

PERSISTENT FUNGEMIA WITH CANDIDA AURIS IN A PATIENT WITH ENTEROCUTANEOUS FISTULA

EARLY IDENTIFICATION, PROMPT ANTIFUNGALS, AND ANCILLARY MEASURES ARE KEY TO THERAPY

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INTRODUCTION:

- *Candida auris* is an emerging fearsome adversary in debilitated and ICU patients

CASE:

- 61yo F presented with increased enterocutaneous fistula leakage
- Initial blood cultures negative, urine grew *K pneumoniae* and *Streptococcus*
- Deteriorated and shifted to ICU
- 3 more blood cultures negative
- 4th blood culture grew *Candida duobushaemulonii* on VITEK



Candida auris organisms

Source: CDC-PHIL, Stephanie Rossow
<https://phil.cdc.gov/Details.aspx?pid=23239>



Candida auris culture

Source: CDC-PHIL, Shawn Lockhart
<https://phil.cdc.gov/Details.aspx?pid=21796>

CASE (contd.):

- BAL and urine cultures now grew *Candida*
- Persistent candidemia despite Micafungin, line exchange and line holiday
- *C auris* confirmed by reference laboratory
- New mitral and aortic vegetations
- Deteriorated despite aggressive measures

DISCUSSION:

- *Candida auris* frequently misidentified on VITEK
- CDC guidelines recommend accurate identification of *C duobushaemulonii*
- Risk factors: surgery, cancer, DM, prolonged ICU stay
- Blood cultures and (1-3)- β -D-glucan assay are specific for diagnosis
- Native and prosthetic valve endocarditis
- Persistence via biofilm
- Azole resistance
- Echinocandins and Amphotericin B for treatment
- Ancillary measures

CLINICAL IMPLICATIONS

- Early identification
- Prompt antifungal therapy
- Foreign body removal
- May need surgery
- Contact precautions
- Strict infection control



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ABSTRACT



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