Objective: Cryptococcus is an opportunistic fungal infection causing high mortality and morbidity in patients, particularly affecting immunocompromised. It can cause a wide array of clinical manifestations, which includes meningitis, pulmonary, as well as disseminated infection. Cryptococcus neoformans causes more than 90% cases of cryptococcal meningitis.

Methods: We performed a retrospective review of patients with confirmed cryptococcal meningitis during a 1 year period from 2021 to 2022 in tertiary care center, AIIMS Jodhpur. We assessed clinical, radiological, microbiological, and biochemical parameters along with treatment provided and outcomes of the patients.

Results: Out of 189 patients screened for suspected cryptococcal meningitis, 6 were microbiologically confirmed positive. All the patients were immunocompromised, of which four were HIV positive and one was a solid organ transplant recipient on immunosuppressive and one was old TB meningitis. Most common symptom was headache and altered sensorium (100%). Radiological findings showed 30% had no significant abnormality. CSF examination revealed average CSF protein 97.6 (61-163), CSF glucose 103.5 (108-132), sugar 36.33 (4-68), with predominating lymphocytes. All the patients were microbiologically confirmed by CSF cryptococcal latex test. A total of 6/9 patients received amphotericin B (1 mg/kg) with fluconazole (1200 mg) for 2 weeks in the induction phase followed by fluconazole consolidation phase and maintenance phase. Of the five patients, four patients survived with a good response to the treatment with one fatality.

Conclusion: Through our case series we emphasize the fact that Cryptococcus neoformans may present with non-significant radiological features. Thus, the differential diagnosis of C. neoformans must always be thought of when an immunocompromised patient presents with headaches and other signs and symptoms involving the central nervous system.

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Catheter-associated blood stream infections due to Wickerhamiella pararugosa in a patient with acute myeloid leukemia: Review of 36 cases

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Objective: This report aims to present a case of Candida pararugosa bloodstream infection, review previous cases with C. pararugosa infections, and provide a concise review of the clinical background, risk factors, and brief the management of infections.

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Methods: A 3-year-old boy with a history of acute myeloid leukemia was hospitalized in Omil Hospital, Hishan, Iran. Two consecutive blood cultures were taken from the peripheral vein and port catheter, after the empirically intravenous was administered.

Results: Candida parapsora were isolated from blood based on conventional and molecular assays. Furthermore, the antifungal susceptibility profiles of the isolate were determined, which exhibited resistance to fluconazole (8 μg/ml). Antifungal therapy with caspofungin and remoting the patient’s port led to a significant clinical improvement of the patient’s conditions. As far, in the literature review, 10 cases of clinical C. parapsora isolates were found, of which 5 points had bloodstream infections. Conclusion: Infections caused by uncertain Candida species have dramatically increased in recent decades, mostly among hematological malignancies. Most patients with C. parapsora infection presented with specific underlying conditions, such as malignancy, surgery, and adult acute myeloid leukemia. Patients undergoing catheters ran a high risk of acquiring C. parapsora bloodstream infection. Therefore, special consideration should be given to opportunistic fungal infections in immunocompromised individuals using catheters.

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*Arthrinium* species, a filamentous ascomycetes isolated from samples of human cutaneous infections—report from a medical mycology laboratory of Assam, North-East India

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Objective: To report a case of complete loss of vision due to delay in diagnosis of fungal keratitis caused by *Exserohilum rostratum* in an immunocompromised patient from the arid region of north-west India.

Method: A 55-year-old female farmer was admitted to ophthalmology with a history of pain, redness, swelling, and foreign body sensation in the left eye for 2 months. She had a history of trauma by splinters 2 months back. On ocular examination, a large corneal ulcer of about 7 × 8 mm size at 2-8 o’clock position in the left eye was present with diffuse corneal edema. She had no history of diabetes mellitus, hypertension, tuberculosis, COVID-19, and reveal eye drops insufflation. There was no relevant previous history of any ocular surgery also. She was negative for hepatitis B and human immunodeficiency virus on serology. All her hematological parameters were within normal limits. Patient was treated with mefticonacin, carbamyl cellulose eye drops, and Neosporin eye ointment for 2 months at primary health care facilities and later referred to our hospital for further management.

Corneal scraping of the patient was sent to our laboratory for presumptive hyaluronic mount and culture identification.

Results: Fungus was identified as *E. rostratum* on the basis of gross, macroscopic, and microscopic morphology. Gram’s staining was bactriologically negative while true fungal hyphae were seen. In KOH mount pigmented, septate, and branched true hyphae were seen. Cultural study was repeated multiple. Lacunated cotton blue mount of culture revealed diamatricula hyphae along with 4-9 septum elongated, diphoid macroconidia of 14-95 μm with prominent dark corniculatus blure and goniolamid conidiophore arranged synestropically. On the basis of these characteristics, it was diagnosed as *E. rostratum*.

After the diagnosis patient was retreated with topical natamycin 1% two hourly and oral itraconazole 200 mg BD from mycological and nonsymptomatic. To which the patient responded symptomatically. True healed in a month leaving behind a linear scar. However, vision was permanently compromised and the patient is advised for therapeutic penetrating keratoplasty (TPK).

Conclusion: *Exserohilum rostratum* is generally regarded as a pathogen in hot and humid climates. However, the isolation of this organism in our area highlight the pathogenic potential of this emerging fungus in arid climates also. Ophthalmologists need to be made aware of the significance of prompt mycological identification to prevent vision loss.