Figure 2.

P243
Case series of Cryptococcal Meningitis—Experience in North Western India over 1 year (2021–22)

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Poster session 2, September 22, 2022, 12:30 PM - 1:30 PM

Objective: Cryptococcosis is an opportunistic fungal infection causing high morbidity and mortality in patients, preferentially affecting immunocompromised. It can cause a wide array of clinical manifestation, which includes meningitis, pulmonary, as well as disseminated infection. *Cryptococcus neoformans* causes more than 90% cases of cryptococcal meningitis.

Methodology: We performed a retrospective review of patients with confirmed cryptococcal meningitis during 1 year period from 2021 to 2022 in tertiary care center, AIIMS Jodhpur. We assessed clinical, radiological, microbiological, and biochemical parameters along with treatment provided and outcomes of the patient.

Results: Of 189 patients screened for suspected cryptococcal meningitis, 6 were microbiologically confirmed positive. All the patients were immunocompromised, of which four were HIV positive and one was a solid organ transplant recipient on immunosuppression and one was old TB Meningitis. Most common symptom was headache and altered sensorium (100%). Radiological findings showed 30% had no significant abnormality. CSF examination revealed average CSF protein 97.6 (63-163), CSF chloride 103.3 (108-132), sugar 36.33 (1-68), with predominant lymphocytes. All the patients were microbiologically confirmed by CSF cryptococcal latex test. A total of 4/5 patients received amphotericin B (3 mg/kg) with fluconazole (1200 mg) for 2 weeks in the induction phase followed by fluconazole consolidation phase and maintenance phase. Of the five patients, four patients survive with a good response to the treatment with one fatality.

Conclusion: Through our case series we emphasize the fact that Cryptococcal meningitidis may present with non-significant radiological features. Thus, the differential diagnosis of *C.* meningitidis must always be thought of when an immunocompromised patient presents with headaches and other signs and symptoms involving the central nervous system.

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Catheter-associated blood stream infections due to *Wickerhamiella pararugosa* in a patient with acute myeloid leukemia: Review of lit eratures

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Objectives: This report aims to present a case of *Candida pararugosa* bloodstream infection, review previous cases with *C. pararugosa* infections, and provide a concise review of the clinical background, risk factors, and brief the management of infections.

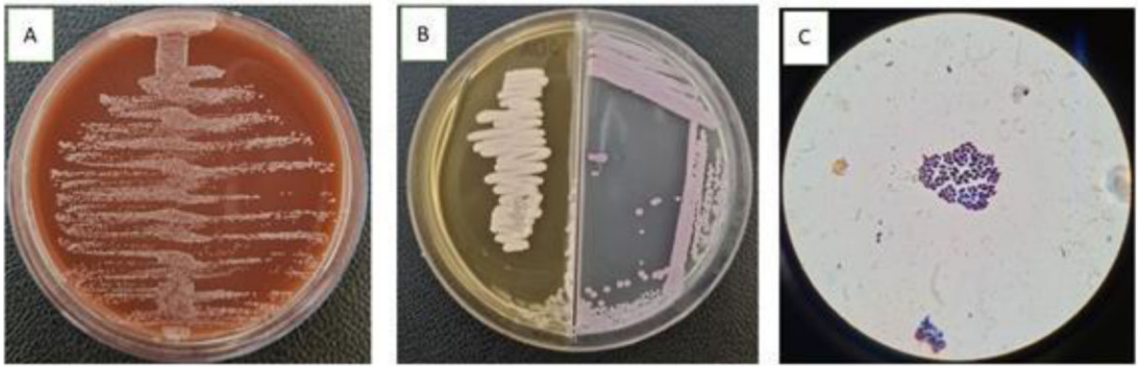

Figure 1.

Methods: A 3-year-old boy with a history of acute myeloid leukemia was hospitalized in Omid Hospital, Isfahan, Iran. Two consecutive blood cultures were taken from the peripheral vein and port catheter; after that empirically meropenem was administered.

Results: *Candida pararugosa* were isolated from blood based on conventional and molecular assays. Furthermore, the antifungal susceptibility profiles of the isolate were determined, which exhibited resistance to fluconazole (8 μg/ml). Antifungal therapy with caspofungin and removing the patient's port led to a significant clinical improvement of the patient's conditions. So far, in the literature review, 10 cases of clinical *C. pararugosa* isolates were found, of which 5 points had bloodstream infections.

Conclusion: Infections caused by uncommon *Candida* species have dramatically increased in recent decades, mostly among hematological malignancies. Most patients with *C. pararugosa* infection presented with specific underlying conditions, such as malignancy, sarcoma, surgery, and adult acute myeloid leukemia. Patients with indwelling catheters run a high risk of acquiring *C. pararugosa* bloodstream infection. Therefore, special consideration should be given to opportunistic fungal infections in immunocompromised individuals using catheters.

