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ePoster Viewing

Mycology

Candida bursitis: systematic analysis of mechanisms, manifestations, microbiology, treatment, and outcome

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Objectives

To our knowledge there has been no extensive analysis of underlying mechanisms, clinical presentation, diagnostic imaging, medical and surgical treatment, and response to therapy of *Candida* bursitis.

Methods

We reviewed the English references as published in PubMed (http://www.ncbi.nlm.nih.gov/pubmed) using the key words: *Candida*, candidiasis, and bursitis and included only the well-described reported cases of *Candida* bursitis within the study period 1967-2014. Data regarding epidemiology, clinical and radiological features, demographic characteristics, management, and outcome of the patients were collected and presented with descriptive statistics to determine the risk factors of *Candida* arthritis.

Results

Eleven cases of *Candida* bursitis have been identified. Median age was 65y (range, 32-77y) and 7 patients (64%) were males. Among the underlying conditions, orthopedic joint injections with corticosteroids constituted 45%, and six patients (55%) were receiving systemically administered corticosteroids. Six (54%) of the 11 patients had concomitant *Candida* arthritis. The most commonly infected sites were olecranon/elbow (45%), shoulder (27%) and acromoclavicular (18%) bursae/joints. Local symptoms included indolent onset of pain (73%), edema (73%), and erythema (45%), whereas 18% of the patients presented with fever. Onset of symptoms ranged from weeks to months.

Among the 11 cases, the following *Candida* species were recovered: *Candida parapsilosis* (45%), *Candida albicans* (18%), *Candida tropicalis* (18%), *Candida glabrata* (9%), and *Candida lusitaniae* (9%). The peripheral WBCs were mostly within normal limits [median 7,540 (range 500-11,700)], whereas ESR and CRP were elevated 79 (48-106) mm/hr and 5.4 (1.2-6.7) mg/L, respectively. *Candida* bursitis with or without arthritis was treated most commonly with a combination of antifungal agents (mainly fluconazole or amphotericin B) and surgery (mainly drainage/ aspirations or debridement followed by bursectomy) with successful outcome.

Conclusion

Candida bursitis, an uncommon infection that occurs especially in patients with preexisting joint disease, is frequently associated with concomitant *Candida* arthritis, and is managed with combined medical and surgical therapy.