



“Candidemia is an important nosocomial blood stream infection in critically ill patients. Although several studies have addressed candidemia, very few have reviewed the impact of *Candida glabrata* candidemia in Intensive Care Unit (ICU) patients” Gupta et al (2015).

Reference:

Gupta, A., Gupta, A. and Varma, A. (2-15) *Candida glabrata* candidemia: An emerging threat in critically ill patients. *Indian Journal of Critical Care Medicine*. 19(3), p.151-4.

Review of Candidemia in intensive care unit patients [@ivteam #ivteam](http://ctt.ec/JVeCp+)

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Abstract:

**BACKGROUND:** Candidemia is an important nosocomial blood stream infection in critically ill patients. Although several studies have addressed candidemia, very few have reviewed the impact of *Candida glabrata* candidemia in Intensive Care Unit (ICU) patients.

**MATERIALS AND METHODS:** The medical records of ICU patients between 2006 and 2010 were reviewed retrospectively. The epidemiology, clinical features and mortality related risk factors among our adult ICU patients were seen.

**RESULTS:** Among 144 episodes of candidemia, *C. glabrata* (n = 26; 18.05%) was the third

most common species isolated. The incidence of *C. glabrata* candidemia was 0.21/1000 ICU admissions. The most common risk factors were prior exposure to broad spectrum antibiotics (100%), central venous catheter (100%), mechanical ventilation (76.9%), diabetes mellitus (50%), age >65 years (46.15%). Urine (23%) was the most common source of *C. glabrata* candidemia. Overall in hospital 30 days mortality rate due to *C. glabrata* fungemia was 53.8%. Patients who were treated with fluconazole showed better outcome than patients treated with amphotericin B. Renal failure requiring hemodialysis was the significantly associated with mortality in our study.

**CONCLUSION:** *Candida glabrata* was the 3<sup>rd</sup> most common *Candida* causing candidemia in our ICUs with a incidence of 0.21/1000 ICU admissions. The outcome of ICU acquired *C. glabrata* candidemia was poor with 30 days mortality rate of 53.8%. Renal failure requiring hemodialysis was the only risk factor associated with mortality. Further studies are required to identify the other risk factors associated with mortality in *C. glabrata* candidemia.

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