Possible Candida infection of pancreatic tissue was considered when Candida spp were isolated from:

1. Abdominal drain effluent (at two or more samples) in postoperative patients, or
2. An abdominal sample grown in only in blood culture.

Relevant patient information was obtained from hospital information system. Data were analysed by SPSS 20 statistical software and MS Excel.

Results: A total of 14 cases were identified amongst which 6/14 (42.9%) had true Candida infection whereas possible Candida infection was seen in 8/14 (57.1%) patients. One of these, C. tropicalis was the predominant species seen in 8/14 (57.1%) whereas C. albicans was seen in 4/14 (28.6%). One isolate of C. auris was identified. Patients with C. tropicalis infection showed higher mortality (69, 66.7%) as compared with patients with other Candida species, in which 20% (10) mortality was noted. Acknowledging limitations inherent to retrospective data extraction, we delineated some of the possible risk factors predisposing to Candida infection, given in Table 1.

**Table 1. Prevalence of risk factors.**

<table>
<thead>
<tr>
<th>Predisposing factor</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage of broad-spectrum antibiotics</td>
<td>100% (7/7)</td>
</tr>
<tr>
<td>Presence of central venous catheter</td>
<td>77.8% (7/9)</td>
</tr>
<tr>
<td>Surgical intervention/USG guided aspiration</td>
<td>100% (13/13)</td>
</tr>
<tr>
<td>Intensive care unit (ICU) admission</td>
<td>35.7% (5/14)</td>
</tr>
</tbody>
</table>

**Conclusion:** Role of Candida species in the pathogenesis of adjacent tissue in case of acinar pancreatic tumors has not been highlighted in literature. We tentatively recognized different clinical scenarios in our study and carried out high mortality. Screening for Candida spp should be carried out in those patients in view of starting antifungal treatment at the earliest possible so that proper diagnosis and management can be undertaken.

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**Disseminated histoplasmosis from skin to adrenal: a cosmetic catastrophe—a rare case report**

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Poster presenter, 2 September 2022, 12:10 PM - 1:30 PM

**Background:** The varying presentations of histoplasmosis is always a difficult dilemma for clinicians. Cases of disseminated histoplasmosis can present in multiple specialties like dermatology, medicine, endocrinology, with skin, and mucosal hyperpigmentation as the only major symptom.

**Case Report:** Here we present a case of a 54-year-old male with hyperpigmentation all over the body with multiple mucocutaneous manifestations in the past 2 years. There was a significant history of loss of weight over a period of 2 years. The cortisol levels were low which led the focus into the adrenals, with bilateral adenalinoma found in imaging studies. The diagnostic work up for TB and possible malignancy was done. The provisional diagnosis of histoplasmosis was made and confirmed with biopsy and culture. Definitive treatment with antifungals was initiated, which showed improvement on follow-up.

**Conclusion:** Histoplasmosis is always underestimated, because of a lack of information regarding the various clinical presentations. Early diagnosis and prompt treatment may save the patient from catastrophic adrenal insufficiency. The diagnosis of adrenal histoplasmosis should be considered in patients presenting with constitutional symptoms and adrenal masses with or without adrenalin insufficiency. Adrenal histoplasmosis can be the only possible presentation in disseminated histoplasmosis.

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**SWOC analysis of a virtual clinical mycology training module of short duration conducted by IMARC laboratory at AIIMS, Bhopal**

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Poster presenter, 2 September 2022, 12:30 PM - 1:30 PM

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**Objectives:**
1. To discuss the strengths, weaknesses, opportunities, and challenges of the virtual clinical mycology training module conducted for a short duration of 20 h.
2. To identify vital areas for improvement in the training module.

**Methods:** A group of 15 members through small subgroup discussions collaborated across departments and branches over a period of 5 days to analyze the Kaayriyacha Mycology training module of September 2021. The SWOC quadrant was prepared with the key by the organizers. The group of 15 members represented faculty, residents, participants, and logistic data managers. This large group was further divided into small groups of 3-4 members each. They were provided with flip charts and setting boards to reflect on questions in the individual component of SWOC. A flow of SWOC analysis by each small group included steps of generating ideas, presentation of themes, and finally scoring toward solutions workable doable questions with complete clarity on internal and external factors.

**Results:** Included the appropriate relevant topics, collaboration of mycologists with CPM and pathologists was good. Need for inclusion of clinical vignettes for demonstrations of clinical, radiological, pathological, and microbiological collaboration, and approach to a given case was mentioned. The feedback of participants were analysed by each small group and the need for similar handling was noted. Virtual training modules uploaded are available forever for reference to all interested. Being online 113 institutions benefited. Weakness included the struggle in managing platforms, network issues in virtual meetings, and arranging routine logistics time. The Department for incorporating more interactive trainee interactions immediately after each session was lacking. These were felt by the group and also participants’ feedback mentioned the same. Major weakness involves contractural technical staff with new increments affecting the already skilled technicians resulting in poor delivery. To overcome this faculty will take lead in all practical sessions was also decided.

**External attributes as opportunities for organizing standard training programs are funds provided by the Government of India and research MRD and others. Need to tap more resources maintained by all members in terms of expertise and fund.**

Challenges pointed toward human resources, quality instruments, and consumables deficit due to institutional policies. To overcome the team had BMS fungal diagnostic is essential. A group of trainees (TQM) must be prepared for each training of healthcare system.

**Conclusion:** The WOCO analysis of the training module weaknesses and challenges for improvement. Strengths and opportunities discussed for future planning of similar courses.