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Impact of fungal infection on outcome of critically ill patients: An observational study in critically ill liver patients

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Background: Fungal infections represent a significant and serious load in the critical care setting with rising morbidity and mortality. Candidiasis is the main reason of fungal infections in Intensive Care Unit (ICU) patients out of which majority are being caused by *C. albicans* proceeded by Aspergillosis and Mucormycosis. The identification of these infections is complicated and complex and require constant clinical surveillance and exhaustive laboratory testing, radiological testing, culture and biopsy.

Aim: The aim of this study was to investigate the impact that Invasive Fungal Infection (IFI) has on the outcomes of critically ill ICU patients.

Method: Records of all admissions to Intensive care units were reviewed. IFI was identified using established criteria based on microbiology, histology and radiological testing.

Result: Over a period of 6 months a total of 106 patients were identified as having IFL. Out of which 41 cases had miniBAL positive, HRCT evidence was seen in 39 cases, both were positive in 14 cases. *Candida* or budding yeast cells were seen in 35 cases and *Aspergillus* in 6 cases. Both culture and radiological evidence was positive in 9 cases.

Conclusion: IFI is frequent in patients admitted in ICU and is associated with excess risk for hospital mortality, longer ICU and hospital stay and greater consumption of medical resources. The newer antifungal agents are potent and have low resistance. But appropriate and judicious use is required.

Biography

Shubhnita Singh has completed her MBBS from SSR Medical College, University of Mauritius. She has worked with prestigious hospitals like Sir Ganga Ram Hospital, Delhi, India. She has been working on several research projects in Hamdard Institute of Medical Science and Research since February 2014 as Tutor in Department of Pharmacology.

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