27th ECCMID Vienna, Austria 22 – 25 April 2017

The congress of ESCMID

Session: P071 Epidemiology of fungal infections II

Category: 6a. Fungal disease epidemiology & clinical trials

24 April 2017, 13:30 - 14:30
P1430

Characterization of candidaemia in patients with solid tumours

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Background: Candidemia is a life-threatening fungal infection and it can affects patients with several comorbidities, long hospital stay and neoplastic diseases. Characterization of candidemia in patient with solid tumors (ST) is lacking

Material/methods: We performed a retrospective study of adults (≥ 18 years) with candidemia diagnosed in our center in 2010-2015. Demographics, comorbidities, clinical and microbiological characteristics, antifungal treatment and outcome were compared between patients with and without STs.

Results: Among 302 patients with candidemia identified during the study period, 96 (32%) was diagnosed with a solid tumor. A significantly higher proportion of ST patients were hospitalized in medical departments rather than other wards (i.e.: ICU or surgery wards, p<0.001), had chronic comorbidities (p<0.001) and received total parenteral nutrition (p=0.017). Candida albicans accounted for 53% of isolates followed by Candida parapsilosis (23%), Candida tropicalis (11%), Candida glabrata (9%) and other Candida species (4%) with no significant differences in species distribution between ST and no ST patients. Less than half received immunosuppressive or corticosteroid therapies without significant differences between the two groups. Primary antifungal therapies consisted of azoles (52%), echinocandins (23%), polyenes (2%) or none (23%). The types of antifungal therapy did not differ between ST and no ST patients. Thirty-day mortality was significantly higher in ST patients (45% vs 36%, p= 0.03).

Conclusions: Candidemia in ST patients is characterized by a poor prognosis. Our data support the need for continuous monitoring for Candida bloodstream infections in order to improve the clinical and therapeutic management of this specific patient population.