

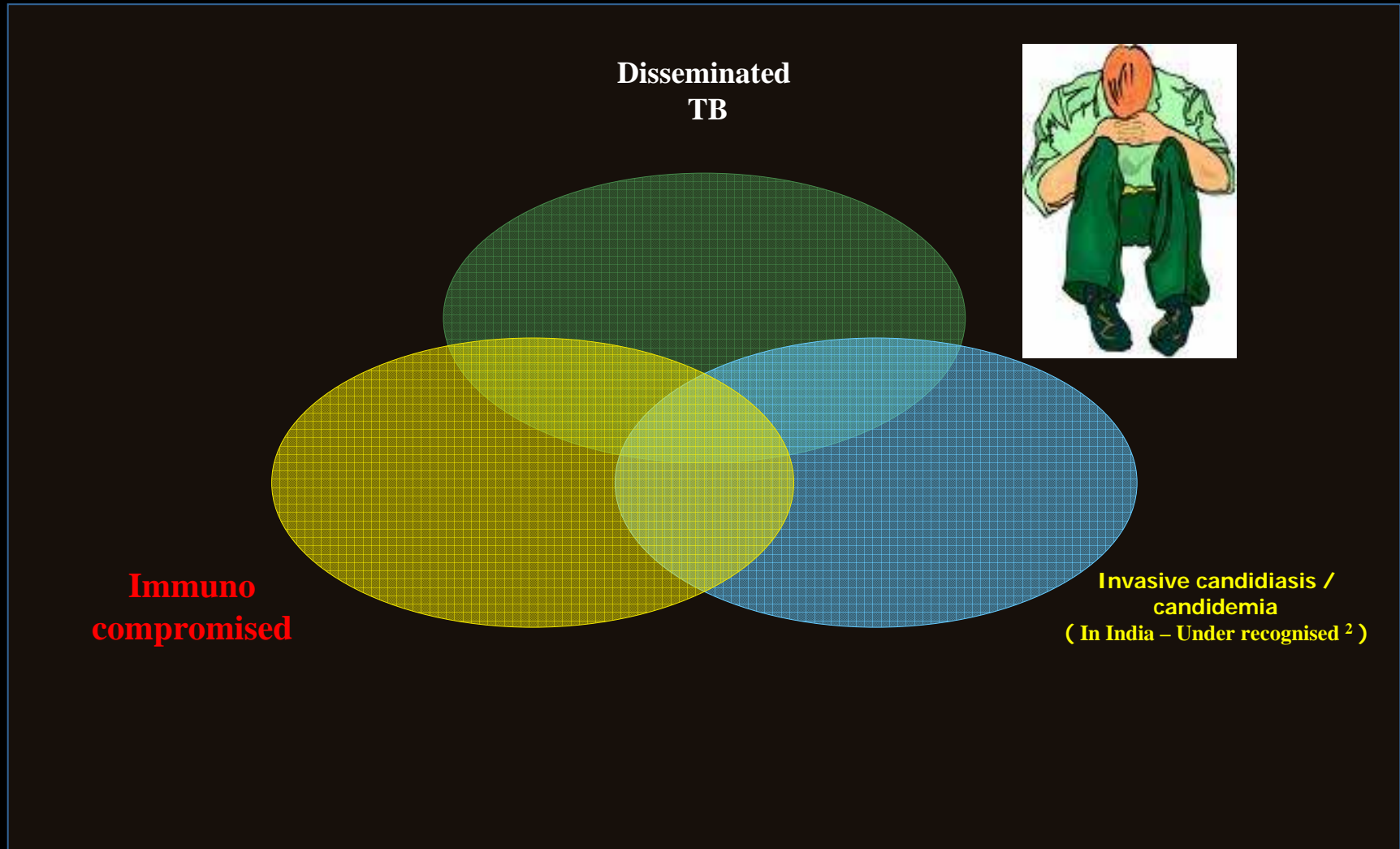


Prayer



- For the year 2000 – Burden of TB- 8.5 million ¹.
- Accounts for nearly 30% of global tuberculosis burden annually ².

