

CARTAS AL EDITOR – LETTERS TO THE EDITOR

**Epidemiology of fungal infections in a general hospital
of Caracas, Venezuela¹**

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Fungal infections are emergent diseases in hospital institutions. Bacteraemia and fungaemia are among the most frequent hospital-acquired infections. Increase on immunosuppressive diseases and conditions have been influencing the epidemiological pattern of mycoses in hospitalized patients.[1-8]

For these reasons we studied the epidemiology of fungal infections in a general hospital of Caracas, Venezuela, in a 10-year period, between 1992 and 2003.

All clinical samples were processed at the microbiology culture, with special stains and conventional cultures, then identifying the organisms by morphology and with automated systems.

In this period, 893 patients with fungal infections were evaluated, 56.7% female and 43.3% male. Mean age was 39.7 ± 24.9 years old, 11.5% belong to the group <10 years old.

Most common clinical mycotic infection was urinary tract infection (34.2%) followed by vascular catheter-related infection (11.4%), vaginal infections (10.8%), lower respiratory tract infections (10.8%), fungemia (7.6%), among others (Figure 1).

In these patients were identified 17 species of fungi, for a total of 1002 strains: *Candida albicans* (47.3%), *Candida sp.* (45.0%), *Torulopsis glabrata* (2.0%), *C. parapsilosis* (1.1%), *T. candida* (1.1%), *C. tropicalis* (1.0%), *C. intermedia* (0.6%), *Cryptococcus neoformans* (0.6%), *Aspergillus sp.* (0.4%), *C. guilliermondii* (0.2%), *C. catenulata* (0.1%), *C. krusei* (0.1%), *C. lusitaniae* (0.1%), *Mucor sp.* (0.1%), *Sporothrix schenckii* (0.1%), *Trichophyton mentagrophytes* (0.1%), *Trichosporon sp.* (0.1%) (Figure 2).

The presence of *Candida* species in the urine is frequent among hospitalized patients.[1-8] Fungal urinary tract infections (funguria) are rare in community medicine, but common in hospitals where 10 to 30% of urine cultures isolate *Candida* species.[3] It represents a major challenge to the physician because it is unclear whether candiduria represents colonization or infection, whether the bladder or the kidney is involved in infection, or whether it represents a surrogate marker for systemic infection.[9] This picture is more complicated

because there are few prospective studies addressing the issue of when and how to treat a patient with candiduria, possibly with fluconazole as the drug of choice, provided the agent is not a resistant species.[1-9]

Figure 1. Anatomical locations of isolation of fungal species.

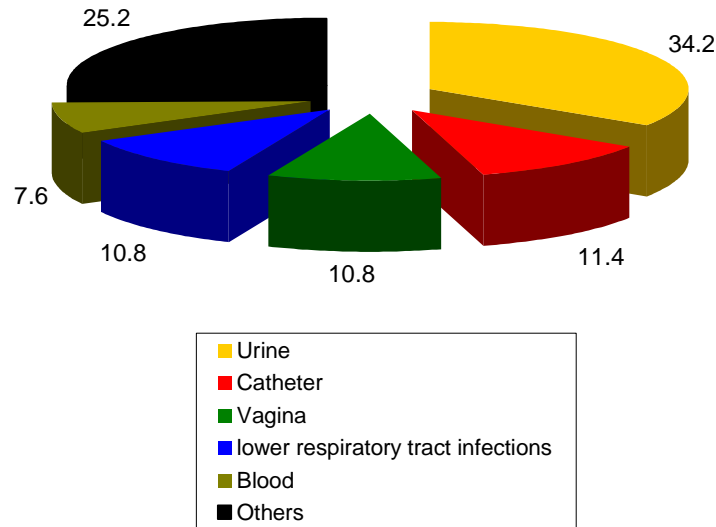
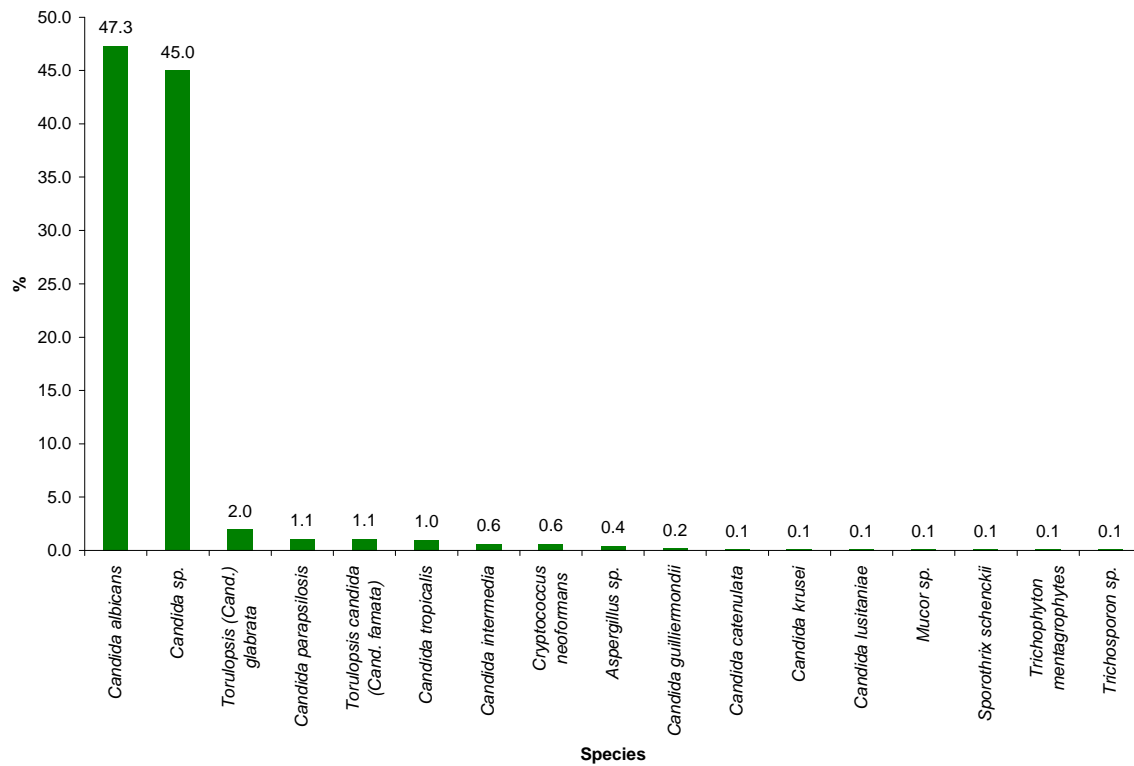


Figure 2. Isolated species.



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