

P2232 Antifungal treatment, management and outcome of patients with *Candida auris* candidaemia in a tertiary hospital

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Background: *Candida auris* has emerged as a cause of insidious hospital outbreaks and complicated invasive infections. The aim of this study was to describe the outcome, antifungal treatment and management of patients with *C.auris* candidaemia.

Materials/methods: A retrospective descriptive study was performed of all the patients with culture-confirmed *C.auris* candidaemia during one year (October 2017-November 2018) of follow up of an outbreak in a 500-bed Spanish tertiary institution. Demographic, microbiological and clinical data were collected.

Results: Twenty-four patients (22 men/2 women) with a median age of 56 (34-80) years were included. At the end of the study, four of them still hospitalised, one in the ICU. All the patients but one had been admitted to the ICU before the candidaemia episode. Median hospital and ICU stay were 71 (20-322) and 21 (0-61) days, respectively. 20/24 (83%) patients had an intravascular catheter-candidaemia, 8/24 (33%) had a second candidaemia episode and 17/24 (71%) were previously colonised. 6 were fatal cases.

22/24 patients were treated with echinocandins a median of 18 (4-72) days -2 of them still in treatment-: 17 (77%) with anidulafungin, three (13%) with caspofungin, one with micafungin and one with caspofungin followed by anidulafungin. One patient was switched from anidulafungin to liposomal amphotericin B (LAB) and 10 (45%) were concomitantly treated with echinocandins and LAB (median of 14 (4-47) days), with a delay of onset respect to echinocandin of 3 (0-30) days. Candidaemia persisted in seven (29%) patients: 4 were treated with echinocandins and LAB combination; one was changed to LAB and 2 continued with the same echinocandin. No relationship was found between type of treatment and mortality.

Transthoracic echocardiography and fundus examination was performed in 11 (46%) and 19 (79%) patients, respectively, with no pathologic findings. Three (12%) patients developed peripheral vascular thrombosis, with favorable evolution. ID specialists were consulted in 16 (66%) episodes.

Conclusions: No differences between type of treatment and the outcome candidaemia were found, probably because of the small number of cases. There seems to be a preference for combined therapy in *C.auris* (persistent) candidaemia, despite the lack, in our setting, of the well-known candidaemia complications.