1. ICMR, Chennai, India. Estimation of burden of TB in India for the year 2000. Indian J Med Res 122 2005, 243-248.
2. WHO Global surveillance and monitoring project. JAMA 1999;282: 677-686.



3. Sahni V, Agarwal SK, Singh NP, Anuradha S; Sikdar S; Wadhwa A et al. Candidemia an under-recognised nosocomial infection in Indian hospitals. J Assoc Physicians India 2005; 53:607-11.



Prevalence and survival of patients with disseminated TB with/without invasive candidiasis and/or candidemia



Southern India



Shetty A ; Adhikari P* ; Rao S* ; Ramapuram J* ; Chowta M ; Pai MRSM ; Kotian S .

Kasturba Medical College, Mangalore, India.

* Kasturba Medical College Hospital Attavara, Mangalore, India.

E mail-shettyakhila@yahoo.com



Objective

Prevalence



Survival

Study design

- Prospective clinical study
- Institutional ethics committee approval
- Informed consent obtained with assured confidentiality
- $n = 103$
- Duration – 12 months



I want to live.



Inclusion criteria

- Age > 18 yrs



- Diagnosis of disseminated TB .



Acid fast bacilli
in sputum



Caseating
granuloma in
lymphnode
aspirate



Chest X-ray
showing
miliary
mottling



Sources for fungal culture

Ascitic fluid

Blood

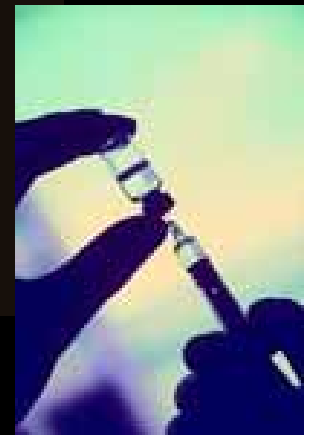
Candida species identification

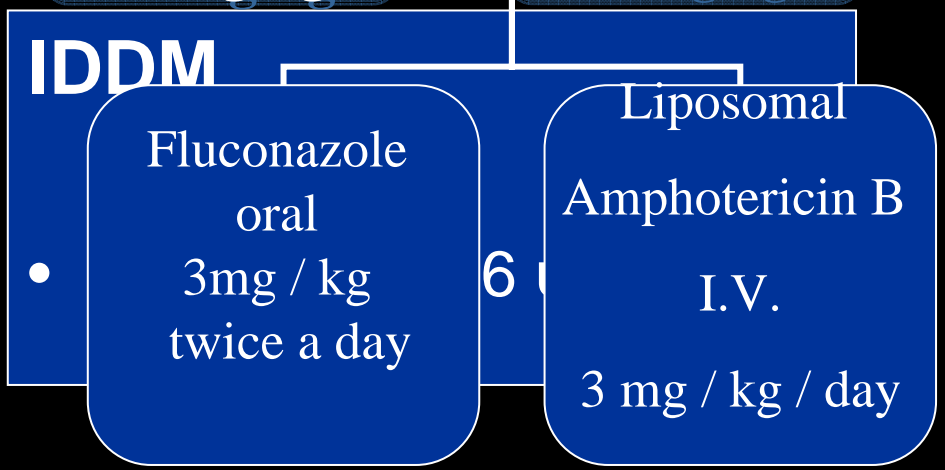
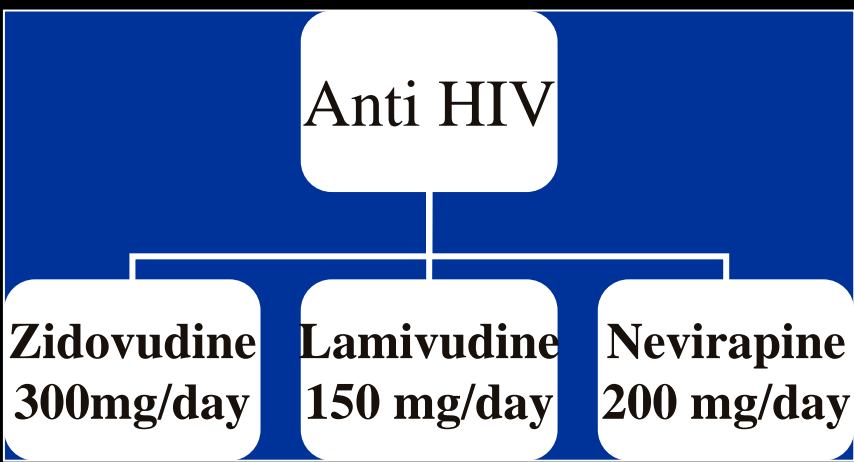




Drug therapy

- Standard Antitubercular therapy and Standard therapy for invasive candidiasis and / candidemia given.
- Standard therapy for HIV and diabetes given.





