EPIDEMIOLOGY AND MORTALITY OF INVASIVE CANDIDIASIS IN HIGH RISK SURGICAL PATIENTS

Vidal-Seoane M, Pérez de Lis-Novo M, Yañez A, Martínez S, Fernandez-Carballal MF, Pensado-Castiñeiras A

**UNIVERSITY HOSPITAL LA CORUÑA,
GALICIA, SPAIN**

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BACKGROUND, MATERIAL AND METHODS

Invasive Candidiasis (IC) is a frequent and life-threatening infection in critically ill patients.

The aim of this study was to evaluate the epidemiology of IC, antifungal susceptibility of aetiological agents and mortality of IC in high risk surgical patients. Retrospective review of consecutive adult surgical patients with abdominal septic shock between June 1 2014 and April 30 2016 was conducted.

Preventive anidulafungin therapy was given until resolution of the surgical condition. Mortality was evaluated at the end of hospital stay and 30 days.

RESULTS

60 cases of IC were identified
23 women (38%)
37 men (62%)

Mean age 66 years (35-85)
100% IC were secondary
peritonitis and severe sepsis
or septic shock

Isolates:

C.Albicans 56%, C.Parapsilosis 35%,
C.Glabrata 16%, C.Krusei 8%, C.Tropicalis 5%
Ratio Non Albicans (26) – Albicans (34) was 1:1,3
In 15% isolates the candida was less susceptible or
resistant to fluconazole
Resistance to other antifungals was uncommon

The crude mortality rate was 33%
44% in patients with candidemia 80% patients with C.Krusei

Early mortality 26% Late mortality 6%

CONCLUSIONS

Non-albicans candida species reach almost half of the candida isolates
Resistance to azoles should be considered when starting and empirical treatment.

Mortality of invasive candidiasis in ICU remains high and adequate antifungal therapy is necessary to lead a good outcome.