P215
Investigation of an outbreak of neonatal Candidaemia in the NICU of a 300-bedded hospital in North India

Tripta Kaur, Karen Gartley
EESC Model Hospital, Sector 24, Noida, Delhi, India

Poster session 2, September 22, 2012, 12:00 PM - 1:30 PM

Objectives: Neonatal Candidaemia causes significant morbidity and mortality in very low birth weight neonates. We report the occurrence of an outbreak of neonatal Candidaemia due to Candida fuslei in the neonatal intensive care unit (NICU) of a 300-bedded hospital in India.

Methods: A total of 96 blood cultures from 80 neonates admitted in the NICU from October 2010 to April 2011 were received and processed manually in the Microbiology lab. A total of 15 among the 47 yeast isolates were sent to a teaching hospital for identification and antifungal susceptibility testing by matrix-assisted laser desorption ionization-time of flight mass spectrometry (MALDI-TOF).

Results: Clinical parameters (very low birth weight, gestational age, birth asphyxia, broad-spectrum antibiotics, disseminated intravascular coagulation, severe hyperbilirubinemia) and antifungal susceptibility were studied. From the data, we observed that Candida strains with a longer hospital stay were associated with higher number of neonatal candidemia.

Conclusions: Candida fuslei is an emerging fungal pathogen associated with neonatal candidemia. Further studies are needed to understand the emergence and clinical implications of Candida fuslei in neonatal intensive care unit.

P216
Rare isolates from subcutaneous mycotic lesions: A study from tertiary care center in Chhattisgarh, India

Archantha Koch, Richa Tiggia, Ganvuly Satyaki, Namrata Chhabra, Rakesh Gupta
AIIMS Rajpur, Rajpur, India

Poster session 2, September 22, 2012, 12:00 PM - 1:30 PM

Objectives: To identify the causative agents of suspected subcutaneous mycotic infections patients attending to a tertiary care hospital, Chhattisgarh, India.

Methods: Subcutaneous mycoses are agents of fungal infections of dermis and subcutaneous tissue caused by both isolated and mixed isolates. It often affects patients with immunocompromised condition. It consists of Aspergillus, Cryptococcus, Penicillium, Hidrathomyces, Mucoraceae, subcutaneous (typhosum), Rhizopus, Lichomysis, and disseminated Pneumocystis. There are proven pathogenic agents causing subcutaneous mycosis, but they are not regularly isolated and reported. Few of them are commonly seen across the laboratory. Mucorales, emphasized on the usual clinical isolates from the patients having rare mycotic lesions with their clinical characteristics.

Results: It is a retrospective descriptive analysis of data of subcutaneous mycoses cases of duration January 2019 to March 2022. Total 32 clinical specimens from the suspected subcutaneous mycotic lesion were studied. Male dominance was observed among these patients (20/32 = 62.5%). Among these, 32 out of 32 detected positive for fungal identifications by direct microscopy, 15/32 (46.87%) were positive for fungus by Culture and only 2/32 (6.25%) were positive by KOH test method. These were isolated and identified by using standard protocol.

The common subcutaneous isolates were Candida albicans/coronavirus from the gut, Malassezia pisis from the nose, Athyrmophyton from the neck of the lactic acid, Rhizopus species from the skin, Aspergillus niger species from the site of ulcer, and Aspergillus fumigatus/Rhizopus. It is the new observation that highlighted rare and unusual species.

Conclusions: This is the first report on the ecologic agents of subcutaneous mycoses. Every case is different and rare. With the help of molecular techniques, it becomes possible to identify the pathogenicity and associated complications due to these fungal infection. It will also help to elucidate the therapeutic management and to know the geographical distributions of unusual fungal agents.

P217
Pelvic mycoses—an unusual presentation of Rhodotorula albina in an immunocompetent patient

Yash Khatri1, Neeta Sr, Kirit Kumar Rathod2, Vidhi Jani3, Srijayn Dirdesh1, Durgacharan Meera1
1Medicine, AIIMS, Jodhpur, India
2Pediatric surgery, AIIMS, Jodhpur, India
3Microbiology, AIIMS, Jodhpur, India

Poster session 2, September 22, 2012, 12:00 PM - 1:30 PM

Objectives: Identification and differentials identification of causative agents of pelvic mycoses are essential in order to avoid delayed treatment and cure. We present a case of a 36-year-old immunocompetent female with pelvic and vulval symptoms who was seen at our tertiary care centre. The patient was admitted for recurrent urinary tract infection, recurrent episodes of fever, and malaise.

Methods: Initial blood cultures were sterile. Total body survey, chest X-ray, ultrasound of abdomen and pelvis were normal. A pelvic ultrasound was done which showed a large pelvic mass. A repeat ultrasonography of abdomen and pelvis in the follow up showed a decrease in the size of the mass. A pelvic CT scan revealed a circumferential mass of 100 mm. A bone scan was performed which showed a focal uptake in the left femur. A repeat isolated blood cultures from the left femur were sterile. The patient was treated with five weeks of fluconazole without any improvement.

