

multidisciplinary antifungal group was implemented to curb IFI and to improve the use of antifungals. In this context, guidelines were updated in the form of decision algorithms that, once adopted as a guide, should be able to improve practices.³

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. <https://academic.oup.com/jac/article/67/10/2506/727074>
 2. <https://www.sciencedirect.com/science/article/pii/S0755498214002565?via%3Dihub>
 3. <https://www.sciencedirect.com/science/article/pii/S0399077X14000262>
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4CPS-079

PATIENT WITH COMPLICATED FUNGAL ENDOCARDITIS: A CASE REPORT

¹J Bellegarde*, ²L Hasseine, ³E Demonchy, ³K Risso, ⁴C Ichai, ⁴H Quintard, ⁴EM Maiziere, ¹R Collomp, ³V Mondain, ¹F Lieutier. ¹CHU Nice, Pharmacy, Nice, France; ²CHU Nice, Mycology Laboratory, Nice, France; ³CHU Nice, Infectious Diseases Department, Nice, France; ⁴CHU Nice, Intensive Care Unit, Nice, France

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Background Fungal endocarditis is the most serious form of infective endocarditis. It is associated with high morbidity and mortality. In 2016, the Infectious Diseases Society of America (IDSA) updated Clinical Practice Guidelines for the Management of Candidiasis that strengthens the use of echinocandins for candidiasis' initial therapy.

Purpose We report here a case of a nosocomial fungal endocarditis treated with echinocandins in the Intensive Care Unit (ICU).

Material and methods A 53-year-old woman was hospitalised for multiple traumas after a car accident. Her anti-infective treatment was collegially decided after multidisciplinary discussions. In addition, the local fungemia ecology was regularly followed since 2014 and pharmacists document each patient's treatment.

Results On 27 June 2018 the patient who had no significant medical history was admitted to the ICU. On 4 July a *Candida albicans* fungemia was diagnosed: a probabilistic treatment with caspofungin 70 mg daily was introduced and all intravenous devices were removed. The daily dose was increased to 140 mg on 11 July according to the new IDSA guidelines after documentation of endocarditis. A surgical treatment was refuted because of the risk of bleeding and haemodynamic context of the patient. Six fungal blood cultures returned positive under caspofungin treatment, despite the *C. albicans* susceptibility to caspofungin. On 14 July additional blood cultures returned positive to *C.glabrata* with a caspofungin intermediate susceptibility (MIC 0.125). Caspofungin was therefore discontinued and switched for Lipid Formulation AmB (LFAmB) (the two *Candida* strains were susceptible) and flucytosine. This association was continued for 8 weeks after the first negative blood culture, 4 days after the switch to LFAmB.

Conclusion The patient's infection was successfully managed thanks to the good collaboration between physicians, infectious diseases specialists, microbiologists and pharmacists, which represents a key element of an antimicrobial stewardship plan.¹ Transition to fluconazole was considered in the light of *C.albicans* fluconazole-susceptibility consistent with our local ecology (100% of *C.albicans* strains susceptible to fluconazole). This case underlines the need for keeping in mind the importance of documentation isolates sensitivity,

particularly with the increasing resistance of *Candida spp* to echinocandins,¹ and adapting the treatment according to the local fungal ecology.

REFERENCE AND/OR ACKNOWLEDGEMENTS

1. Perlin DS, et al. Lancet Infect Dis 2017;17:e383–e392. <https://www.sciencedirect.com/science/article/pii/S147330991730316X?via%3Dihub>
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APPROPRIATE USE OF ANTIFUNGALS: IMPACT OF AN ANTIFUNGAL STEWARDSHIP PROGRAMME ON THE CLINICAL OUTCOME OF CANDIDAEMIA IN A UNIVERSITY HOSPITAL

¹H Benoist*, ¹S Rodier, ²A de la Blanchardiere, ³J Bonhomme, ⁴P Thibon, ¹G Saint-Lorant. ¹Caen University Hospital, Pharmacy, Caen, France; ²Caen University Hospital, Infectious Diseases, Caen, France; ³Caen University Hospital, Microbiology, Caen, France; ⁴Caen University Hospital, Cpias Normandie, Caen, France

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Background Candidaemia/invasive candidiasis are becoming emerging problems in hospital practice due to an increased prevalence of susceptible hosts, i.e. patients with central venous catheters and/or immunosuppressive therapies added to a broad-spectrum antibiotic therapy. It is essential to identify risk factors for attributable mortality and to set up a stewardship programme to improve infection management.

Purpose The objective of this study was to compare clinical outcomes of patients with candidaemia before and after implementation of an antifungal stewardship programme (AFSP).

Material and methods All consecutive cases of candidaemia were included from January 2012 to December 2015 in a University Hospital. Data were collected retrospectively for a period of 2 years before implementation of the AFSP, and prospectively 2 years after. All cases were reviewed by a multidisciplinary panel of experts including two infectious disease physicians, a microbiologist and two pharmacists in order to have a complete follow-up of patients.

Results Seventy patients were included. Patients were more often male (sex ratio M/F: 2.5) with a median age of 65.5 years (52–78). The sites of entry for candidaemia were: intra-abdominal in 29 cases (41.4%), central venous catheter in 21 (30.0%) and other or unknown in 20 (28.6%). The most frequent comorbidities were malignancy (n=36; 51.4%) and renal failure (n=21; 30%). Sixty-one patients (87.1%) had a central venous catheter and 18 (25.7%) had abdominal surgery. Infectiologist consultations increased from 36.4% to 86.5% between the two periods, with a significant impact on daily blood cultures which were more frequently performed in the second period (p=0.04). Echinocandin use was also more frequent in the second period (97.1% vs 78.8%, p=0.03). The 3 month mortality rate declined from 36.4% in the first period to 27.0% in the second period.

Conclusion The strengths of this AFSP is its duration and the number of patients. Unfortunately, our study lacked statistical power to show a significant impact on mortality. A decline tendency was observed in mortality rates but efforts concerning candidaemia management must be maintained.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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