Invasive non-albicans candidiasis: case report

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Background. Among extremely-low-birth-weight (ELBW) infants, invasive candidiasis is the second most common cause of infectious disease-related death, despite proper antifungal treatment.
Case presentation. A male born at 25+4 weeks by emergency C-section, BW was 600 g. According to our protocols we started immediate empirical wide spectrum antibiotic therapy and registered a repeated C-reactive protein (CRP) negativity. Moreover, antimycotic prophylaxis with fluconazole was administered.
At the end of the first week of life the patient presented signs of hemodynamical and respiratory instability, the concomitant blood culture resulted positive for Candida glabrata (the same as the maternal vaginal swab) and a therapy based on micafungin was promptly initiated. The echocardiography was negative for fungal valvular vegetations while the abdominal ultrasound revealed liver lesions compatible with possible fungal localizations. The CRP resulted persistently negative. After three days of therapy the patient rapidly deteriorated until death from pulmonary haemorrhage.
Conclusions. We raise interest about the epidemiological changes interesting NICUs, with a non-negligible increase in non-Albicans species of Candida (NAsC) detections; we report 2 maternal swab detections of NAsC in 2022. This species can be resistant to the usual therapies, and it is crucial to recognize and treat blood infections as soon as possible. CRP, one of the most used markers for detecting sepsis, may be unreliable in case of NAsC and a high level of attention should be kept in case of clinical suspect, mostly indistinguishable from a bacterial infection.