (30%) relapse cases. At baseline, Aspergillus serology was positive in 4 (9.3%) patients and later increased to 6 (13.6%) and went to 23 (51.3%) at the end of treatment and post-treatment respectively. Specifically, 4 (8.7%), 2 (4.5%), and 13 (50.0%) patients tested positive for CPA at baseline, at the end of treatment, and post-treatment respectively. CPA was described at baseline and at 12 weeks of treatment. Among the patients, the highest incidence of CPA was observed in cases of treatment failure. The sensitivity of CPA was increased on follow-ups, and CPA was observed in cases of treatment failure. Of the 46 patients, 42 (91.3%) completed the 6-month course of anti-TB treatment and 40 (87%) had no CPA identified.

Conclusion: CPA should be considered in patients with suspected TB relapse, a very low or trace GeneXpert MTB, and positive Aspergillus serology. These patients had a low survival rate compared to those who completed treatment after TB A, treatment A Aspergillus serology at the beginning of TB relapse therapy may provide prognostic information.

P146 Co-infections due to Aspergillus and Viruses: Case series from a super-specialty medical center in India

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Background: Mortality due to fungal and viral infections is significant, and the frequency of these infections is on the rise. This is due to increasing immunocompromised host, the use of antineoplastic agents, and the use of immunomodulatory agents. Co-infections are the most common form of these infections and have significant consequences. We describe two co-infections in our center involving Aspergillus and enterovirus.

Methods: Clinical features of 7 cases of fungal co-infections (pulmonary, rhino-orbito-cerebral or sino-nasal) were analyzed. Details, and reports of samples submitted to the microbiology laboratory for fungal and viral co-infections were reviewed from laboratory records. Presence of aspergillus and enterovirus in direct macroscopy of clinical samples and/or growth of Aspergillus on Mycosel and Mycosel with enterovirus in culture was considered as evidence of probable co-infection and aspergillosis (as per EORTC guidelines).

Results: Multifocal rhinocerebral fungal infections were seen in six samples from all 7 cases of fungal co-infections which included three with Candida spp and three with Aspergillus spp. Viruses were detected in five of the seven cases and comprised Coxsackie B virus and enteroviruses. Of these, five viruses were identified in three patients. One patient had Enterovirus 71 while the other 2 patients were on voriconazole for rhino-cerebral fungal infections. The 3 patients, 2 patients were on voriconazole and one on voriconazole and voriconazole for fungal co-infections.

Conclusion: The co-infections of TB and invasive aspergillosis in non-neutropenic hosts should be considered to avoid delaying treatments. The lack of clinical suspicion may result in undiagnosing, and most importantly, the chronicity of the fungal infection is not indistinguishable from the viral infection, and antifungal and antiviral medications present significant therapeutic challenges. Reiterating thorough evaluation and monitoring.

P145 Penicillium like my事 caused red-hand-ed, remained unidentifid

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Background: Penicillium like mycosis is a rare disease. We present a case of a 25-year-old female with a Penicillium like like mycosis in her skin.

Methods: A 25-year-old female came to the Dermatology clinic with a history of skin lesions in her face and neck. The patient had been having skin lesions over her face and neck for the past 6 months. The patient had been suffering from eosinophilia in her blood test. There was no history of trauma to the skin. The patient had been diagnosed with eosinophilic granulomatosis with polyangiitis (EGPA) in another hospital.

Results: The patient showed a reaction to ASA and penicillin. The patient was treated with prednisolone and cyclosporine. The patient showed improvement in the lesions.

Conclusion: Penicillium like mycosis is a rare disease. The patient responded well to treatment with prednisolone and cyclosporine. Further studies are needed to understand the pathogenesis and treatment of this disease.