conferenceseries.com
Joint Event on 2nd World Congress on
Infectious Diseases
&
International Conference on
Pediatric Care & Pediatric Infectious Diseases
August 24-26, 2016 Philadelphia, USA

Luis Del Carpio Orantes, J Infect Dis Ther 2016, 4:4(Suppl)
http://dx.doi.org/10.4172/2332-0877.C1.009

Candida score in intensive care unit

Luis Del Carpio Orantes
Hospital D´Maria, Mexico

Objective: Casuistry of invasive candidiasis is reviewed on an intensive care unit, applying the candida score to assess their potential predictor of HIV infection.

Design: Retrospective, observational and descriptive study.

Methods: The *Candida* score is applied retrospectively all identified cases of invasive candidiasis to evaluate its effect predictor of the disease; also the most common strains and their risk factors identified in this population are identified.

Results: The casuistry of the intensive care unit were reviewed, which had 102 patients in the period 1 January to 31 December 2014, of which *Candida* infection in 14 patients (13.7%) was reported. Being the most affected female gender with 10 patients (71.4%), also the most affected age group was 81-90 years, followed by 71-80 years. The stay in the ICU, at the beginning of candidiasis averaged 8 days. Infection of an anatomical site was identified in 9 patients and in 5 patients in two anatomical sites with predominant involvement in the lungs (10 isolates), the urinary tract 2nd highest incidence (7 cases), it is noteworthy that no cases of candidemia and there was only one isolate in a central catheter, which was classified as catheter colonization; other cases invasive pulmonary candidiasis and urinary level (the latter probably bladder colonization, favored by use of urinary catheters) were considered. The most frequent isolates were *Candida albicans* (10 patients) followed by *C. krusei* (4 patients), *C. tropicalis* and *Candida* sp., in 3 patients, respectively. The score *Candida* was positive in 7 patients (50% score >2.5) but did not correlate with mortality as these patients, only 3 of them were fatal, *C. albicans* being the most deadly. In this casuistry 8 patients had a good outcome. The presence of a central venous catheter (14 patients), the long stay in the unit (12 patients) and the use of broad spectrum antimicrobials as prior (10 patients) were identified as predisposing factors. Risk factors being the bearer of chronic lung disease, sepsis and cardiovascular disease in 8 patients respectively were identified. Candidiasis appeared after a common course of broad spectrum antimicrobials (3rd generation cephalosporins basically) in 10 patients and only 4 had begun with an antimicrobial greater spectrum (carbapenem, glycopeptide or fluoroquinolone); once identified candidiasis, management began with triazolido (fluconazole in 9 cases and voriconazole in 1 case), meriting a second antifungal adjustment scheme with an echinocandin or voriconazole in 4 cases by persistent candidiasis. Of the 6 deaths, 4 had started operation with fluconazole and despite having given a second scheme with an echinocandin or voriconazole, the prognosis is not improved.

Conclusion: We conclude that the *Candida* score is a predictive indicator and signals to patients who are at risk for infection with *Candida* (score >2.5), but does not predict the mortality rate of each case. Risk factors and predisposing factors are similar to those reported in other series, only highlighting in this series, the presence of chronic lung disease, as correlational would explain the higher incidence of lung isolation level and in elderly patients. Also regarding the treatment employed, it is recommended that a positive *Candida* score, antifungal management spectrum starts, primarily an echinocandin or voriconazole, to try to improve the survival rate of these patients, who are often elderly patients, anergic, diseases chronic degenerative and high rate of morbidity and mortality and can be considered as neutropenic patients. In this series, chronic lung disease served as a major risk factor, which has not been previously reported, since in the literature to *Aspergillus* is mentioned as the leading pioneer in these patients which was not confirmed.

Biography

Luis Del Carpio Orantes is a Medical Specialist in Internal Medicine and also an Internist in Mexican Social Security Institute. He is assigned to ICU Internist, D'Maria Hospital and he is also an Expert Columnist for the Iberoamerican Society of Scientific Information with the theme of emerging viruses. He has published articles related to intensive care (negative pressure pulmonary edema and disseminated intravascular coagulation in the ICU) and epidemiology, regarding dengue, zika, chikungunya and influenza which can be referred in PubMed and other index. He is an Independent Researcher, projects a research on the treatment of dengue.

neurona23@hotmail.com