Results: The three clinical strains were found to belong to the rare IGS-genotype 7 and had similar MICs for amphotericin (8 μg/ml), 5-flucytosine and fluconazole (2 μg/ml), voriconazole (0.015 μg/ml), posaconazole (0.0625 μg/ml), itraconazole (0.125 μg/ml), caspofungin (8 μg/ml), anidulafungin and micafungin (3 μg/ml). Strains from the nail and nail were genetically very closely related with 10/836 SNP differences, the blood-derived strain differed more from these two strains with 94/739 SNPs and 94/913 SNPs, respectively. Strains CBS2936 and CBS7632 were only distantly related to CBS2479 with 320, 322, and 416 000 SNPs, respectively.

Conclusion: The T. Aud6 IGS-genotype 7 strain causing fungal meningitis was genetically nearly identical to that obtained from nail and host skin, making it highly likely that this was the port d'amiour for T. aud6.

PP02 Scedosporium Apiospermum brain abscesses in an immunocompetent host: Rare case from Southern India

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Objective/Introduction: Scedosporium apiospermum is a filamentous fungus that causes a broad spectrum of diseases in an immunocompetent host involving the lungs, skin, bones, ears, joints, and the central nervous system. It is a rare cause of fungal brain abscess, more so in an immunocompetent individual. Here, we report a case of brain abscess in an immunocompetent host caused by S. apiospermum.

Methods: A 78-year-old retired medical officer from Chennai, presented to our hospital on May 4, 2022, with a 3-month history of weakness, gait instability followed by difficulty in walking, and left hemiparesis. In all, 20 days before the presentation, he had an episode of generalized tonic-clonic seizure with worsening of his neurological status resulting in bed-bound status. His medical history included Panphagous diabetes for which he was on topical treatment, well-controlled diabetes mellitus, hypertensive, and coronary artery disease.

He underwent an MRI brain which revealed a T2 hyperintense intra-axial right parietal lesion with significant perilesional edema. A provisional diagnosis of a central abscess and malignancy was entertained. He was subjected to craniotomy and the surgical findings were consistent with a brain abscess and the pus was evacuated and sent for microbiological analysis. The pus fungal stain was negative for septic hypoxia and the cultures grew S. apiospermum. The histopathological findings were also consistent with a brain abscess caused by saprophytic fungi (aspergillus-like fungi).

Results/Conclusion: He was started on Itraconazole Amphotericin B 5 μg/ml also IV ID and itraconazole. There was an initial clinical improvement with respect to sensorium and neurological status. He subsequently developed headache with worsening sensorium to which he finally succumbed.

Conclusion: Scedosporium apiospermum is an emerging form of Penicillium species hypoxia, a fungus found in soil, contaminated water, and sewage. It is a rare cause of brain abscess in immunocompetent individuals. Near drowning or trauma may be the causative factors for immunocompetent individuals. Our patient was a well-controlled diabetic host with no apparent immunosuppression.

Scedosporium apiospermum is diagnosed on the basis of culture and microbiological examination. Due to the similarity in the clinical and histopathological presentation of Scedosporium with other similar fungi, cultures becomes the gold standard tool for diagnosis.

Treatment includes surgical drainage of the abscess along with intravenous voriconazole for at least 8-12 weeks. The prognosis depends upon the immune status, surgical interventions, and medical antifungal therapy.