


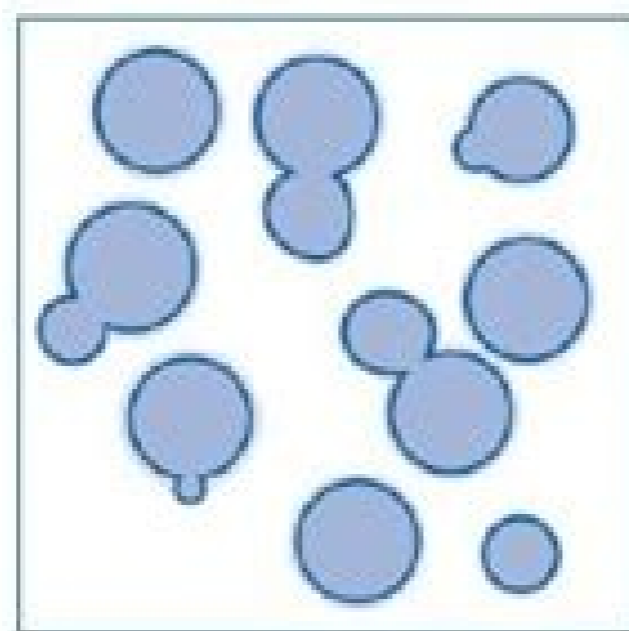
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EQUAL Candida Score 2018: An ECMM Score Derived From Current Guidelines to Measure QUALity of Clinical Candidemia Management

Mellinghoff SC^{1,2}, Rutz J², Cornely OA^{1,2}

¹ Innere Medizin I, Exzellenzzentrum für Medizinische Mykologie (ECMM), Universität zu Köln, Deutschland, ² Exzellenzcluster CECAD, Universität zu Köln, Deutschland
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Hintergrund

Der EQUAL Candida Score sammelt und wägt Faktoren ab, die zum idealen Umgang mit Candidämien empfohlen sind, und liefert ein Werkzeug zum antimykotischen Vorgehen sowie zur Bestimmung der Leitlinienadhärenz. Aktuelle Leitlinien der Europäischen Gesellschaft für klinische Mikrobiologie und Infektionskrankheiten^{4,5} und der Infectious Diseases Society of America³ wurden geprüft und die wichtigsten Empfehlungen für die Behandlungsqualität als Basis dieses Scores ausgewählt.

