Possible Candida infection of pancreatic tissue was considered when Candida spp were isolated from:

1. Abdominal drain effluent (at least two samples) in postoperative patients, or
2. A Candida spp grown in only in blood culture.

Relevant patient information was obtained from hospital information system. Data were analyzed by SPSS 20 statistical software and MS Excel.

Results: A total of 14 cases were identified amongst which 6/14 (42.9%) had true Candida infection whereas possible Candida infection was seen in 8/14 (57.1%) patients. One of these, C. tropicalis was the predominant species seen in 8/14 (57.1%) whereas C. albicans was seen in 4/14 (28.6%). One isolate of C. auris was identified. Patients with C. tropicalis infection showed higher mortality (69.6%) as compared with patients with other Candida species, in whom 20% (10) mortality was noted. Acknowledgment limitations informed to retrospective data extraction, we delineated some of the possible risk factors predisposing to Candida infection, given in Table 1.

### Table 1. Prevalence of risk factors

| Risk Factor | Prevalence |
|-------------|------------|
| Usage of broad-spectrum antibiotics | 100% (777) |
| Presence of central venous catheter | 77.8% (779) |
| Surgical intervention/USG guided aspiration | 100% (13/3) |
| Intensive care unit (ICU) admission | 35.7% (5/14) |

Condition: Role of Candida species in the pathogenesis of abdominal cavity is a case of pancreatitis has been neglected in spite of being a frequently recognized cause of abdominal cavity. Screening for Candida spp should be carried out in these patients in view of starting antifungal treatment at the earliest possible so that proper diagnosis and management can be undertaken.

P235 Disseminated histoplasmosis from skin to adrenal: a cosmetic catastrophe—a rare case report

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Poster paper 2, September 22, 2022, 12:30 PM - 1:30 PM

Background: The varying presentations of histoplasmosis is always a diagnostic dilemma for clinicians. Cases of disseminated histoplasmosis can present in multiple specialties like dermatology, medicine, endocrinology, with skin, and mucosal hyperpigmentation as the only major symptom.

Case Report: Herein we present a case of a 54-year-old male with hyperpigmentation all over the body with multiple mucosal hyperpigmentation and skin lesions for 2 years. There was a significant history of loss of weight over a period of 2 years. The coital levels were low which explained the focus in the adrenals, with bilateral adenopathies found in imaging studies. The diagnostic workup for TB and possible malignancy was normal. The peripheral diagnosis of histoplasmosis was made and confirmed with biopsy and culture. Definitive treatment with antifungal was initiated, which showed improvement on follow-up.

Conclusion: Histoplasmosis is always underdiagnosed, because of a lack of information regarding the various clinical presentations. Early diagnosis and prompt treatment may save the patient from catastrophic adrenal insufficiency. The diagnosis of adrenal histoplasmosis should be considered in patients presenting with constitutional symptoms and adrenal masses with or without adrenal insufficiency. Adrenal histoplasmosis can be the only possible presentation in disseminated histoplasmosis.

P236 SWOC analysis of a virtual clinical mycology training module of short duration conducted by IMARC laboratory at AIIMS, Bhopal

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Objectives:
1. To discuss the strengths, weaknesses, opportunities, and challenges of the virtual clinical mycology training module conducted for a short duration of 20 h.
2. To identify vital areas for improvement in the training module.

Methods: A group of 15 members through small subgroup discussions collaborated across departments and branches over a period of 5 days to analyze the Karyasheel Mycology training module of September 2021. The SWOC quadrant was prepared with questions by the key organizers. The group of 15 members represented faculty, residents, participants, and logistic data managers. This large group was further divided into small groups of 3-4 members in each. They were provided with flip-charts and setting boards to reflect on questions in the individual component of SWOC. A flow of WOCO analysis by each small group included steps of generating ideas, presentation of themes, and finally moving forward to solve workable or doable questions with complete clarity on internal and external factors.

Results:
1. Strengths included the appropriate relevant topics, collaboration of mycologists with CPM and pathologists was good. Need for inclusion of clinical vignettes for demonstrations of clinical, radiological, pathological, and microbiological collaboration, and approach to a given case was mentioned. The feedback of participants were analyzed by each small group and the need for similar handling was noted. Virtual training modules uploaded are available favorable for reference to all interested. Rating using online 111 institutions participated.
2. Weaknesses included the struggle in managing platforms, network issues in virtual training, and arranging routine logistics task.
3. Opportunities for improvement were more interactive trainer interaction immediately after each session was lacking. These were felt by the group and also participants’ feedback mentioned the same. Major weakness involves contractual technical staff with new requirements affecting the already skilful technicians resulting in poor delivery. To overcome this faculty will take lead in all practical sessions was also discussed.

External attributes as opportunities for organizing standard training programs are funds provided by the Government of India through NEP-MHRD and others. Need to more resources maintained by all members in terms of expertise and funds.

Challenges pointed toward human resources, quality instruments, and consumables defeat due to institutional policies. To overcome the same the webinar SWOC for fungal diagnosis is essential. A group of trainees (TOP) must be prepared for each niche of healthcare system.

Conclusion: The WOCO analysis of the training module weaknesses and challenges for improvisation. Strengths and opportunities discussed for future planning of similar course.