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**Candida krusei infection as a main prognostic factor in hemodialytic patients affected by diabetic foot ulcers**

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**Background and aim:** Most reports have described a low incidence of fungal isolation or of ulcers likely infected by fungi or of ulceration which improve following systemic antifungal therapy. In particular, *Candida krusei* is a multidrug-resistant fungal pathogen commonly described among patients with haematologic malignancies and in transplant recipients. We aimed to underline the importance of *Candida krusei* infection in diabetic foot ulcers. **Methods:** we consecutively enrolled 11 in-patients affected by diabetic foot ulcers Texas III D and in hemodialytic treatment for chronic renal failure. During the surgical debridement the wound culture specimens were performed. Patients were divided into two groups on the basis of culture's results: pts with mixed fungal-bacterial infections (group 1) and pts with polymicrobial bacterial infections (group 2). Wound healing and limb salvage were evaluated during a mean follow-up of 3 months. **Results:** all the pts presenting with CLI were promptly treated by PTA; in group 1 (6 pts) all pts were positive for *Candida krusei* (treated by antifungal parental therapy and local amphotericin B treatment), 70% for MRSA, 50% for *Pseudomonas aeruginosa*, 30% for *Enterococcus* species. In group 2 (5 pts) 65% were positive for MRSA, 30% for *Pseudomonas aeruginosa*, 30% for *Escherichia coli*, 20% for *Enterococcus faecalis*. At the end of follow-up period wound healing was not achieved in group 1 and only in 3 out of 5 pts of group 2. All the group 1 pts underwent major amputations, while 4 out of 5 pts of group 2 were submitted to minor amputations (transmetatarsal/midfoot). In one patient of group 2 wound closure was obtained after amputation of I ray. **Conclusions:** *Candida krusei* infection should be always tested and aggressively treated, since in our experience it is related to a severe prognosis in HD pts with polymicrobial infected diabetic foot ulcers. Because of multidrug-resistance of *Candida krusei*, susceptibility tests for common used antifungal agents should be performed, whenever available.