5.2.5.1 **Exophiala spp.**

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5.2.5.1.1 **Introduction**

The black point *Exophiala dermatitidis* is an opportunistic pathogen, causing phaeohyphomycosis in immunocompromised patients, chronic/bronchomycosis, and fatal infections of the nervous system. In recent years, often fatal cases have been reported, often found in immunocompromised patients undergoing chemotherapy or in patients with advanced HIV/AIDS. These patients develop disseminated infections, which may lead to death. Exophiala dermatitidis is a dimorphic fungus, able to grow also in yeast form. This fungus has been isolated from a variety of samples such as cerebrospinal fluid samples, tissue samples, or skin samples. The fungus is able to grow on different media and is highly variable in its appearance. Therefore, it is important to use a combination of different techniques in order to identify the fungus correctly.

5.2.5.1.2 **Clinical Aspects**

*Exophiala dermatitidis* is an opportunistic pathogen, causing phaeohyphomycosis in immunocompromised patients. The fungus is able to grow on different media and is highly variable in its appearance. Therefore, it is important to use a combination of different techniques in order to identify the fungus correctly.
diagnosis was done in skin biopsies (n = 4), bone marrow (n = 3), CNS (n = 3), kidney graft (n = 1), and respiratory sample (n = 1). Laboratory diagnosis was done by histopathology, culture, and PCR in 5 cases (50%), by culture and PCR in 2 cases (20%) and by PCR alone in 5 cases (50%). Thus, all 10 patients showed positive normal PCR results. These results were confirmed within 24 h of receiving the sample. Cultures were positive in 3 cases and were considered positive on average after 26 days (ranging from 15 to 44 days) of incubation. All patients received amphotericin B as initial treatment. A total of 8 patients (80%) continued treatment with Voriconazole and 1 with Itraconazole. Good response was observed in 8 patients.

Conclusion: We found a high incidence of histoplasmosis in kidney transplant recipients (10 times higher than reports from other endemic areas). Disseminated histoplasmosis was found in 90% of the patients. The same percentage of patients showed compromised graft function. The diagnosis was done after 1 year of transplantation in 60% of the cases. Diagnosis by histopathology/culture showed 80% sensitivity while noted PCR showed better sensitivity and diagnostic speed.

S3.2
Challenging clinical cases
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A case of an HIV-infected patient with cryptococcal meningitis, pulmonary infection, and pulmonary IRS will be discussed.

A case of Candida aerius fungemia and organ infection in a liver transplant recipient who developed serially increasing MIC will be presented. The relevance of MRC, tentative breakpoints, and selection of antifungal agents based on PK/PD simulations will be discussed.

Mucormycosis is usually seen in HIV-infected individuals from North East India. Here we discuss a 3-year-old girl with acute lymphoblastic leukosma from Western India who developed cutaneous infection and multiple brain abscesses due to Mucorales. The case posed significant management challenges pertaining to both the fungal infection and cancer.

Renal mucormycosis in healthy immunocompromised host is an entry generally reported only from India and China. We discuss the case of a previously healthy 3-month-old infant who presented with acute renal failure and renal mucormycosis. The case is unique with respect to the source of infection and management strategy.

Treatment of fungal infections involving the draining system of the kidney is challenging mainly due to limited antifungal drug penetration at the site of infection. Challenges in the treatment of amphotericin-resistant Aspergillus terreus pulmonary infections will be discussed.

CAPA is a well-known complication of coronavirus disease 2019 (COVID-19), but usually involves the lung alone and rarely disseminates when neutral. This case illustrates a rare complication of COVID-19, namely endocarditis caused by Aspergillus.

Alkainosporidiosis is a well-known disease that usually involves mucosal surfaces in the head and neck. This case illustrates a rare occurrence, namely dissemination to multiple areas and mimicking the clinical presentation of other cutaneous mycoses.

A case of hepato-splenic candidiasis will be discussed with the aim to track down the causative organism and its likely susceptibility. The role of IDMG, selection of the antifungal agent, and duration of therapy will be discussed.