

POSTER PRESENTATION

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Species distribution and antifungal susceptibility of *Candida* species causing candidaemia in a Thai university hospital during year 2006-2010

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Introduction / objectives

Bloodstream infections due to *Candida* species play an important complications in severely-ill hospitalized patients which may lead to therapeutic failure. During a 5-year period from 2006-2010, 7 *Candida* species and 14 unidentified strains were identified from 887 candidaemia of patients admitted at Ramathibodi Hospital, Mahidol University, Bangkok, Thailand.

Methods

Candida species were identified according to characteristics of chlamydoconidia production and carbohydrate assimilation/fermentation profile using 13/6 carbon substrates. Only a limited number of *Candida* were tested for antifungal susceptibility by agar gradient diffusion (Etest[®]) to amphotericin B and fluconazole.

Results

From a total of 887 isolates, *Candida albicans* remains a major pathogen accounted for 50.3%, followed by *C. tropicalis* (27.4%), *C. parapsilosis* (12.5%), *C. guilliermondii* (6%), *C. glabrata* (1.8%), *C. krusei* (0.23%), *C. rugosa* (0.23%), and unidentified species (1.6%). From a total of 103 *C. albicans*, amphotericin B MIC ranged from 0.016-1ug/ml whereas fluconazole MIC ranged were between 0.023 to > 256ug/ml. Other species tested were *C. tropicalis* (73 strains) which yielded MIC range of 0.19-2ug/ml for amphotericin B and 0.5->256 ug/ml for fluconazole. 34 strains of *C. parapsilosis* gave amphotericin B ranged from 0.023-16ug/ml and 0.094->256 for fluconazole.

Conclusion

C. albicans remains the most prevalence *Candida* species causing candidaemia followed by *C. tropicalis*, *C. parapsilosis* and *C. guilliermondii*. Those non-albicans *Candida* seemed to express decrease susceptibility to both major antifungal agents like amphotericin B and fluconazole whereas a small number of *C. albicans* gave high MIC to fluconazole.

Disclosure of interest

None declared.

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