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***Arthrinium* species, a filamentous ascomycetes isolated from samples of human cutaneous infections-report from a medical mycology laboratory of Assam, North-East India**

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Poster session 2, September 22, 2022, 12:30 PM - 1:30 PM

Objectives: This study aims to report the isolation of closely related *Arthrinium* species from superficial skin lesions of five cases from a medical mycology laboratory of Assam, North East India.

Methods: The lesions were decontaminated with 70% ethanol and skin scrapings were collected on a sterilized glass plate. Direct mounts were prepared in 10%-20% KOH and cultures were put in Saboraud's Dextrose Agar with antibiotics, 5% sheep blood agar, and dermatophyte test medium (Himedia, India). Plates and tubes were incubated as per standard mycological techniques described. Molecular identification was done using ITS sequence analysis using ITS1 and ITS4 universal primers.

Results: Direct mount showed presence of hyphae with arthrospores in 3/5 cases. In one case, fungal hyphae was seen along with spore-like oval or round structures of about 3-4 μm diameter. Pure growth was seen after 7-14 days in multiple culture tubes in all five cases. Colonies were white, downy initially becoming white, and floccose on further incubation. Subculture on PDA in all the cases for 15-20 days revealed black, round, and oval spores of 3-5 μm suggesting *Arthrinium* spp.

The taxonomical identification was done by constructing a phylogenetic tree of the ITS sequences of the *Arthrinium* isolates of this study along with reference *Arthrinium* strains and *Seiridium phylicae* as the outgroup taxa.

The phylogenetic analysis clustered the isolates of this study into closely related *Arthrinium* species.

Conclusion: The genus *Arthrinium* belonging to the family *Apiosporaceae*, class *Sordariomycetes* which comprises of a group of filamentous ascomycetes fungi is rarely reported from human infections. We are reporting closely related *Arthrinium* spp from five cases of skin lesions from Assam, North East India. Three of the 5 cases hailed from tea garden areas of Assam. *Arthrinium* isolation in clinically significant cases and in multiple tubes may not be disregarded as a contaminant.

P246

Neglected keratitis caused by *Exserohilum rostratum* from the arid region of north-west India leading to vision loss—a case report

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Objectives: To report a case of complete loss of vision due to delay in diagnosis of fungal keratitis caused by *Exserohilum rostratum* in an immunocompetent patient from the arid area of north-west India.

Method: A 65-year-old female farmer was admitted to ophthalmology with a history of pain, redness, watering, and foreign body sensation in the left eye for 2 months. She had a history of trauma by splinters 2 months back. On ocular examination, a large corneal ulcer of about 7 × 8 mm size at 2-8'o' clock position in the left eye was present with diffuse corneal edema. She had no history of diabetes mellitus, hypertension, tuberculosis, COVID-19, and steroid eye drops instillation. There was no relevant previous history of any ocular surgery also. She was negative for hepatitis-B and human immune deficiency virus on serology. All her hematological parameters were within normal limits.

Patient was treated with moxifloxacin, carboxy methyl cellulose eye drops, and Neosporin eye ointment for around 2 months at primary health care facilities and later referred to our hospital for further management.

Corneal scraping of the patient was sent to our laboratory for potassium hydroxide mount and culture identification.

Results: Fungus was identified as *E. rostratum* on the basis of gross, macroscopic, and microscopic morphology. Gram's staining was bacteriologically negative while true fungal hyphae were seen. In KOH mount pigmented, septate, and branched true hyphae were seen. Bacterial culture was reported sterile.

Lactophenol cotton blue mount of culture revealed dematiaceous hyphae along with 4-9 septate elongated, ellipsoid macroconidia of 14-90 μm with prominent dark conspicuous hilum and geniculate conidiophore arranged sympodially. On the basis of these characteristics, it was diagnosed as *E. rostratum*.

After the diagnosis patient was switched over to topical natamycin 5% two hourly and oral itraconazole 200 mg BD from moxifloxacin and neosporin. To which the patient responded symptomatically. Ulcer healed in a month leaving behind a lateral scar. However, vision is permanently compromised and the patient is advised for therapeutic penetrating keratoplasty (TPK).

Conclusion: *Exserohilum rostratum* is generally regarded as a pathogen in hot and humid climates. However, the isolation of this organism in our area highlights the pathogenic potential of this emerging fungus in arid climates also. Ophthalmologists need to be made aware of the significance of prompt mycological identification to prevent vision loss.