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Abstract (oral session)

**Susceptibility testing of Aspergillus section Flavi over a 21-year period in a general hospital**

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Background: We studied Aspergillus section Flavi is an occasional causative agent of disseminated infection among immunocompromised patients. We evaluated the epidemiology and antifungal susceptibility of clinical Aspergillus section Flavi. Methods: We recorded 195 isolates of Aspergillus section Flavi strains between 1988 and 2008. Charts were reviewed for clinical data. Minimum inhibitory concentrations (MICs) were determined using the CLSI M38-A2 method with amphotericin B (AMB), itraconazole (IZ), voriconazole (VZ), posaconazole (POS), terbinafine (TB), caspofungin (CAS), and micafungin (MF). Modal MICs and epidemiological cut-off values (ECVs, encompassing >95% of isolates) were obtained by defining wild-type distributions. Results: We divided the study into 2 periods: 1988-98 (40 isolates/36 patients) and 1999-2008 (155 isolates/116 patients). Nineteen patients had invasive aspergillosis (IA) caused by Aspergillus section Flavi. The underlying conditions were chronic obstructive pulmonary disease (9), cancer (7), organ transplantation (7), and surgery (1). Aspergillus section Flavi was isolated from the respiratory tract [93], ear [60], wounds [23], and other sites [19]). The range/mode of MICs and MECs in µg/ml was as follows: AMB, 2-4/2; IZ, 0.125-1/0.5; VZ, 0.125-2/1; POS, 0.06-0.5/0.5; TB, 0.03-64/0.03; CAS, 0.06->16/0.06; and MF, 0.03->16/0.06. The ECVs (% of isolates covered) were as follows: AMB 4, (100%); IZ, 1 (100%); VZ, 1 (95.6%); POS, 0.5 (100%); TB, 0.125 (97.3%); CAS, 0.06 (93.1%); and MF, 0.06 (93.1%). Conclusions: During the study period, the number of patients with IA caused by Aspergillus section Flavi increased in our institution. Few isolates showed in vitro resistance to candins, but their susceptibilities were good to amphotericin, azoles, and terbinafine.