

Candida auris – two cases


Lucy S. Witt MD, MPH, MSc



Case 2

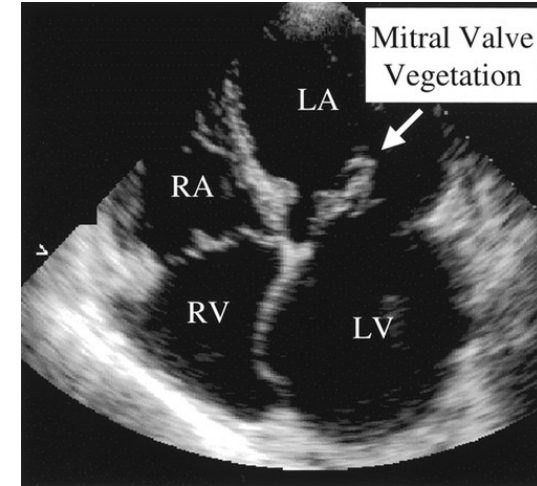
- A 70 y/o woman with a history of end-stage renal disease on dialysis via a catheter and prior stroke, who resides in a skilled nursing facility, presents for altered mentation

Case 2

- CT of the head shows emboli to the brain
 - Blood cultures collected on admission grow *Staphylococcus aureus*
- 

Case 2

- Echocardiogram shows mitral valve endocarditis
- CT scan of the abdomen reveals probable septic emboli in the spleen and kidneys




<https://doi.org/10.1161/01.CIR.0000071082.36561.F1>



DOI: [10.1016/S1885-5857\(06\)60211-9](https://doi.org/10.1016/S1885-5857(06)60211-9)

Case 2

- Due to her MRSA bacteremia, her dialysis catheter tip is removed and sent for culture
 - Culture of the catheter tip grows **MRSA** as well as ***Candida auris***
- 

Case 2

- Repeat blood cultures grow MRSA
- No blood cultures ever show yeast
- The patient continues to clinically deteriorate and her family decides to move her to hospice care where she succumbs to multi-organ failure.

Takeaway/Summary: *Candida auris*

- Can cause invasive disease as well as simply colonize patients



Takeaway/Summary : *Candida auris*

- Can cause invasive disease as well as simply colonize patients
- Chronically and critically ill patients with significant healthcare exposure



Takeaway/Summary : *Candida auris*

- Can cause invasive disease as well as simply colonize patients
- Chronically and critically ill patients with significant healthcare exposure
- High rates of anti-fungal resistant

Takeaway/Summary : *Candida auris*

- Can cause invasive disease as well as simply colonize patients
 - Chronically and critically ill patients with significant healthcare exposure
 - High rates of anti-fungal resistant
 - Environmentally hardy and transmissible
- 