Objectives

Fungal endocarditis is the most serious form of infective endocarditis. It is associated with high morbidity and mortality. In 2016, the Infectious Diseases Society of America (IDSA) updated Clinical Practice Guideline for the Management of Candidasis that strengthens the use of echinocandins for candidasis initial therapy. We report here a case of a nosocomial fungal endocarditis treated with echinocandins in Intensive Care Unit.

Methods

A 53 year old woman was hospitalized for multiple traumas after a car accident. Her anti-infective treatment was collegially decided after multidisciplinary discussions. In addition, the local fungemia ecology is regularly followed since 2014 and pharmacists document each patient’s treatment.

Results - Discussion

\[ 27^{th} \text{ of June 2018} \]

- Patient with no significant medical history admitted in Intensive Care Unit.

\[ 4^{th} \text{ of July 2018} \]

- Diagnosis of a nosocomial \textit{Candida albicans} fungemia
- Introduction of a probabilistic treatment with caspofungin 70mg daily
- All intravenous devices were removed

\[ 11^{th} \text{ of July 2018} \]

- Documentation of endocarditis
- Increase of caspofungin daily dose to 140mg (surgical treatment refuted because of risk of bleeding and haemodynamic context of the patient).
- 6 positive fungal blood cultures under caspofungin treatment (\textit{C. albicans} was susceptible)
- Continuation of caspofungin treatment until identification

\[ 14^{th} \text{ of July 2018} \]

- Positive additional blood cultures to a \textit{Candida glabrata} with a caspofungin intermediate susceptibility
- Caspofungin stopped and switched for Lipid Formulation AmB (LFAmB) 225mg daily (the 2 \textit{Candida} strains were susceptible) and fluconosin 3g x 4 daily
- Association continued for 8 weeks after the first negative blood culture, 4 days after the switch to LFAmB.

Conclusion

- The patient’s infection was successfully managed thanks to the good collaboration between physicians, infectious diseases specialists, microbiologists and pharmacists. key element of an antimicrobial stewardship plan2.
- Transition to fluconosin was considered in the light of \textit{C.albicans} fluconosin-susceptibility consistent with our local ecology (100% of \textit{C.albicans} strains susceptible to fluconosin).
- keep in mind the importance of documentation isolates sensitivity, particularly with the increasing resistance of \textit{Candida spp} to echinocandins\textsuperscript{2,3,4} and adapting the treatment according to the local fungal ecology.

\textsuperscript{3}Maubon D, Gansaud C, Calandra T, Sanglard D & Corner M. Resistance of Candida spp. to antifungal drugs in the ICU: where are we now? Intensive Care Med 2014; 40: e1241–1255