predominant cause for vaccine infections in COVID-19 patients. This finding has potential implications for the development of vaccines and interventions to protect populations at risk.

Conclusion: Vaccination is crucial to prevent severe COVID-19 outcomes, and the differentiation of vaccine-related cases will help guide public health strategies.

**P235**

### A rare case of ventral osteomyelitis caused by *Escherichia coli* and *Mycobacterium Tuberculosis* a double trouble

Shivang Sharma1, Subhashree Samantary2, Akshata Revinda3, Sathendran Nagathu4, Yash Kulkota5, Neeta T6, Deep Kummar7, Durgu Shanker Neog8, Gopal Krishna Bohra9, M.G. Garbagi10, Sarasini Karimbode11 1General Medicine, AIIMS Jodhpur, Jodhpur, India 2Radiology, AIIMS Jodhpur, Jodhpur, India 3Department of Microbiology, AIIMS Jodhpur, Jodhpur, India

Poster session 2, September 22, 2022, 12:30 PM - 1:30 PM

Introduction: The ventral osteomyelitis can be prokaryotic (bacterial), non-prokaryotic (mycobacterial), fungal, or a combination of all the above. Currently, there are only a few case reports that describe the presentation of osteomyelitis in the ventral region of the human. This case report describes a patient with ventral osteomyelitis with a high prevalence in developing countries like India. Co-infection of the spine by both fungal and tuberculosis organisms is rare, there is only one case that has been reported till now in our literature review.

Case: A 42-year-old man presented with complaints of lower back pain for 4 months and fever with chills for 3 months. He had done multiple OPD visits at other centers for his lower back pain in the past 2 months, where a whole spine MRI was done which was suggestive of pyogenic post-infectious disc disease due to multiple spine abscesses. MRI at 4.4M causing isodense to norm of areas for which he was given 3 days of IV and followed by 51 days of oral methylprednisolone. On admission, patient developed fever and increased lower back pain for which he was admitted. Repeat MRI spine revealed multiple steri axial spondylodiscitis. At the point, he was referred to our center for further management and was admitted. He was a known case of diabetes and underwent bilateral JD procedure for stenting nephrostomy 3 months before. On post-operative day 4, he had developed low back pain. He was truly stable but febrile, unable to sit or walk without support. He also had high temperature and improvement in radiological studies showed of no help. He was done. CINNA was suggestive, whereas culture revealed growth of *Candida*. He was started on injection of fluconazole 400 mg loading dose and 200 mg daily for 7 days. 4 days after getting unsure, lower limb weakness and lower back pain persisted. Hence a repeat ventral biopsy was planned. Suspicious, CINNA of the biopsy sample detected only MVT and tubercular granulomatous tissue, following which the patient was initiated on weight-based HRZE regime along with fluconazole. Currently, patient is asymptomatic and his lower limb weakness has improved with lower limb muscle power 0/5 to 3 out of follow-up after a month.

Methods: Non-prophylactic ventral osteomyelitis due to tuberculosis is common in a high TB burden country like India. Even though *Candida* is a rare causative agent, but should always be considered as a differential in patients having risk factors. Our patient had abdominal surgery, DM and steroids could have predisposed for developing Candida ventral osteomyelitis. The possibility of fungal osteomyelitis in a patient with known risk factors should not be overruled, especially if deep layer of clinical and radiological signs being hallmark. High suspicion and tissue diagnosis remains crucial for early diagnosis and aids in better clinical outcome.

### P244

### A rare case of post covid bilateral renal mycokymosis

Manjeeshankari Cure Infectious Disease Clinic, Ahmedabad, India

Poster session 2, September 22, 2022, 12:30 PM - 1:30 PM

Objective: The most commonly reported sites of COVID-associated invasive mycokymosis till now have been rhino-orbital-cerebral and pulmonary. This is a rare instance of an apparently healthy male, who had recovered completely from COVID-19, presented with bilateral renal mycokymosis.

Method: A 46-year-old man was presented with low-grade fever and increased CRP. He had a known history of diabetes, hypertension, and urologic heart disease since 2007. On examination, he was tachypneic and abraded, blood pressure and oxygen saturation were within normal limits. He was also double vaccinated. Also, he had a history of moderate COVID (Unicentre) in January 2022. His CT score was 182. He was referred to our centre for follow-up, and various investigations, antigen, antibody, serum creatinine, etc., were negative.

Later on, patient developed fatigue, anorexia, abdominal discomfort, and pain in lower back. Also vomiting and nausea for 3 days. His CT scan showed bilateral renal abscesses, which progressed during the week, and he did not decline any antibiotic regimens. Physical examination was normal, with neither sign of cardiac nor intra-abdominal pressure of a CNS infection. Various investigations revealed no abnormalities, and the white cell count was 7.5 ± 10^9 and the CRP was 8 mg.

