

TITLE: FUNGEMIA FROM HOSPITALIZED PATIENTS IN A HOSPITAL IN SALVADOR, BA, BRAZIL.

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**ABSTRACT:**

The incidence of opportunistic fungal infections has increased considerably in recent decades and *Candida* species have been the most common cause of these infections. Establishing adequate antifungal therapy and species identification are crucial because of the increase in intrinsic and acquired resistance, as well as the emergence of new species. Despite advances in the medical support of critically ill patients, fungemia presents a high morbimortality rate. An epidemiological study of fungemia was carried out in a tertiary hospital in Brazil in a year, where 5293 blood cultures were processed, of which 1265 (24%) were positive for bacteria and 37 (0.7%) for yeasts, representing the 8th most frequent. Of the 37 yeasts, 94.6% (n=35) were identified as *Candida* and 5.4% (n=2) as *Saccharomyces cerevisiae*. *S. cerevisiae* were isolated from two patients using probiotics. *Candida non-albicans* represented 77.1% of the episodes, of which *C. parapsilosis*, the most frequently isolated species, was responsible for 34.3% of the episodes, followed by *C. albicans* (22.9%), *C. glabrata* and *C. tropicalis* (20%) and *C. lusitaniae* (2.9%). The majority of patients with candidemia were female, with a mean age of 46.7 years. The main underlying diseases were diabetes mellitus (18.9%), renal disease (29.7%) and neoplasia (40.5%). Proton pump inhibitors (67.6%) and previous use of broad spectrum antibiotics (67.6%) were the most identified drugs in these patients. High mortality rates were observed, emphasizing the need to improve local clinical management practices mainly in relation to candidemia, including early diagnosis, control of origin and adequate antifungal therapy. This study shows that *Candida non-albicans* was the main isolated agent and evidences detection *Saccharomyces cerevisiae* in blood culture associated with use of probiotics.

**Keywords:** Epidemiology; Candidemia; *Saccharomyces cerevisiae*, *Candida* sp.

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