

P0032

Poster Session I

How to improve fungal diagnosis

AN AUDIT OF OPHTHALMOLOGICAL EXAMINATION OF PATIENTS WITH CANDIDEMIA; IS FUNDOSCOPY PERFORMED AT THE CORRECT TIME?

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Objectives

The Infectious Diseases Society of America recommends that all patients with candidemia undergo dilated ophthalmological evaluation and that this is performed when the candidemia is controlled as ocular lesions may require some time to become visible.

The objectives of this audit are to review the current practice in performing ophthalmological examination in patients with candidemia at our institution and to make recommendations to ensure that all patients have funduscopy at the correct time.

Methods

The medical records of all patients with documented candidemia at our institution between 1st January 2012 and 1st April 2013 were retrospectively reviewed. The clinical notes of the patients and a departmental microbiology database for positive blood cultures were used to evaluate the role of the microbiology department in advising funduscopy, whether the examination was performed at the correct time and what the findings were. The date of the funduscopy was compared to the date of the clearance of candidemia (defined as the date of the first negative blood culture).

Results

A total of 22 patients were identified. The Microbiology team advised ophthalmological examination in 19 cases; 2 patients were for palliative care and 1 patient died by the time the blood culture flagged positive. In none of the 19 cases it was specified to perform funduscopy after the clearance of candidemia. Records of ophthalmological examination were found in 14/19 cases (74%) of which 11 (79%) had negative findings and 3 (21%) had findings consistent with ocular candidiasis (2 cases of asymptomatic chorioretinitis and 1 case of symptomatic endophthalmitis). The comparison of the date of funduscopy with the date of clearance of candidemia (Figure 1) showed that in 4/14 (29%) cases the ophthalmological examination was performed before the date of the first negative blood culture, in 7/14 cases (50%) within 5 days from the date of the negative blood culture (therefore before the negative report was released) and only in 3/14 cases (21%) 5 days after the date of the negative blood culture (with the team aware of the clearance of candidemia).

Conclusion

Our audit showed poor compliance with published standards especially in performing funduscopy at the time of the clearance of candidemia. The results allowed us to define new local recommendations, with the Microbiology team playing a key role in ensuring standards are met. The Microbiology team will advise the clinical team to perform funduscopy after the first negative blood culture report is available. An early eye examination will be advised for symptomatic patients and patients unable to report visual impairment in order to avoid delays in the treatment of the endophthalmitis cases which are likely to be symptomatic. In case of negative early examination, funduscopy will be repeated after 7 days.

