P252
A rare case of fungal liver abscess in an immunocompetent patient from India
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Poster session 2, September 22, 2022, 12:10 PM - 1:30 PM

Objective: To report a case of hepatic abscess caused by C. albicans, which is a less common cause of hepatic abscess in a non-autoimmune polyarteritis. Fungal infection represent <2% of the total isolates in pus from hepatic abscess in patients without oncological malignancies.

Methods: A 68-year-old male diabetic patient came with complaints of fever with chills and rigor and right upper abdominal pain and yellowish discoloration of eyes and urine. His LFT, PT-INR, SOFT were deranged. CBC report shows anemia and Leukocytosis. His CECT showed irregular multiloculated hypodense lesions in segment V, VI, VIII of liver. Direct and mycological and bacterial culture examination was performed.

Results: Direct examination of pus sample showed budding yeast cells with pseudohyphae and in SDA culture at 37°C it showed white puffy colonies. The species was identified by VITEK 2 system as C. albicans. The MBC obtained of antifungals were: (μg/mL): fluconazole (≥0.5), voriconazole (≥0.12), caspofungin (≥0.12), micafungin (≥0.06), amphotericin B (1), flucytosine (≤5). The patient was started on caspofungin and improved symptomatically. Then oral fluconazole was started and continued until the resolution of lesion on imaging during the follow-up.

Conclusion: Colonization of the gastrointestinal tract is not thought to be the main origin of the dissemination of Candida, neutropenia facilitates the spread of Candida from the gastrointestinal tract to the liver. The likely source of infection is GIT in this case.

Conclusion: We describe a case of fungal liver abscess in an immunocompetent patient caused by Candida albicans which was successfully treated with caspofungin.

P253
Features of Cryptococcosis in human immunodeficiency virus-negative patients, France 1985-2020
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Objective: HIV-negative individuals make up an increasing proportion of cases of cryptococcosis in France, but the features of disease and outcomes in this population have yet to be characterized. We describe the presentations and outcomes according to host factors underlying cryptococcosis in HIV-negative individuals in France.

Methods: The French National Reference Centre for Invasive Mycoses and Antifungals has implemented nationwide surveillance of cryptococcosis since 1985 with the denominator of the infecting serotypes. We analyzed the characteristics of infection in HIV-negative patients diagnosed up to 2020. We also compared the demographic characteristics, presenting features, treatment regimen, and outcomes according to host factor and infecting serotype in patients diagnosed since 2005.

Results: The mean age of patients was 56.2 years, 60.8% were male, and 66.1% were born in Europe. Only 26 cases were due to Cryptococcus gattii, all others were caused by C. neoformans. Of the 1031 cases, 349 occurred in patients with malignancy (33.2%), including 268 patients with hematological malignancy, 67% of whom had lymphoid neoplasms; 201 occurred in solid-organ transplant (SOT) recipients (19.1%, including 147 kidney and 27 liver), and 298 occurred in patients with ‘other’ underlying factors (28.4%), including anti-immune disease (n = 86), end-stage liver or kidney disease (n = 47), sarcoidosis (n = 4), chronic pulmonary disease (n = 3), and diabetes mellitus (n = 3). A total of 19% of patients (n = 199) had no apparent underlying risk factor.

Among 632 patients diagnosed since 2005, there were significant differences according to the four major categories of risk factors (malignancy, SOT, others, and none) in terms of age, diagnostic methods, proportion of patients with positive cryptococcal antigen (CAG), antigen rates, disease localization, treatment regimen, and 90-day mortality. In the diagnostic workup, a lumbar puncture and blood cultures were performed for 94% and 44.2% of patients, respectively, more frequently for immunocompromised patients than those with no underlying host factor (P = .01 and P < .001, respectively). SOT patients had more frequent central nervous system involvement (P = .001) and positive serum CAG detection with antigen titers >1:512 (P < .001). Patients with malignancy were significantly older (P = .001) with more frequent meningitis (P = .007). Isolated lung infections (P < .001) and isolated skin lesions (P < .001) were more frequent in patients with ‘other’ conditions and in those with no underlying factor, respectively. Immunocompromised patients were more likely to receive combination antifungals including flucytosine (44.7%, 41.4%, and 42.2% for SOT, malignancies, and ‘other’ conditions, respectively) compared with patients with no underlying factor (35.3%, P < .001). Overall, all cause 90-day mortality was 27.0% (95% CI, 23.5–30.6%). Patients with malignancy had the highest 90-day mortality (37.5%, P < .001), compared with SOT recipients (23.7%), those with ‘other’ conditions (24.7%), and those without underlying conditions (19.3%). Compared with patients with serotype D infections, those infected with serotype A were significantly younger (P = .004), more likely to be born in Africa (P < .001), to have isolated pulmonary disease (P < .001), and less likely to have isolated skin infections (P < .001).

Conclusion: HIV-seronegative patients with cryptococcosis are a heterogeneous group of patients encompassing different disease characteristics and outcomes. Management of cryptococcosis in HIV-negative patients should be tailored to underlying host factors, disease localization, and infecting serotype.

P254
Clinical and mycological spectrum of invasive trichosporonosis from a tertiary care institute in India
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Introduction: Trichosporonosis has emerged as an opportunistic pathogen causing invasive infections in immunocompromised patients. Because trichosporonosis involves non-organ of the human body, Trichosporon species can colonise many parts of our body and hence it is important to differentiate between colonisation and infection for appropriate management of the patients.

Objective: To understand the clinical and epidemiological features of infections caused by Trichosporon spp.

Methods: All patients with clinicopathologically significant isolation of Trichosporon spp from various samples during a period of one year from January 2018-December 2019 were included in the study.

In the present retrospective study demographic data, risk factors, clinical features, microbiological data, treatment, and the outcome of patients with invasive trichosporonosis were analyzed.

All the specimens were processed by standard mycological procedures. Identification and susceptibility were done by VITEK 2. The isolates were sent to NCPCR PGIMER Chandigarh for identification by MALDI-TOF. As no clinical breakpoints for Trichosporon spp. have been established by CLSI and EUCAST, antifungal susceptibility results were interpreted as suggested by Leinen et al.

Results: There were 14 cases of trichosporonosis during the study period. The predominant age group was 60-70 years and the male:female ratio is 4:5:1.