count and low expression of aberrant CD19 (P < 0.05). Interestingly, most patients with loss of X chromosome tended to have a good course of the disease as they attained complete remission without relapse or death. This may be attributed to its association with multiple favorable prognostic factors such as young age, high hemoglobin level, low white blood cell (WBC) count together with low percentage of peripheral blood and bone marrow blasts. However, these findings could not reach a statistically significant level.

Conclusions: 9q deletion associated t(8; 21) could be considered as an adverse prognostic predictor being associated with poor disease outcome and shorter survival of the patients. These patients are expected to have poor outcomes with chemotherapy alone so they are suitable candidates for hematopoietic stem cell transplantation. Thereafter the use of this cytogenetic aberration would be recommended to be incorporated into the initial diagnostic workup of all newly diagnosed t(8; 21) AML patients.

**Antifungal susceptibility profile and molecular detection of ERG11 resistant gene in candida species associated with vulvovaginal candidiasis**

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Vulvovaginal candidiasis is both treatable and mild, but when left untreated, is a possible risk for many complications. A number of antifungal agents especially azoles are available to treat vulvovaginal candidiasis. Fluconazole is recommended in various guidelines as the first drug of choice because it is less toxic and can be taken as a single oral dose. Several mechanisms of resistance to azoles have been described in Candida. The present study aimed at determining the in vitro antifungal susceptibility profile of isolated Candida species especially to fluconazole in cases of vulvovaginal candidiasis, also investigating fluconazole resistant and susceptible dose dependent (SDD) isolates for the expression of mutations of ERG11 gene and guide empirical antifungal treatment for the suspected cases of Candida vulvovaginitis. Hundred Candida isolates obtained from female patients attending the Obstetric and Gynecological outpatient clinic in Ain Shams University Hospitals were subjected to culture on SDA, Hichrome agar and germ tube test for species identification. Then antifungal susceptibility testing by disc diffusion method using disks of fluconazole, ketoconazole, itraconazole and nystatin was performed. ERG11 gene DNA mutations were detected in fluconazole resistant and susceptible dose dependent Candida isolates by real time PCR except Candida krusei which has inherent resistant to fluconazole. In the present study, Candida albicans was the predominant species and was isolated from (62%) of vaginal swabs while NCAC group was isolated from (38%) with the predominant species Candida glabrata (22%) followed by Candida krusei (10%), Candida tropicalis (4%) and no other specified (NOS) NCAC (2%). As regards the antifungal susceptibility results, fluconazole was susceptible in (72%) of overall of vaginal Candida isolates where Candida albicans showed higher susceptibility than NCAC isolates in (93.5%, 36.8%) respectively and these results were highly statistically significant (P < 0.001). Fluconazole was SDD in (7%) of total Candida isolates with (4.8%) of the Candida albicans reported to be SDD while (10.6%) of NCAC were SDD to fluconazole. Fluconazole was resistant in (21%) of total Candida isolates, where (1.7%) of the Candida albicans were resistant while (52.6%) of NCAC were resistant to fluconazole. As regards detection of ERG11 DNA gene, in our study it was tested by real time PCR in fluconazole susceptible dose dependent and resistant isolates except Candida krusei which has inherent resistant to fluconazole. It was detected in 2/18 (11.1%) (One susceptible dose dependent Candida albicans isolate and one resistant Candida glabrata isolate).