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%).

Conclusions: Comparing the distribution of the demographic data to other Spanish hospitals similar results were found. In our hospital, C. albicans was the yeast 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 necessary 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 nephrotoxic drugs.

Results: The most commonly identified yeast species were C. albicans (64%), followed by C. glabrata (21%), C. tropicalis (6%), C. parapsilosis (3%), C. krusei (2%), other species (4%). In 67% patients coexisted yeast and bacteria, and in 33% pure yeast culture was found. The bacterla most frequently associated were enterobacteria (26%), enterococcus (25%), non fermenting gram negative rods (18%), gram positive cocci (20%), others (3%). 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 procedures.

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
I. Gutiérrez, N. Batista, A. Varona, O. Diez (Santa Cruz de Tenerife, ES)

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 selectivity surgery. Clinical investigation included: host and risk factors, history of the disease, surgical procedures, postoperative complications, intracutural findings. Microbiological criteria 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 C. albicans (64%), followed by C. glabrata (21%), C. tropicalis (6%), C. parapsilosis (3%), C. 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%), others (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.

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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