

中文題目：中台灣一教學醫院有關非白色念珠菌黴菌血症之現況分析

英文題目： *Non-albicans* Candidemia in one teaching hospital at Mid-Taiwan

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Background: One patient with stomach diffuse large B-cell lymphoma (DLBL) and distant metastasis (Ann Arbor stage IVA) s/p R-COP and R-CHOP regularly follow up at our Out-Patient Department since Sep, 2015. During observation time of 18 months, there are three episodes of *non-albicans* candidemia happened to him and he dies under anti-fungal agents on Mar, 2017. In search of the differences between *C. albicans* and *non-albicans* fungemia, we began to collect the patients with candidemia into our cohort since 2016. We want to investigate the clinical risk factors, demographic data of *non-albicans* candidemia victims and compare with the same period of candidemia from *C. albicans*.

Methods: By way of Tamis system, we collect 24 and 27 samples of *C. albicans* and *non-albicans* *Candida* fungemia from Jan, 2016 to Aug, 2017. To compare the trend of candidemia, we divide the period to 4 periods (A Jan~Jun, 2016; B Jul~Dec, 2016; C Jan~Jun, 2017; D Jul~Aug, 2017). The patient with several times of the same pathogen in one month is categorized as one episode only. We also collect the clinical risk factors, demographic data from the cohort of *non-albicans* candidemia and compare with the same period of candidemia from *C. albicans*.

Results:

1. The prevalence rate of candidemia is 8 (A), 12 (B), 9 (C) and 16 (D) per 100,000 person-days during the observation period.
2. For all candidemia, *C. albicans* is predominant (47%) and then are *C. glabrata* (25%), *C. tropicalis* (20%), *C. parapsilosis* (8%).
3. During the 4 periods of observation periods, the proportions of *non-albicans* candidemia are increasing (A 33%, B 37%, C 43%, D 56%) gradually.
4. The positive report time of candidemia is more diversified from *non-albicans* than *C. albicans*. The predominant report time of *C. albicans* is 4 days.
5. The distribution of divisions with candidemia are included Oncology (29%), Chest Medicine (26%), General Surgery (10%), Gastroenterology (10%), Infectious Diseases (6%) and others (19%).
6. The crude mortality of *non-albicans* and *C. albicans* fungemia are 50% and 33%. Anti-fungal agents are used to treat on 69% of *non-albicans* and 93% of *C. albicans* fungemia each other.

Conclusions: *Non-albicans* candidemia are more and more from clinical practice. According to our

observation survey, *non-albicans* candidemia are less treated with anti-fungal agents than *C. albicans* fungemia. That might lead to increase mortality of *non-albicans* candidemia. Most of patients come from the following divisions: Oncology, Chest Medicine, General Surgery, Gastroenterology and Infectious Diseases.