

departments (44%), 31.2% belong to surgical departments and 24.8% were in intensive care units. Of a total of 125 candidemias, the most common origins were unknown (52.58% cases) and 37.11% were secondary to central venous catheter. The most common species isolated was *C. albicans* (51.2%) followed by *C. parapsilosis* (21.6%), *C. tropicalis* (14.4%) and *C. glabrata* (7.2%).

	Creatininemia ( $\mu\text{mol/L}$ )		Creatinine Clearance ( $\text{ml/min}$ )	
	Median (range)		Median (range)	
	Baseline	End of therapy	Baseline	End of therapy
All patients (n=38)	188 [38.0; 465.0]	187.5 [31.0; 363.0]	47 [17.2; 172.2]	40.8 [22.1; 207.0]
Abelcet (n=68)	188 [38.0; 465.0]	187.5 [45.0; 341.0]	47 [17.2; 172.2]	40.8 [22.1; 183.0]
Ambisome (n=20)	188 [42.0; 356.0]	184 [31.0; 363.0]	45.2 [21.5; 145.8]	41.4 [24.0; 207.0]

**Conclusions:** Comparing the distribution of the demographic data to other Spanish hospitals similar results were found. In our hospital, *C. albicans* was the yeasts most frequently isolated followed by *C. parapsilosis*, *C. tropicalis* and *C. glabrata*. Most candidemias were primary or secondary to intravascular catheter related infections. It should be necessarily to remove the catheter when it is no longer essential for medical management.

**P1214**

**A prospective French national survey to evaluate renal function in patients treated with amphotericin B lipid formulations**

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**Objective:** To evaluate renal function in patients treated with Amphotericin B lipid formulations (recommended for treating patients with renal failure).

**Methods:** A prospective multicentre national survey to evaluate the renal function in adult patients (pts) treated for fungal infections with the two available lipid formulations Abelcet and Ambisome. From April 2003 to December 2004, 99 pts were treated with lipid formulations, 88 pts (43F; 45M) with mean age of 49 + 13 years were evaluable from renal safety. 44% of pts had neutropenia <500/mm<sup>3</sup>.

**Results:** 28 pts (32%) were treated for invasive candidosis, 29 pts (33%) for aspergillosis and 8 pts (9%) for rare fungal infections. 23 pts (26%) had empirical treatment for febrile neutropenia. 68% of the pts received 2 or more nephrotoxic drugs (72% for Abelcet; 61% for Ambisome). 60 pts were treated with Abelcet (median dose: 4.8 g/kg/day) and 38 pts with Ambisome (median dose: 3.3 g/kg/day). The mean duration of treatment was 13.5 ± 8 days for Abelcet and 15 ± 11 days for Ambisome. In the group of 26 pts with renal failure, no significant changement occurred between mean serum creatinine level and creatinine clearance at baseline (188 + 98  $\mu\text{mol/l}$ ; 47 + 24 ml/min) and end of the therapy (173 + 70  $\mu\text{mol/l}$ ; 45 + 20 ml/min).

**Conclusion:** Amphotericin B lipid formulations have a good renal safety profile in patients with either altered or normal renal function combined with nephrotoxic drugs.

**P1215**

**Fungal peritonitis in continuous ambulatory peritoneal dialysis patients**

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**Objective:** The aim of this study was to evaluate the continuous ambulatory peritoneal dialysis (CAPD) patients with culture proven peritonitis between 1992–2004 in our center.

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**Method:** We analysed the hospital charts of all patients that received diagnosis of fungal peritonitis between 1992–2004, retrospectively. Patients with either cloudy peritoneal effluent containing more than 100 white cells/mm<sup>3</sup> or signs compatible with peritonitis together with one or more isolations of fungal pathogens were considered to have fungal peritonitis.

**Results:** During the study period a total of 9 (5 males, 4 females, aged 49.0 ± 12.2) of 342 patients (overall fungal peritonitis rate 2.6%), who were started CAPD had fungal peritonitis. Four patients had diabetes mellitus. The infecting pathogen was *Aspergillus* spp. in three, *Candida parapsilosis* in two, *Candida tropicalis* in two and *Candida albicans* in two patients. All but two patients had earlier bacterial peritonitis attacks (mean bacterial peritonitis attack 2.2 ± 1.6, range 0–6). Leucocyte number in peritoneal fluid was 791 ± 504/mm<sup>3</sup> (Range 300–1400/mm<sup>3</sup>). Overall mortality rate was 22.2% (one with *Aspergillus* spp. one with *C. parapsilosis*). CAPD catheter was removed in all patients. Mean duration of treatment was 27 ± 19 days, range 14–70 days). Three patients were treated with amphotericin b deoxycholate, five with flucanazole and one with amphterivcin b cholesterol dispersion. All patients received conventional antibiotic treatment before the diagnosis of fungal peritonitis.

**Conclusion:** Fungal peritonitis is a mortal and morbid complication of CAPD: Fungi especially non-*albicans* *Candida* spp. should be taken into consideration in peritonitis patients not responsive to conventional antibiotics.

**P1216**

**Intra-abdominal fungal infection in surgical patients**

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**Objective:** Several surgical procedures into abdominal cavity are associated with a high incidence of fungal infections. The aim of the study is to analyse the clinical and microbiological aspects of patients with abdominal fungal infections after surgical procedures.

**Material and methods:** We investigated retrospectively forty-five patients, admitted to the Surgical Digestive Service for urgent selective surgery. Clinical investigation included: host and risk factors, history of the disease, surgical procedures, postoperative complications, intraocular findings. Microbiological criterion included: positive cultures from intra-abdominal liquids and tissues, intraocular and blood samples. Bacteriological and mycological tests included cultures for aerobic and anaerobic, yeast and fungi. Fungal isolates were identified using standard mycologic laboratory methods and tested for susceptibility to fluconazol (FCZ), amphotericin B (AMB), itraconazol (IT), 5-fluorocytosine (5FC) and voriconazol (VOR).

**Results:** The most commonly identified yeast species were *Candida albicans* (64%), followed by *Candida glabrata* (21%), *Candida tropicalis* (6%), *Candida parapsilosis* (3%), *Candida krusei* (2%), other species (4%). In 67% patients coexisted yeast and bacteria, and in 33% pure yeast culture was found. The bacteria most frequently associated were enterobacteria (26%), enterococcus (25%), non fermenting gram negative rods (18%), gram positive cocci (20%), other (2%). The predominant fungal association was *C. albicans/C. glabrata* (64%), *C. albicans/C. tropicalis* (24%). All the yeast isolated showed susceptibility to fluconazol except 50% isolates of *C. glabrata* and one *C. krusei* isolate. From the forty-five patients 45% showed post-surgical complications, 33% perforation of hollow viscus, 11% pancreatitis, and 11% biliary pathology. Five patients showed invasive fungal infection, one presented mediastinitis and three died.