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

Results: Candida parapsilosis 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 (8mg/L). Antifungal therapy with caspofungin and remung the patient's port led to a significant clinical improvement of the patient's conditions. As far as the literature review, 10 cases of clinical C. parapsilosis isolates were found, of which 5 points had bloodstream infections.

Conclusion: Infections caused by ascomycetes Candida species have drastically increased in recent decades, mostly among hematological malignancies. Most patients with C. parapsilosis infection presented with specific underlying conditions, such as malignancy, surgery, and acute and chronic myeloid leukemia. Patients with underlying conditions ran a high risk of acquiring C. parapsilosis bloodstream infections. Therefore, special consideration should be given to opportunistic fungal infections in immunocompromised individuals using catheters.

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

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

Methods: A 65-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 medical eye drops instillation. 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 methylprednisolone, 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 penicillin hydrochloride mount and culture identification.

Results: Fungus was identified as E. rostratum on the basis of gross, macroscopic, and microscopic morphology. Gram’s staining was bacteriologically negative while trich fungal hyphae were seen. In KOH mount pigmented, septate, and branched true hyphae were seen. Rerural culture was reported sterile.

Lactophenol cotton blue mount of culture revealed dematiaceous hyphae along with 4-9 septa elongated, ellipsoid macroconidia of 14-95 μm with prominent dark conidiophores and globose conidiophore arranged sympodially. On the basis of these characteristics, it was diagnosed as E. rostratum.

After the diagnosis patient was treated with topical natamycin 1% two hourly and oral voriconazole 200 mg BD from ophthalmic and neurology. To which the patient responded symptomatically. Lacer 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 highlights 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.