Results: A 46-year-old man presented with left lower quadrant and right loin pain, fever, and altered renal function suggestive of renal mycokymosis. A renal mycokymosis is a rare entity that needs to be recognized and managed properly. These cases enhance long-term prognosis, and diagnosis is crucial for early detection and aids in better clinical outcome.

### P268

### Rhinoscleroma mucosae causus to Sakkavala vaasakum in a Sri Lankan patient: A rare fungal infection

Lijyanage Shanthima Madhumali Srigama1, Primal J. Jayawardena2, David W. Denning3 1Manchester Fusional Infection Group, Core Technology Facility, University of Manchester, Manchester, United Kingdom 2Department of Microbiology, Medical Research Institute, Colombo, Sri Lanka

Poster session 2, September 22, 2022, 12:30 PM - 1:30 PM

Background: **Rhinoscleroma** is a systemic mycosis caused by *HelmintHoma capnophilum*, a dimorphic fungus. This disease has been observed in immunocompromised individuals. Most cases occur in certain endemic regions of the world however, it is a rare case to have a wide global distribution. *Rhinoscleroma* is subsequently recognized in Sri Lanka and the dispersion of information on cases is fragmented.

**Method:** The comprehensive search of medical literature in the English language through databases from any time to February 2022. Earlier, culture-proven or histopathologically proven cases were selected in diagnostically confirmed histoplasmosis. Duplicate reports were excluded. All available data on demographics, clinical presentation, diagnostic, management, and clinical outcome were acquired for the reported cases.

**Results:** One survey of histoplasmin skin sensitivity testing and diagnostic histoplasmosis across Sri Lanka were observed during the selected period. A total of 3.5% of histoplasmin positivity had been observed in the survey of histoplasmosis skin sensitivity at the Sri Lanka National Serology Reference Laboratory. A total of 3.3% of the patients were reported from the Central province which had the positive histoplasmin test previously. In addition, cases were observed in Southern Province and Central provinces. The majority of affected individuals were adult males (95%). Both histoplasmosis and pulmonary patients were not observed. The clinical presentation stressed out oral lesions (the most common presentation), skin lesions, and fever of unknown origin, to adrenal crises. Disseminated histoplasmosis was diagnosed in 10% of the patient population. Histoplasmosis and pulmonary patients were not observed. Both histoplasmosis and tuberculosis were likely to be linked with oral histoplasmosis and none of the patients were positive for HIV. Both histoplasmosis and fungal infections are the most common forms of first-line culture and the diagnosis of histoplasmosis was not popular. Both rhinoscleroma and amphotericin B were used for the treatment of the patients with variable outcomes.

**Conclusion:** Histoplasmosis exists in Sri Lanka. The number of cases could be expected to be much higher than reported with the increase in at-risk populations. These mandate enhanced laboratory diagnostic facilities and increase the awareness of medical professionals in Sri Lanka.
in producing film-shaped sporangia on a slight sporangiosphere with brown pigmented rhizoids after 14 days of incubation. The phototrophic feature was suggestive of S. vasiformis. She was subjected to exploratory debridement surgery and treatment with amphotericin B was continued. She was clinically improving however, refractory hypokalemia along with hyperammonemia interrupted her antifungal therapy resulting onset of severe symptoms. Contrast-enhanced computed tomography of the brain revealed multiple micro-abscesses in the right temporal lobe. She clinically deteriorated and succumbed to the illness.

Discussion: Sakaranea vasiformis, a member of Mucorales, is largely bound to cutaneous and subcutaneous infections. Rhino-orbital-cerebral infections are relatively uncommon and most of the reported cases were fatal irrespective of optimal therapy. Prompt diagnosis through fungal investigations of deep biopsy is mandatory. The delayed identification of this organism is attributed to its nature of poor sporulation on routine media. Special culture techniques and nutritionally deprived media enhance sporulation. Sakaranea vasiformis is usually sensitive to amphotericin B, high minimum inhibitory concentration has been reported though.

Conclusion: Specific culture techniques should be used to induce sporulation if non-sporulating mucoraceous are encountered. Rhinoscleromal mucoraceous is associated with a high degree of mortality even with effective antifungal therapy.

