

P2258 A cryptococcal conundrum: case series of invasive cryptococcal disease in immunocompetent patients seen in Greater Glasgow & Clyde, UKKamaljit Khalsa¹, Raje Dhillon*¹, Michael Murphy¹¹ Glasgow Royal Infirmary, United Kingdom

Background: Invasive cryptococcal disease in immunocompetent patients can be difficult to manage as there is a lack of guidance in current literature. Serum cryptococcal antigen titre (CRAG) has predominately been assessed as an outcome marker in patients with HIV. There is very little data suggesting its utility in immunocompetent patients with cryptococcal disease. Similarly, duration of therapy is difficult ascertain these patients due to lack of formal guidance.

Materials/methods: A case series of four immunocompetent patients with invasive cryptococcal disease from Greater Glasgow & Clyde has been performed, occurring within the last 3 years. Online clinical notes have been extracted for the following information; clinical presentation, biochemical markers, treatment options, duration and challenges of treatment, monitoring and clinical outcome.

Results: In two of the cases, *C.neoformans* was isolated from blood cultures in elderly patients, both of whom presented with signs of symptoms of a lower respiratory tract infection with no CNS (central nervous system) infection. In one of these cases treatment was challenging as they developed renal impairment secondary to liposomal amphotericin therapy. The other two cases occurred in middle aged patients, one of which was isolated from a finger tissue sample following trauma involving a copper wire. The other patient had a background of alcoholic liver disease and was found to have multiple bilateral lacunar infarcts on CT Head and *C.neoformans* was subsequently isolated from the CSF.

Conclusions: These four cases of *C.neoformans* infection in immunocompetent patients in Greater Glasgow & Clyde have posed a challenge in terms of the duration of therapy, in particular amphotericin induction therapy, use of serum CRAG to monitor treatment response, development of renal impairment. As current guidance is limited, this case series will be potentially be beneficial to clinicians faced with similar patients.