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Candidain the critically ill

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Context

In the ICU, mortality rates involving species of *Candida* in blood stream infections range from 36-63%. *C. albicans* remains the most common candidal fungaemia, but non-albicans species are becoming more prevalent. In recent years *C. glabrata* (often resistant to fluconazole) has been associated with an extremely high mortality. This study reviewed the clinical characteristics and outcome for patients with *C. albicans* and *C. glabrata* in a single ICU.

Significant findings

Over a 7 year period 56 patients were diagnosed with candidaemia (41 *C. albicans*, 15 *C. glabrata*); these data represent a prevalence of 2.5 episodes per 1000 ICU admissions. In-hospital mortality for *C. glabrata* versus *C. albicans* was 60% versus 42%, ($P = 0.24$), and patients with *C. glabrata* were significantly older, 61 years versus 50 years ($P = 0.02$). *C. glabrata* was more common in patients receiving pre-emptive antifungal therapy ($P = 0.051$), and length of pre-emptive therapy was statistically significant between the groups, 0.6 days for *C. albicans* versus 4.5 days for *C. glabrata* ($P = 0.042$).

Comments

C. glabrata infection has previously been associated with impending death. However, this study found no statistically significant differences in outcome between *C. glabrata* and *C. albicans*. The significantly older population associated with *C. glabrata* probably explains the trend to an increasing mortality (age, acute renal failure, and polymicrobial blood stream infection were found to be independent predictors of mortality). It is interesting to note that pre-emptive antifungal therapy, which the manufacturers of these drugs advocate to reduce mortality from candidaemia in high-risk patients,

may predispose patients to non-*albicans* species, which are more likely to be resistant to antifungal therapy.

Methods

A retrospective analysis.

Additional information

References

1. Blot S, Vandewoude K, Hoste E, Poelaert J, Colardyn F: Outcome in critically ill patients with candidal fungaemia: *Candida albicans* versus *Candida glabrata*. J Hosp Infect. 2001, 47: 308-313