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. Candida spp. grown in only in blood culture.

Relevant patient information was obtained from hospital information system. Data were analyzed 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. Out of these, 1/4 (25%) were candidaemia. The presence of candidaemia was seen in 4/14 (28.6%) where 1 isolate of C. albicans was identified. Patients with C. tropicalis infection showed higher mortality (60, 66.7%) as compared with patients with other Candida species, in whom 20% (10) mortality was noted. Administering antifungals in response to retrospective data extraction, we deliberated some of the possible risk factors predisposing to Candida infection, given in Table 1.

Table 1. Prevalence of risk factors.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use 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/US 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: Risk of Candida species in the pathogenesis of adjacent tissues in case of acute pancreatitis has been suggested in patients when concurrently recognized in the common tracts in our study and cases vary high mortality. Screening for Candida spp. should be carried out in these patients in view of starting antifungal treatment at the earliest possible so that proper diagnosis and management can be undertaken.

P257 Disseminated histoplasmosis from skin to adrenals a cosmetic catastrophe—a rare case report
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Poster presenter 2, September 22, 2022, 12:30 PM - 1:30 PM
Background: The varying presentations of histoplasmosis is always a diagnostic 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 mucosal hyperpigmentation over 2 years. There was a significant history of loss of weight over a period of 2 years. The cortisol levels were low which explained the focus in the adrenals, with bilateral adenopathies found in imaging studies. The diagnostic workup for TB and possible malignancy was also done. The provisional diagnoses of histoplasmosis was made and confirmed with biopsy and culture. Definitive treatment with antifungal was initiated, which showed improvement on follow-up.

Conclusion: Histoplasmosis is always underdiagnosed, 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 adrenal insufficiency. Adrenal histoplasmosis can be the only possible presentation in disseminated histoplasmosis.

P258 SWOC analysis of a virtual clinical mycology training module of short duration conducted by IMARC laboratory at AIIMS, Bhopal
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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 improvements 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 Karyakarta Mycology training module of September 2021. The SWOC quadrant was prepared with inputs from the key participants. The group of 15 members represented faculty, residents, participants, and logisticians for effective management. This large group was further divided into small groups of 3-4 members in each. They were provided with flip charts and seating 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, prioritization of themes, and finally, steering forward to solutions workable and durable questions with complete clarity on internal and external factors.

Results: Included the appropriate relevant topics, collaboration of mycologists with CFM and pathologists was good. Need for inclusion of clinical vignettes for demonstration of clinical, radiological, pathological, and microbiological collaboration, and approach to a given case was mentioned. The feedback of participants were analyzed by each small group and the need for similar handling was noted. Virtual training modules uploaded are available free for reference to all interested. Being online all institutes participated.

Weaknesses included the struggle in managing platforms, network issues in virtual meetings, and arranging meeting logistics time. The momentum for incorporation of more interactive training interaction immediately after each session was lacking. These were felt by the group and also participants’ feedback mentioned the same. Major weakness involves contractual technical staff with new requirements affecting the already skewed techniques resulting in poor delivery. To overcome this facility will take role in all practical sessions was also deduced.

External attributes as opportunities for organizing standard training programs are funded by the Government of India under ICMR and others. Need to tap more resources maintained by all members in terms of expertise and funds.

Challenges pointed toward human resources, quality instruments, and consumables defect due to institutional policies. To overcome these the team feels FAQs for fungal diagnostics is essential. A group of three trainees (TOP) must be prepared for each of the next healthcare system.

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