

## **Title: Intraabdominal candidiasis – myth or fact?**

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Intraabdominal candidiasis (IAC) is the predominant type of invasive candidiasis after candidemia. IAC is associated with mortality rates around 25–60 % . The majority of epidemiological studies on *Candida* are focused only on bloodstream infections. Nevertheless, the role of blood cultures has a limited application in patients with abdominal candidiasis. IAC, which includes peritonitis and intraabdominal abscesses, may occur in around 40 % of patients following repeat gastrointestinal (GI) surgery, GI perforation, or necrotizing pancreatitis. *Candida* is reported to be isolated in 41 % of upper gastrointestinal (GI) sites, 35 % of small bowel, 12 % of colorectal, and less than 5 % of appendicular sites in. *Candida* spp. has been reported as the second most frequent pathogen cultured in peritonitis patients

Major risk factors for *Candida* peritonitis include hollow organ perforation, abdominal and thoracic surgery, surgical drains *in situ*, intravenous and urinary catheters, severe sepsis, and extensive *Candida* colonization.

For many years, there has been debate over the importance of *Candida* isolated from the sites of intraabdominal infection. The organism is a part of normal flora of the gastrointestinal tract and its isolation is often difficult to interpret. Unfortunately, the pathophysiologic importance of *Candida* isolation from the abdominal space is by far not clear in many clinical situations. Generally, infection is suspected when the organism is cultured from samples obtained intraoperatively or directly from an intraabdominal collection. When *Candida* is cultured from subsequently obtained drainage fluid samples, colonization is a possibility.

### **Biography**

Vaclava Adamkova is the Head of the Department of Clinical Microbiology and Antibiotic Centre of the Institute of Medical Biochemistry and Laboratory Diagnostics of the General University Hospital and of The First Faculty of Medicine of Charles University in Prague and senior consultant. She is the specialist in the field of clinical microbiology and bacteriology. She has long been interested in the identification of infecting agents in critically ill patients, especially in respect of infections of the skin and soft tissue and intra-abdominal infections. She's co-author of recommended procedures of above mentioned area of clinical microbiology. She's board member of Society for medical microbiology of the Czech Medical Association of J.E. Purkyně, board member of Society of Infectious Diseases of the Czech Medical Association of J.E. Purkyně and board member of the Czech Surgical Infection Society.