Mucosal candidiasis, including oropharyngeal, esophageal and vaginal candidiasis, is the most common opportunistic fungal infection. Antifungal agents can effectively treat mucosal candidiasis; however, their use can lead to colonization with less susceptible species and to resistance among normally susceptible strains. This study aimed to conduct an investigation of the susceptibility profile of oral and vulvovaginal Candida isolates in southern Mato Grosso. The 159 samples from mucosal sites which consisted of 98 oral and 58 vaginal were collected and evaluated for antifungal agents. Specimens from the oral and vaginal mucous were collected from HIV-infected patients and women HIV negative, respectively, independent of being symptomatic or not to candidiasis. The studied species were C. albicans (n=112), C. glabrata (n=32), C. tropicalis (n=14) and C. krusei (n=1). Susceptibility testing to the antifungal fluconazole, ketoconazole and itraconazole was performed using a broth microdilution method according to the reference method M27-A3 of the Clinical Laboratory Standards Institute. The minimum inhibitory concentration for ketoconazole ranged from 0.03μg/mL to 4μg/mL, for fluconazole from 0.125μg/ml to 16μg/mL and for itraconazole from 0.03μg/mL to 8μg/mL. All species were sensitive to ketoconazole. Additionally, susceptible and susceptible dose-dependent rates were found for fluconazole as 98% and 2%, respectively. Our results showed that 56% of the isolates were susceptible, 18% susceptible dose-dependent and 26% resistant to itraconazole. Resistance of vaginal and oral Candida spp. isolates to antifungal agents was infrequent. The antifungal susceptibility profile of oral and vaginal yeast isolates obtained in this study will offer useful information for us to select proper drug to treat patients with mucosal candidiasis of southern Mato Grosso.

Keywords: mucosal candidiasis, antifungal susceptibility testing, Candida spp.

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