

“In China, CRCBSI was more likely to occur in old patients with low body weight” Hu et al (2014).

Reference:

Hu, B., Du, Z., Kang, Y., Zang, B., Cui, W., Qin, B., Fang, Q., Qiu, H. and Li, J. (2014) Catheter-related Candida bloodstream infection in intensive care unit patients: a subgroup analysis of the China-SCAN study. BMC Infectious Diseases. 14(suppl 7), p.47.

Catheter-related Candida bloodstream infection in intensive care unit patients
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Abstract:

Background: In patients hospitalized in intensive care units (ICU), Candida infections are associated with increased morbidity, mortality and costs. However, previous studies reported confused risk factors for catheter-related Candida bloodstream infection (CRCBSI). The objective was to describe the risk factors, microbiology, management and outcomes of CRCBSI in the China-SCAN population.

Methods: Patients with ≥ 1 Candida-positive peripheral blood culture were selected from the China-SCAN study. Peripheral and catheter blood samples were collected for Candida isolation. Patients with the same strain of Candida in peripheral and catheter blood samples were considered as being with CRCBSI, while patients with Candida-positive peripheral blood cultures only or different strains were considered as non-CRCBSI. Data were collected from the China-SCAN study.

Results: CRCBSI incidence in ICU was 0.03% (29/96,060), accounting for 9.86% of all candidemia observed in ICU (29/294). The proportion of CRCBSI due to Candida parapsilosis reached 33.3%, more than that of Candida albicans (28.6%). In univariate analyses, older age ($P = 0.028$) and lower body weight ($P = 0.037$) were associated with CRCBSI. Multivariate analysis showed that the sequential organ failure assessment (SOFA) score was independently associated with CRCBSI (odds ratio (OR) = 1.142, 95% confidence interval = 1.049-1.244, $P = 0.002$). Catheter removal and immune enhancement therapy were often used for CRCBSI treatment.

Conclusions: In China, CRCBSI was more likely to occur in old patients with low body



weight. SOFA score was independently associated with CRCBSI. Candida parapsilosis accounted for a high proportion of CRCBSI, but the difference from non-CRCBSI was not significant.

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