Results

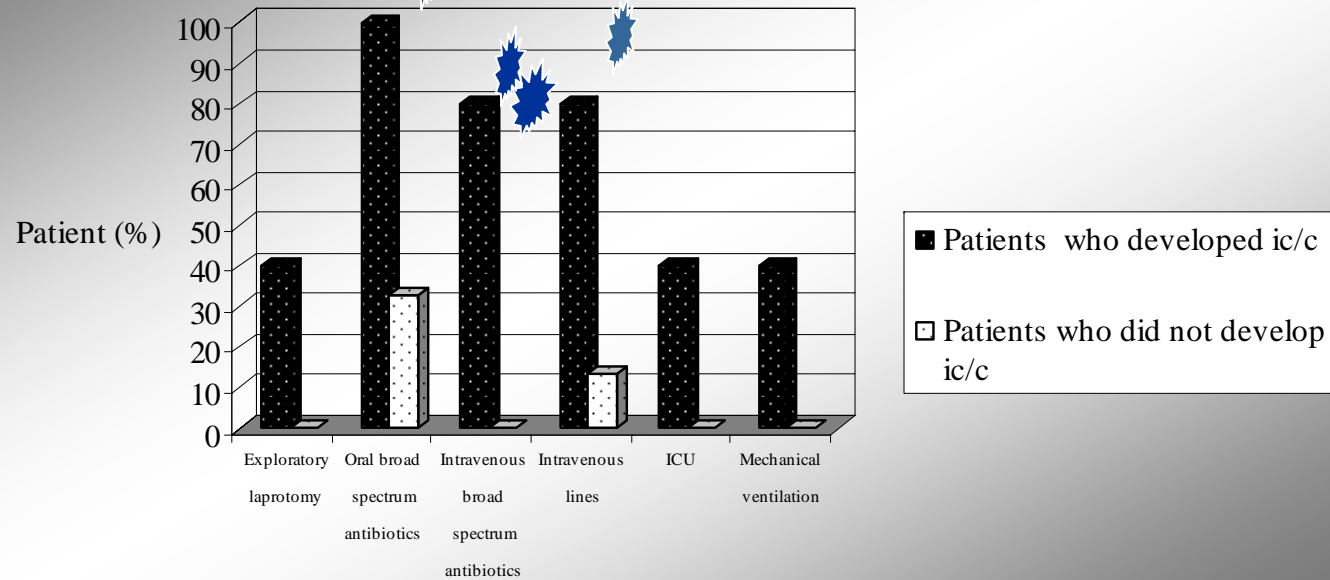
Invasive candidiasis / candidemia


- Prevalence rate 5 %
- Age 29 – 61 yrs. • Sex - male > female
- Observed comorbidities -
 - HIV
 - Diabetes mellitus
- Survival rate 20 %




Discussion

Risk factors for invasive candidiasis (ic) / candidemia (c) in disseminated TB patients






 *Significant*
 $P < 0.05$

 *Very highly significant*
 $P < 0.001$
FISHER'S EXACT TEST
 $P < 0.05$

3. Sahni V, Agarwal SK, Singh NP, Anuradha S; Sikdar S; Wadhwa A; Kaur R. Candidemia an under-recognised nosocomial infection in Indian hospitals. *J Assoc Physicians India* 2005; 53:607-11.

