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**Managing prosthetic valve endocarditis due to *Sarocladium kiliense*: Finding a way through uncertainties**

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Objective: To discuss the challenges in a case of recurrent/refractory prosthetic valve endocarditis due to *Sarocladium kiliense*.

Methods and Results: Timeline of events (Fig. 1).  
 AUC/MIC is associated with efficacy. Recent clinical studies have incorporated the MIC into targets for TDM, wherein Trough/MIC target of 2-5 may be used.

In this case  
 Voriconazole trough—3.1/MIC-0.25 = 12.5  
 Usual posaconazole trough—1.2/MIC 0.5 = 2.4, which is at the lower limit of the PKPD index  
 Hence voriconazole was used.  
 Drug interactions of voriconazole with acenocoumarol, clopidogrel were considered.  
 Beta D-Glucan was used to assess infection of the newly implanted valve as well as improvement and need for continuing treatment.  
 Since it is difficult to be certain of a cure, the patient was advised voriconazole as lifelong chronic suppressive therapy with periodic follow-up.  
 R: reference available.  
 Conclusions: The patient's status of the third mitral prosthetic valve necessitated all efforts to avoid further surgery. Therefore, the most efficacious agent had to be selected based on PK PD considerations and the likelihood of major long-term adverse effects.  
 Careful management of DDI was needed.  
 BDG may help to assess recurrence and response to treatment.

2009	2016	Jan 2019	Feb 2019	March 2019	May 2019
MVR + CABG	Re-do MVR	Feâver	LL artery embolic episode	Started on VCZ	Referred for an ID opinion
		Vegetation on MV Sterile Blood cultures, treated with antibiotics	Embolectomy specimen grew <i>Sarocladium kiliense</i>	18 days later, Re-do MVR+ CABG. Surgical prophylaxis: single dose LAmB 5mg/kg Resected valve grew <i>S.kiliense</i>	AFST showed AMB MIC of 2.0, VCZ MIC of 0.25, PCZ MIC of 0.5 and Itraconazole MIC of 2.0. (Fig 2) He was on Coumadin and Clopidogrel.

Name of the patient: *[Handwritten signature]*  
Sample ID: IL-3795  
Identification: *Acremonium kiliense*  
Method of Identification: Slide culture (phenotypic)  
Antifungal susceptibility method: CLSI method (M38, A2)

S.no.	Antifungal	MIC( $\mu\text{g/ml}$ )
1	Amphotericin B	2.0
2	Voriconazole	0.25
3	Itraconazole	2.0
4	Posaconazole	0.5

