Methods: A 5-year-old boy with a history of acute myeloid leukemia was hospitalized in Dibrugarh Hospital, Dibrugarh, Assam. Two consecutive blood cultures were taken from the peripheral vein and port catheter, after that empirically imipenem was administered.

Results: Candida parapsilosis were isolated from blood based on conventional and molecular assays. Furthermore, the antifungal susceptibility profiles of the isolates were determined, which exhibited resistance to fluconazole (9.0 μg/ml). Antifungal therapy with caspofungin and removing 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. parapsilosis isolates were found, of which 5 points had bloodstream infections.

Conclusion: Infections caused by non-albicans Candida species have dramatically increased in recent decades, mostly among hematological malignancies. Most patients with C. parapsilosis infection presented with specific underlying conditions, such as malignancy, surgery, and hematological malignancy, sarcoma, surgery, and hematological malignancy. Patients with indwelling catheters 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.

P245
Arthrinium species, 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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Poster session 2, September 22, 2022, 12:30 PM - 1:30 PM

Objectives: This study aims to report the isolation of closely related Arthrinium species from superficial skin lesions of five cases from a medical mycology laboratory of Assam, North-East India.

Methods: The lesions were decontaminated with 70% ethanol and skin scrapings were collected on a sterilised glass plate. Direct mounts were prepared in 10-20% KOH and cultures were put in Sabouraud’s Dextrose Agar with antibiotics, 1% sheep blood agar, and dermatophyte test medium (Himedia, India). Plates and tubes were incubated in pure standard mycological techniques described. Molecular identification was done using ITS sequence analysis using ITS1 and ITS4 universal primers.

Results: Direct mount showed presence of hypha with arthroconidia in 5/5 cases. In one case, fungal hyphae was seen along with spore-like oval or round structures of about 1-4 μm diameter. Pure growth was seen after 7-14 days in multiple culture tubes in all five cases. Colonies were white, dense initially becoming white, and focuse on further incubation. Subculture on PDA in all the cases for 15-20 days revealed black, round, and oval spores of 5-5 μm suggesting Arthrinium spp. The taxonomic identification was done by constructing a phylogenetic tree of the ITS sequences of the Arthrinium isolates of this study along with relevant Arthrinium strains and Acremonium phyllocha as the outgroup taxa.

The phylogenetic analysis classified the isolates of this study into closely related Arthrinium species.

Conclusion: The genus Arthrinium belonging to the family Apscopascaceae, clade Sordariomycetes which comprises of a group of filamentous ascomycetes fungus is rarely reported from human infections. We are reporting closely related Arthrinium spp from five cases of skin lesions from Assam, North-East India. Three of the 5 cases hailed from tea garden areas of Assam. Arthrinium isolation in clinically significant cases and in multiple tubes may not be disregarded as a contaminant.

P246
Neglected keratitis caused by Exserohilum rostratum from the arid region of north-west India leading to vision loss—a case report
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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 area of north-west India.

Method: A 45-year-old female farmer was admitted to ophthalmology with a history of pain, redness, tearing, and foreign body sensation in the left eye for 2 months. On ocular examination, a large central ulcer of about 7 x 8 mm size was at 2-8 o’clock position in the left eye was present with diffuse corneal edema. The had no history of diabetes mellitus, hypertension, tuberculosis, COVID-19, and residual 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 metronidazole, cefuroxime axetil, ciprofloxacin 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 corrosion hydraulic 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 truq fungal hyphae were seen. In KOH mount pigmented, sprate, and branched true hyphae were seen. Neutrophilic culture was reported sterile.

Lysed electrophoresis of the patient revealed filamentous hyphae along with 4-9 septate elongated, slippage macroconidia of 14-90 μm with prominent dark conidiospores bl走在 and orange conidiophore arranged sympodially. On the basis of these characteristics, it was diagnosed as E. rostratum.

After the diagnosis patient was referred to otoplal of the patient was referred to to surgical consultation and instructed to wash the eye with normal saline to remove any foreign body material. To which the patient responded symptomatically. Eye healed in month leaving behind a lenticular 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.
Objective: Fungal meningitis is commonly seen in individuals who are immunocompromised. It is a significant cause of morbidity and mortality in people living with HIV worldwide. Among HIV-infected patients of Manipur, it is the most common cause of meningitis and Cryptococcus neoformans is the only species identified so far both in HIV infected population and non-HIV patients in Manipur. The aim of this paper is to highlight the detection of C. gattii meningitis in the high HIV prevalence state of India.

Method: A 53-year-old male, mechanic by profession residing in a village in Thoubal district of Manipur attended Medicine OPD with complaints of intractable headache, aggravated by sound and light, generalized weakness, hiccups, vomiting, and decreased appetite for 2 weeks. There was no history of abrupt sensorium. He is a known case of hypertension and was recently diagnosed with T2DM, not on medication.

Result: An MRI brain (Fig. 1) showed a tiny sub-cortical lesion in the bilateral caudate nucleus. Cerebrospinal fluid examination by India ink preparation revealed capsulated budding yeast cells suggestive of Cryptococcus sps. Cryptococcal antigen testing (CryptPS, Biosense) was positive with a high titre. Culture on SD-A and BSA showed growth of Cryptococcus sps. For phenotype identification and antifungal susceptibility testing, the isolate was processed in VITEK 2(Biomerecer) system which identified it as C. gattii (94% probability). The isolate was sensitive to amphotericin B (MIC: 0.5 μg/ml) and flucytosine (MIC: 2 μg/ml). He tested negative for HIV on two occasions and his CD4+ count was 881 cells/mm³. Blood sugar was 225 mg/dl, with acute glucose leakage in urine. Blood and urine were collected for fungal culture which showed no growth. The patient was put on liposomal amphotericin B 200 mg daily. After 1 week, patient’s condition was not deteriorating, although the improvement was minimal. The isolate was sent to the National Culture Collection of Pathogenic Fungi, PGIMER, Chandigarh, and it was confirmed as Cryptococcus gattii by MALDI-TOF assay.

Conclusion: Detection of C. gattii in an immunocompetent patient in Manipur state, with a high prevalence of HIV is alarming because cryptococcal meningitis is the commonest form of meningitis in this population. In future, whenever Cryptococcus sps is isolated, it will be pertinent to keep in mind the possibility of other species of Cryptococcus to be the causative pathogen. We emphasize the importance and need for surveillance to detect its environmental niche.