P180 An uncommon case of subcutaneous basidiolemomatosis in a young adult — a case report
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Basidiolemomatosis is an uncommon fungal infection of the subcutaneous tissue of the lower limbs caused by Basidiolemo-
sus ranarum. It presents as discrete granulomatous inflammations of the skin and subcutaneous tissues affecting the immuno-
compromised young adults.
We report a 15-year-old male who presented with soft tissue swelling of the left lower limb for the past 4 months. He
had consulted a private hospital previously where he underwent incision and drainage and was prescribed multiple antibiotics. At
the time of presentation of the symptoms, he presented to us with swelling of the thigh and 1 x 1 cm size non-healing ulcer over
the posterior aspect at the site of incision with inflammation of the surrounding tissues. On examination, the surrounding tissues also
showed induration and warmth. The routine Blood investigations were normal and serology for HIV was also negative. The pus
culture was cultured in Sabouraud’s Dextrose agar and incubated at 25°C showed growth of aspergillus, gloveriae, hopplea, radially furrowed colonies after 4 days. On macroscopic examination with hematoxylin cotton blue prepartion, dark brown, hyaline with mucous-like thick-walled hyaline pseudomycose were observed as characteristic of B. ranarum. Based on the culture results diagnosis of hand-foot mouth was made and the patient was started on oral intraconazole.
There was a marked reduction in the size of swelling and healing of the ulcer following 10 months of oral itraconazole therapy.
This report highlights the need for awareness of this disease for the correct diagnosis of this dermatitis condition which is treatable.

P183 Candidemia in coronavirus disease 2019 patients in a university hospital in Buenos Aires, Argentina
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It is known that the incidence and epidemiology of candidemia vary according to different geographic regions and hosts. Between 1998 and 2019, the incidence in a university hospital in the city of Buenos Aires, Argentina, HEJSM, was 2.19/10,000 hospitalizations. The coronavirus disease 2019 (COVID-19) pandemic altered the previously recognized course of severe infections, including candidemia.
Objective: The aim of this presentation is to determine the incidence of candidemia in critically ill COVID-19 patients, and the clinical and microbiological aspects of those episodes hospitalized at HEJSM.
Methods: The source documents of this retrospective study are medical records from patients with Sars-Cov-2 and can-
didemia who were diagnosed between March 1, 2020 and June 30, 2021. At the onset of the pandemic, the HEJSM began admitting patients with COVID-19, and elective procedures were canceled. Demographic, clinical, and laboratory data were reviewed. All data were analyzed using RStudio, a statistical computing platform (version 4.0.2).
Results: During the period under review, 63 episodes of candidemia were identified: 23 episodes (37.9%) in COVID-19 patients, and 38 episodes (62%) in non-COVID-19 patients. Incidence (1.00 admissions) in non-COVID-19 patients was 2.5 (95% CI: 2.04-3.91); in COVID-19 patients 14.4 (2.54-71) and in COVID-19+ICU was 42.5 (2.04-71). The average age of patients is of 67 years (SD 16.41). The time from admission to ICU to the development of candidemia had a median of 19 days (IQR: 9-23). A total of 87.5% of the patients had been on mechanical ventilation and 100% of the patients received broad-spectrum antibiotics and had liver failure. Episodes were caused by C. parapsilosis (39.7%), C. albicans (15%), C. glabrata (24%), and other species of Candida (13%). A total of 62% of COVID-19 patients who developed episodes of candidemia died during the period under examination. The survival likelihood at 30 days of COVID-19 patients who developed candidemia was higher for C. parapsilosis episodes and lower for C. glabrata episodes.
Conclusion: The incidence of candidemia showed an increased in COVID-19 hospitalized severe patients. The use of broad-
spectrum antibiotics, the presence of cachexia, and the rate of respiratory support in COVID-19 patients were the risk factors most associated with the development of candidemia. Although the number of episodes of candidemia is low, without the strength of statistical analysis, it is important to consider the likelihood of survival of patients with episodes of candidemia varies according to the species recovered.

P184 Disseminated fungisssis in an ematological malignancies with two focal outcomes
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Fungisssis is a serious fungal disease that mainly affects high-risk hematological patients. Early recognition of cutaneous
manifestation of Fungisssis in severely immunocompromised patients is critical to initiate early treatment.
The aim of this presentation is to present two cases of disseminated fungisssis in severe oncological/hematological patients with favorable outcomes.
Case 1: A 65-year-old man was admitted to the hospital for allergic hemoptysis, cell transplantation. He had chronic myeloid leukemia, leukemic meningitis treated with cytarabine analogs and amphotericin B, prior recurrence and pro-transporter protein with voricona-
azole 400 mg/d in. On day 8 after transplantation, he presented pneumonia and fever on the fifth day. Saccharification of the diabetic integers showed fine septate hyaline elements. Antifungal treatment with voriconazole 400 mg/d plus liposomal amphi-
terin B 5 mg/d was administered. The patient remained severely neutropenic and the diabetic lesion progressed to painful for the following 12 days. BACTEC blood culture developed K. rhizophilale and MIC (mg/l) amphotericin B 1, voriconazole (B-CAS 5-15 Ed) and 8 days post-transplantation, the patient presented an erythematous lesion on the right leg. A sterile of the diabetic lesion and a skin biopsy of the lesion on the right leg was performed, both of which showed fine hyaline filaments. Antifungal treatment was discontinued and voriconazole 400 mg/d and had a good clinical evolution. The patient was discharged 65 days after transplantation.
Case 2: A 43-year-old man was admitted to the hospital for chemotherapy treatment for acute lymphoblastic leukemia (ALL). The patient received prophylaxis with fluconazole. On day 15 after chemotherapy, he developed Candida panjiangi-
alleumatoma. C. parapsilosis MIC (mg/l) amphotericin B 1, voriconazole 0.5, itraconazole 0.05, fluconazole 0.125 D (25). The antifungal treatment was changed to voriconazole 400 mg/d and liposomal amphotericin B 5 mg/d. On day 22, he was neutropenic and Candida. The patient received fluconazole and amphotericin B. On the 19th day, he pre-
sented a diabetic lesion on the foot. Direct examination of the saccharification of the diabetic lesion showed fine hyaline filaments and the colony was identified as P. solanum complex, MIC (mg/l) amphotericin B 2, voriconazole 0.4. The diabetic lesion was treated with ketoconazole 400 mg/d and had a good clinical evolution. The patient was discharged 67 days after transplantation.
Conclusion: Evaluation of skin lesions in severely immunocompromised patients allows prompt diagnosis for antifungal treatment and appropriate administration in patients with proven mycological diagnosis of disseminated fungisssis.