Results: The patient was admitted to our hospital with fever and malaise. There was no history of trauma, foreign body insertion, recent sexual intercourse. The physical examination revealed an anterior vaginal mass with a prominent bulge seen on palpation. A biopsy of the mass was performed which showed features of Rhodotorula albina. The patient was treated with antifungal medications for a period of four weeks with improvement in symptoms of fever and malaise. The blood cultures were negative on repeat. The mass size showed a reduction of 60% in size on the follow up ultrasound.

Conclusions: Pelvic mycoses is a rare presentation of fungal infection in an immunocompetent patient. The causative agent Rhodotorula albina is a dimorphic fungus that can affect both mucosal and dermal tissues. The clinical presentation is variable and can mimic malignancy. The management involves surgical excision and antifungal medications.

Poster Presentations

P210
Fungal keratitis caused by Pseudallescheria boydii: Clinical and mycological characteristics

Sedegh Khodayvand1, Aline Masaood2, Mohammad Soleimanki3, Claudi Oliveire dos Santos4, Martina C. Teshpolos4, Kosmener5, Seyyad Amim Ayatollahi6, Mousadah Ranash9, Dariusha Mali Hashemi9, Seyyad Jami Hashemi7, Madhi Aminimad8, Zaha Abbasbeiglerabily9
1Department of Medical Paraentology and Mycology, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran
2Department of Medical Mycology and Bacteriology Research Center, Kerman University of Medical Sciences, Tehran, Iran
3Department of Ocular Trauma and Emergency, Farabi Eye Hospital, Tehran University of Medical Sciences, Tehran, Iran
4Department of Medical Microbiology and Center of Expertise in Mycology Radiobadroud/CZW, Radiobadroud Medical Centre, Nijmeegen, The Netherlands
5Department of Research Center, Farabi Eye Hospital, Tehran University of Medical Sciences, Tehran, Iran

Poster session 2, September 22, 2012, 12:30 PM - 1:30 PM

Objectives: Pseudallescheria boydii keratitis is rare and is of rare type of fungal keratitis because of the slow rate transmission of the organism to many existing ophthalmic agents. We present the clinical characteristics, risk factors, treatment, and prognosis of patients with P. boydii keratitis, and also present the antifungal sensitivities of the isolated strain.

Methods: A report of 2 patients with Pseudallescheria boydii isolated from corneal swabs. After a period of 140 days, were subjected to follow-up evaluation and clinical examination.

Results: Both patients presented with the clinical presentation of fungal keratitis, were treated with topical 500 mg/mL amphotericin B for 2 weeks, with no improvement of the clinical presentation.

Conclusions: Clinical presentation of Pseudallescheria boydii keratitis is rare and is of rare type of fungal keratitis because of the slow rate transmission of the organism to many existing ophthalmic agents. We present the clinical characteristics, risk factors, treatment, and prognosis of patients with P. boydii keratitis, and also present the antifungal sensitivities of the isolated strain.

P221
Deformity dystrophies presenting with multiple eczematous masses caused by Thichophyton rubrum in immunocompromised patient with rheumatoid arthritis: a case report

Seong Min Hong1, Seung Hoe Jeong1, Sang Woo Ahn1, Jung Seo Choi2, Jeong Hwan Shin1, Jaekyung Kim1, Jung Eun Seol1, Hyoon Kim1
1Department of Dermatology, College of Medicine, Inje University, Busan, South Korea
2Department of Dermatology, College of Medicine, Yeungnam University, Daejeon, South Korea

Poster session 2, September 22, 2012, 12:30 PM - 1:30 PM

Objective: This study reports a case of an immunocompromised patient with rheumatoid arthritis who presents with multiple eczematous masses on both legs, caused by Thichophyton rubrum.

Methods: A 69-year-old man with rheumatoid arthritis was admitted to our hospital because of multiple eczematous masses on both legs. A skin biopsy was performed, and the histopathology showed the characteristics of T. rubrum infection.

Results: The patient was treated with topical and oral antifungal medications, and the skin lesions resolved with no recurrence.

Conclusions: Thichophyton infections are rare in immunocompromised patients. However, clinicians should consider this infection in the differential diagnosis of eczematous skin lesions in immunocompromised patients.

P222
Epidemiology of Candidaemia at level-1 trauma care centre in North India

Vandana Kir, Neha Sharad, Shrimati Shrivastava, Sharin Verma, Anpara Ningshomp, Purva Mathur
AIIMS, Delhi, India

Poster session 2, September 22, 2012, 12:30 PM - 1:30 PM

Objective: Patients admitted by trauma who get admitted to critical care units experience prolonged hospitalization and thereby acquire several infections. This retrospective observational study data from 2014 to 2021 to observe Candidemia among the patients admitted at our level-1 trauma care centre in North India.

Methods:生产车间11 aged patients admitted with traumatic injuries and hospitalized for trauma at ICU in our 195 bedded Level-1 Trauma Centre underwent this study.

Conclusion: The incidence of Candidaemia was 0.46% (11/2403 patients) among critically ill patients admitted to the ICU. We observed that the caseness was 0.46% (11/2403 patients) among critically ill patients admitted to the ICU.

Therefore, a watchful eye on early signs of sepsis, strict infection control measures and antimicrobial stewardship may help to alter this outcome.