**PM42**
Identification, clinical profile, antifungal susceptibility pattern of candida auris from a tertiary care center in India

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Objectives:
- To identify the phenotypic characteristics of Candida auris.
- To analyze the clinical profile of Candida auris infection.
- To describe the antifungal susceptibility pattern of Candida auris.

Methods:
The study was conducted in the Department of Microbiology in Mycology division at Sri Ramachandra Institute of Higher Education and Research from December 2019 to November 2021. The study protocol was approved by Institutional Ethics Committee.

Candida species isolated from various specimens sent to the laboratory were identified by Matrix-Assisted Laser Desorption-ionization Time-Of-Flight mass spectrometry (MALDI-TOF). The growth characteristics of C. auris were investigated on various media including Selective Aureomycin Medium (SAM), H6 broth agar Candida and Tetracycline reduction agar.

Antifungal susceptibility testing was performed by using the Clinical and Laboratory Standards Institute broth microdilution method M27-A3. Antifungal susceptibility testing was performed using fluconazole, voriconazole, posaconazole, micafungin, anidulafungin, caspofungin and amphotericin B. Candida albicans American Type Culture Collection (ATCC) 29237 was used as quality control strains.

Results:
- A total of 27 C. auris isolates were collected. Both adult and pediatric cases were included. The mortality (25.9%) of the C. auris cases was seen in the age group of 55-64. Median age was 44 years for the adults. Among the 7 children, 6 were neonates and 1 was an infant. The most common source of infection was urine and blood.
- A total of 6/37 isolates showed moderate to heavy growth on the SAM, while 2 isolates showed mild growth after 72 h. But all the other Candida species and other yeast tested were inhibited on this medium. All the isolates of C. auris grew as cream to pinkish purple colonies on Hachemone agar Candida. On Tetracycline reduction agar, all of them formed maroon colonies.
- The average duration of hospital stay was 25 days (range 4-65). A total of 35 of the patients were admitted to ICU, 8 had undergone mechanical ventilation and 8 inotropic. Central venous catheter was inserted in 9 patients and post-operative catheter placed in 6 patients. 8 patients had undergone tracheotomy and 25 of them had undergone some other invasive procedures. Total parenteral nutrition was received by 3 patients, 16 were diabetic and 11 were hypertensive. Prior antifungal exposure was present in 9 patients and 26 had received broad-spectrum antibiotics.
- The crude mortality rate with C. auris infection in patients was 32.43% and the attributable mortality rate, as considered by the treating physician was 10.41%.

**PM43**
Amphotericin B in pediatrics: analysis by age stratification suggests a greater chance of adverse events from 13-month of age onward

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Background:
Decomensilization amphotericin B (D-AMB) remains an antifungal of great therapeutic value in pediatrics. It is generally accepted that its use is more effective in children than in older children. However, childhood presents different periods of development which deserves to be evaluated more precisely. Our goal was to assess the usage profile of D-AMB in stratified pediatric age groups, adapted according to the National Institute of Child Health and Human Development (NICHD) classification.

Methods:
We conducted a retrospective cross-sectional observational study at a Brazilian tertiary children’s hospital. Non-parametric tests were applied, such as the chi-square test to compute proportions and Fisher’s exact test to assess the association between categorical variables or in contingency tables.

Results:
A total of 127 medical records were stratified as patients neonatal (birth <37 weeks postmenstrual age), term neonatal (birth ≤27 days), infants (28-12 months), toddler (13 months-2 years), early childhood (2-5 years), middle childhood (6-11 years) and early adolescence (12-18 years). Very low acute infection-related side effects were observed during administration of D-AMB in pediatrics. We found an unfavorable impact of D-AMB from 13 months onward, suggesting this group as a turning point for a greater chance of adverse events, and not seen after the neonatal period as is conventionally known (Fig. 1).

Conclusions:
Clinical or observational studies based on age stratification are essential to precisely elucidate whether drugs with toxicity potential can be used safely in the pediatric population. Searching for a turning point has been shown to contribute to the accuracy of the study, while providing more substantial information on the impact of D-AMB on different pediatric age groups.