

CANDIDA GLABRATA FUNGEMIA IN IMMUNOCOMPROMISED CANCER PATIENTS: EPIDEMIOLOGY AND OUTCOME ANALYSIS

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Between January 1993 and may 1998, we identified 96 immunocompromised cancer patient (Pts) with *Candida glabrata* fungemia. With the widespread use of Fluconazole prophylaxis after 1992 at our center, the incidence of *C.glabrata* fungemia increased. Most immunocompromised cancer Pts with *C.glabrata* fungemia were neutropenic (47%). The underlying disease was leukemia (47%), solid tumor (38%) , and lymphoma(15%) . Most (64%) of these Pts with *C.glabrata* fungemia received flucnazole prophylaxix prior to the onset of fungemia.

Disseminated infection occurred in 37 Pts(39%), while 15% of all *c. glabrata* fungemia infections were catheter – related. Breakthrough candidemia on omphotencin Bor liposomal compound regimen occurred in 10 Pts , 5 of whom had disseminated infection. *C. glabrata* fungemia was the primary cause of death in 13 Pts (14%) and was a contributing factor to death in 29 other Pts (39%). In conclusion, *C.glabrata* fungemia in immunocompromised cancer Pts is associated with high frequency of dissemination and mortality. This infection should be considered in any febrile immunocompromised cancer patient.