



We investigated the clinical characteristics and risk factors for mortality in adults with persistent candidemia” Kang et al (2017).

Abstract:

BACKGROUND: We investigated the clinical characteristics and risk factors for mortality in adults with persistent candidemia.

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METHODS: All patients ≥ 18 years old with candidemia in two Korean tertiary hospitals from 2007 to 2014 were investigated. Persistent candidemia was defined as isolation of the same *Candida* species ≥ 5 days after initiation of antifungal therapy. Non-persistent candidemia was defined as candidemia persisting for ≤ 3 days after initiation of antifungal therapy.

RESULTS: *C. tropicalis* (29.2%) was the most common pathogen in persistent candidemia, and *C. albicans* (35.9%) was the most common in non-persistent candidemia. Central venous catheter (CVC) (OR, 1.99; 95% CI, 1.05-3.78; $P = 0.034$), longer hospital stay (OR 1.01; 95% CI, 1.01- 1.02; $P = 0.025$), and severe sepsis (OR 2.25; 95% CI, 1.11-4.56; $P = 0.024$) were independent risk factors for persistent candidemia. *C. tropicalis* was independently related to 30-day mortality (OR, 4.12; 95% CI, 1.27-13.36; $P = 0.018$), together with septic shock (OR,

5.81; 95% CI, 1.32-24.70; P = 0.017) and use of a corticosteroids (OR, 5.31; 95% CI, 1.07-26.29; P = 0.041) in persistent candidemia.

CONCLUSION: *C. tropicalis* is the predominant pathogen and cause of death in patients with persistent candidemia.

Reference:

Kang, S.J., Kim, S.E., Kim, U.J., Jang, H.C., Park, K.H., Shin, J.H. and Jung, S.I. (2017) Clinical characteristics and risk factors for mortality in adult patients with persistent candidemia. *The Journal of Infection*. June 34d. .

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