

Session: P071 Epidemiology of fungal infections II

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## Epidemiology and outcomes of persistent candidaemia

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**Background:** Information dealing persistent candidemia is scarce. We sought to describe the epidemiology and outcomes of patients who suffer persistent candidemia (PC).

**Material/methods:** Please All episodes of candidemia prospectively documented at a university hospital from Jan 1991 to Dec 2015 were included. We compared pts with persistent candidemia (>48h after the first antifungal dose) with those without persistent candidemia (non-PC). We also identify the risk factors for mortality in those patients with PC.

**Results:** From a total of 803 episodes of candidemia, 132 (16.4) were PC. Haematological neoplasm (15.5% vs 28.8%, p .001), neutropenia (9.7% vs 16.2%, p .042), use of corticosteroid (29.3% vs 40.3%, p .023) and presence of a central venous line (93.5% vs 86.2%) were most common in patients with PC. Catheter (53.8 vs 30.6%; p<.001) or endovascular (4.5 vs .8%; p=.006) source of infection were most frequent in PC, whereas those patients with endogenous/unknown (27.3 vs

45%;<.001) source had less frequently PC. *C. albicans* was the most common specie isolated in both groups (46.5 and 45%). No differences in the species isolated were found among groups. The 30-day overall crude mortality and related mortality were 31 vs 29.2% (p=.683) and 21.7 and 22.1% (p=.928), respectively. Older age (OR 3.9; 95%CI 1.5-10.2), obstructive uropathy (28.9; 1.3-658.9) presence of urinary catheter (OR 7.1; 95% CI 2.6-23); intrabdominal source of infection (10.8; 1.5-77.8) were independent risk factors for mortality for those patients who had PC. McCabe non-fatal prognosis was the only protective factor (.19; .70-.55).

**Conclusions:** PC is common, especially in those patients with hematological malignance and immunosupresion, and in those patients with central venous line and catheter related infections. Elderly patients with obstructive renal problems or intraabdominal infection had the worst prognosis.