**P289**

A teenager with Pythium keratitis—a case report

PGIRS Welagedara1, Liyamage Shanthika Madhumali Sigera1, SC De Silva2, KR Dayawansa3, PI Jayasekara4

1Manchester Fungal Infection Group, Core Technology Facility, University of Manchester, Manchester, United Kingdom
2Department of Mycology, Medical Research Institute, Colombo, Sri Lanka
3National Eye Hospital, Sri Lanka

**Poster session 2, September 22, 2022, 12:30 PM - 1:30 PM**

Introduction: Pythium is an oomycete found in an aquatic environment and is considered to be a plant pathogen. However, it is able to cause scabetic and systemic infections in humans and animals. Keratitis or corneal ulceration caused by Pythium species closely resembles fungal keratitis and is known as a pseudo-fungal infection. It is associated with high surgical morbidity owing to the difficulty in diagnosis and treatment.

Case Report: A 13-year-old adolescent from rural Sri Lanka presented with pain and tearing from left eye for 5 weeks’ duration. He was previously healthy and had no history of trauma to the eye. He had fished in a lake recently. On examination, visual acuity was only perception of light and there was a corneal ulcer in the left eye. Since the ulcer had a poor response to medical therapy, penetrating keratoplasty was performed twice with failure of the graft.

Direct smear of both corneal buttons revealed broad spore-like fungi with occasional branches at right angles that mimic fungi of zygomycetes. Culture on Sabouraud Dextrose Agar yielded expanding white subungual colony. In the same mount, hyaline, occasionally septate broad fungal filaments were visible. Therefore, the organism was identified as Pythium species in the Mycology Research Laboratory.

Repeated intraocular and intrastromal antifungal and topical and systemic antibiotic treatment resulted in a quiet, vacuolated eye with the retained perception of light.

Discussion: Pythium keratitis carries a significant challenge in laboratory diagnosis due to its retinal-like appearance. Normal PCR has higher accuracy than standard culture identification. Not being a true fungus, Pythium lacks ergosterol. Therefore, it is usually resistant to many commonly used antifungal agents which target ergosterol. High degree of suspicion is important for accurate identification in the laboratory and the clinicians should be informed for early, aggressive surgical intervention along with antimicrobial therapy in order to achieve a satisfactory outcome.

**P290**

Public health treatment due to rise in Candida auris candidemia infection

Rakesh Singh

Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Puducherry, India

**Poster session 2, September 22, 2022, 12:30 PM - 1:30 PM**

Introduction: Isolation of Candida spp from a blood sample in patients is known as candidemia. Candida auris is the most common causative agent of candidemia globally while C. tropicalis is the most common causative agent in India. Candida parapsilosis complex, C. glabrata, and C. krusei are the other three common causative agents of candidemia. Candida auris was described in 2009 and is a public health treatment. It is multidrug-resistant and causes localized hospital outbreaks.

Objective: To determine the fungal profile of candidemia in a tertiary care hospital.

Methods: In vitro efficacy testing was performed. All patients admitted to the Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), India from January 2020 to January 2021, whose blood culture samples yielded yeast were included in the study. The patient's demographic details were recorded. Yeast isolates were identified by Matrix-Assisted Laser Desorption/Ionization-Time of Flight Mass Spectrometry (MALDI-TOF MS) as per the manufacturer’s instruction. The antifungal susceptibility testing (AFT) was performed by microbroth dilution method for fluconazole, voriconazole, amphotericin B, and caspofungin as per Clinical and Laboratory Standards Institute (CLSI) M27 and interpreted by CLSI M19 and M11 document. AFT of C. auris was interpreted as per Centers for Disease Control and Prevention (CDC) criteria. Results were expressed in percentages.

Results: A total of 248 blood culture samples yielded yeast cells during the study period. Approximately 43% of samples were obtained from male patients, while ~57% were obtained from female patients. Most of the patients were between 41 to 60 years or under 10 years of age. A total of 122/240 (13.8%) were diabetic, and 30 (12.5%) were positive for severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). Candida tropicalis (34.7%), was the most common causative agent. It was followed by C. parapsilosis complex (20.5%), Candida auris (16.5%), C. albicans (13.5%), C. glabrata (6.5%), and other C. spp. (3.5%). Candida krusei is no longer observed as one of the top five agents of candidemia and it is replaced by C. auris. The rise of candidemia due to C. auris is a cause of concern, and its prevalence is observed more than that of C. albicans in our tertiary care hospital. The antifungal resistant pattern of the top four candida isolates is depicted in Figure 1. The antifungal resistance was maximum in C. auris isolates, followed by C. parapsilosis complex isolates. A total of 12.2% of C. auris isolates were resistant to amphotericin B, and 8.4% of C. auris isolates were multidrug-resistant.

Conclusion: Candida tropicalis was the most common causative agent of candidemia. The increased prevalence of C. auris over C. albicans is a cause of concern for 4.9% of C. auris isolates were multidrug-resistant.