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Fungal disease epidemiology & clinical trials

Invasive aspergillosis in liver disease patients: no easy way out

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Background: Invasive aspergillosis (IA) has been traditionally considered an infection occurring in patients with risk factors such as hematologic malignancies or organ transplantation. Recently, there is increasing evidence that liver disease patients such as severe alcoholic hepatitis or acute hepatic failure are also at high risk for IA. However, the incidence of IA in this population and its impact on outcome remain unknown.

Material/methods: Between January 2005 and November 2015, all patients with liver disease hospitalized in our liver ICU and with *Aspergillus* spp. in respiratory sample were included in the study. Clinical and laboratory data were collected retrospectively. Patients were reviewed by a 4 members team (2 intensive care clinicians and 2 mycologists) and were classified in putative aspergillosis or colonization with Blot *et al.* criteria¹.

Results: Sixty patients with *Aspergillus* positive respiratory culture were identified (BAL: n = 52, bronchial aspirate: n = 3 or sinus sample: n = 5), with a median age of 54.5 [21-82] years including 51 male patients. The median MELD score was 27 [6-40]. Cirrhosis was the most common of the liver disease (n=52, 86%) with cirrhosis decompensation (n = 9) and/or pre-transplant assessment (n = 51). *Aspergillus fumigatus* was the most common species of *Aspergillus* isolated (n = 45, 75%). Seventeen patients (28%) were diagnosed as putative IA and 43 were considered having *Aspergillus* colonization. Direct examination in respiratory samples was positive in 35% of IA group and serum and/or BAL galactomannan was positive in 35% of IA patients. *Aspergillus* PCR had not been performed in this population. Eleven IA occurred in a context of corticosteroids therapy. Curative treatment was given in 50% of all patients. Voriconazole was given in 47 % of IA group *versus* 23% of colonization group and caspofungin in 35% and 14%, respectively. The hospital mortality in the IA group was 9/17 (53%) against 8/43 (18%) in the colonization group.

Conclusions: Systematic screening for IA should be recommended in cirrhotic patients. Nevertheless, *Aspergillus* in respiratory tract specimen is common. To treat or not to treat is a difficult question in cirrhotic patients in whom IA is associated with high mortality and in whom antifungal treatment should be initiated as soon as possible. Further validation of *Aspergillus* criteria in cirrhotic patients is needed.

¹Blot SI *et al.* Am J Respir Crit Care Med. 2012;186:56–64.