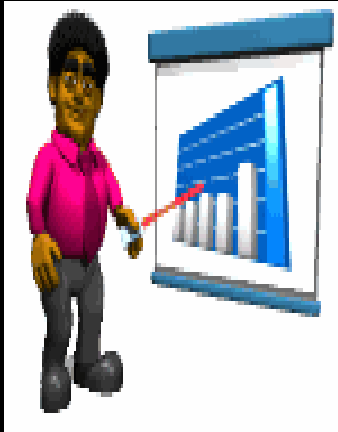
4. Lecciones JA, Lee JW, Navarro EE. Vascular catheter associated fungemia in patients with cancer: analysis of 150 episodes. *Clin Infect. Dis* 1992; 14: 875 – 83.

Candida infection and outcome

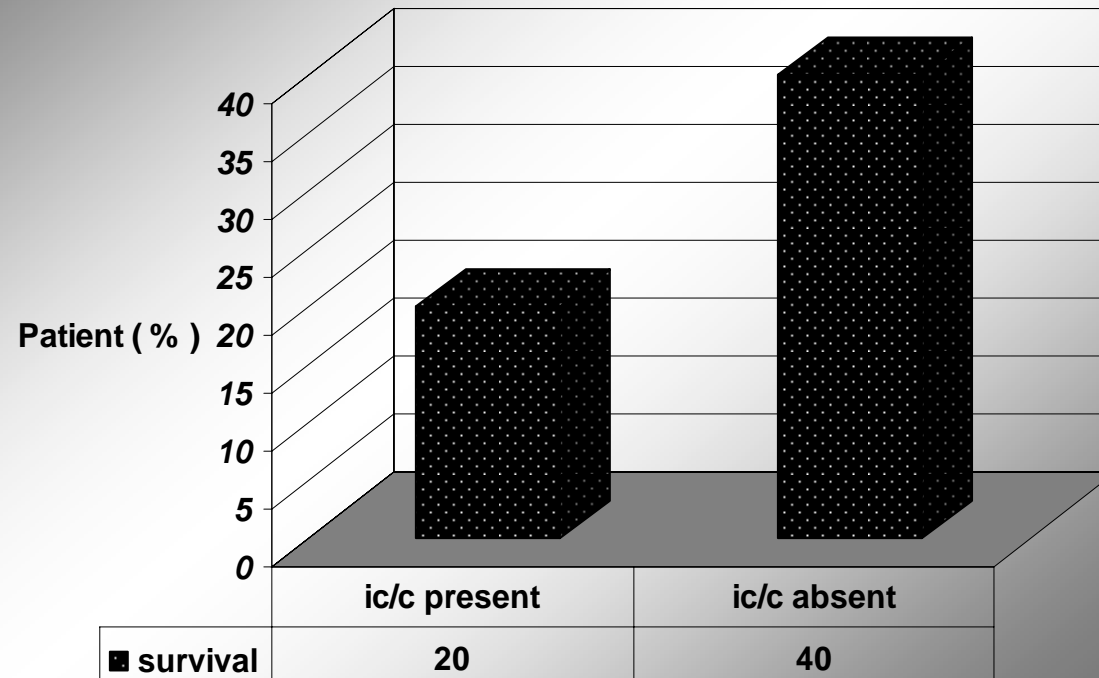
Candida species			Outcome
<i>C. parapsilosis</i>		1	Survived
<i>C. Parapsilosis</i>		1	Death on 15 day
<i>C. Parapsilosis</i>		1	Death day 7
<i>C. tropicalis</i>		1	Death day 14
<i>C. albicans</i>		1	Death day 9

5. Hope W, Morton A, Eisen DP. Increase in prevalence of non-Candida albicans candidemia and the association of Candida krusei with fluconazole use. J Hosp Infect 2002; 50: 56-65.

6. Nguyen MH, Peacock JE, Morris AJ, Tanner DC, Nguyen ML, Snyderman DR et al. The changing phase of candidemia: emergence of non Candida albicans species and antifungal resistance. Am J Med 1996; 100: 617-23.



Long term survival in patients with disseminated TB with and without invasive candidiasis (ic)/ candidemia (c)



Conclusions



- In our hospital –
 - Prevalence rate 5 %
 - Survival rate 20 %
- Risk factors – Broad spectrum antibiotics
Intravenous line.
- If risk factors are avoided survival can be improved.







Thank You