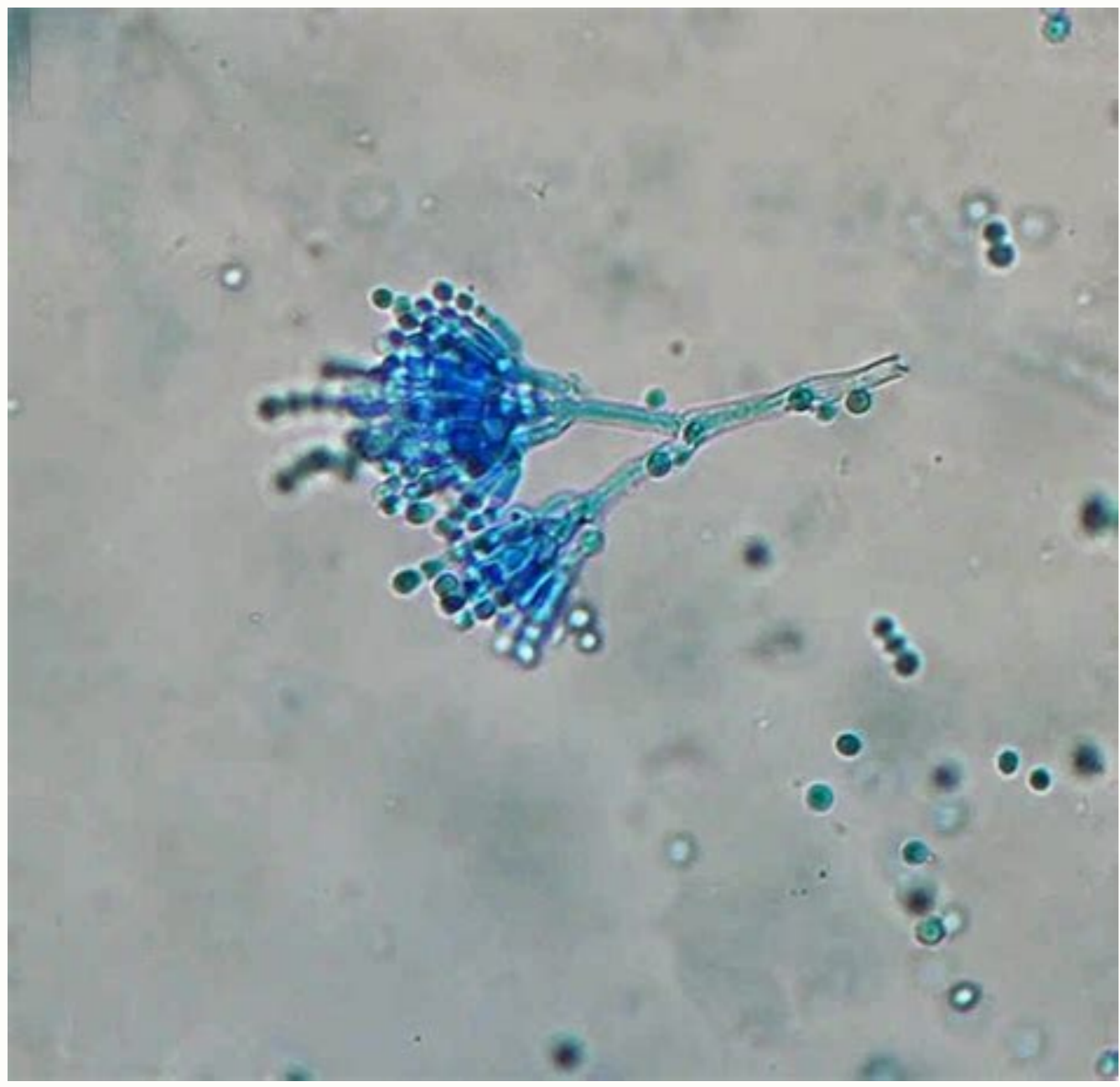
Maximalscore

Patienten ohne ZVK		Patienten mit ZVK	
Diagnose	10	Diagnose	10
Behandlung	7	Behandlung	10
Follow-up	2	Follow-up	2
Gesamt	19	Gesamt	22

Referenzen

1. Mellinghoff et al. *Mycoses* 2018; 2. Koehler et al. *Mycoses* 2014; 3. Pappas et al. *Clin Infect Dis* 2016; 4. Cuenca-Estrella et al. *Clin Infect Dis* 2012; 5. Cornely et al. *Clin Microbiol Infect* 2012; 6. Munoz et al. *Diagn Microbiol Infect Dis* 2017; 7. Andes et al. *Clin Infect Dis* 2012.





How to get rid of candida yeast naturally. How to control candida yeast in body.

Impact of the treatment strategy on results in patients with candidiasis and other forms of invasive candidiasis: a quantitative revision at patient level of randomized evidence. A CVC is present in at least 70% of nonretire patients with the candidiasis when the blood culture is obtained diagnostic [5, 7, 9, 170, 184]. What is the Treatment for Candida osteoarticular infections? XII. Antimicrob agents Chemano; Alcancis. The use of antigen and anti-mannan anticodic Mannan in the diagnosis of invasive candidiasis; recommendations of the third European conference on leukemia infections. Most of the experience has been with external ventricular discharges and Shunt ventriculoperitoneal that have been infected with candid species [460, 463]. Furthermore, flutysine is scarcely tolerated and gastrointestinal side effects can hinder oral feeding in newborns. Currently, it is not recommended to use test β -D-Glucan to guide the pediatric clinical decision making. The treatment of vulvovaginal candidiasis should not be deferred on the basis of the state of human immunodeficiency virus infection (HIV): The identical response rates are provided for the vulvovaginal candidiasis of HIV-positive and HIV-negative, vulvovaginal candidiasis requires that therapy is administered intravaginally with topical agents for 5 - 7 days or by orally with fluconazole 150 mg each 72 hours for 3 doses [54, 514]. Z. The antimizing susceptibility of infected species are important. Health Research Agency and Quality, CDC, NIH and Thrasher Foundation. The suppressive therapy with fluconazole was successfully used after a primary therapy course in patients for which cardiac surgery is contraindicated; It has also been claimed to prevent late recurrence of the endocarditis of the Candida Prosthetic Valve [360, 367, 368]. Tests are very promising that use the technology of the magnetic biosensor for the rapid detection of candid species from whole blood samples (biosystems T2) [163]. The lipid formulation amb (3A β -D-Glucan) is a reasonable alternative if there is intolerance, limited availability or resistance to other antifungal agents (strong recommendation, high quality tests). 7. He worked as a consultant for Astellas, Forest, served at the office for promotional speakers for Astellas, Pfizer, Forest and Astra Zeneca and received research scholarships from Astellas, Pfizer, Merck, MSG, T2 Biosystems and Niuh / National Institute of National Institute of National Institute of National Dental research and craniofacial. The current recommendation for Micafungin for invasive candidiasis is 2 mg / kg / day, with the possibility of increasing 4 mg / kg / day in children 3) β -D-Glucan in blood components and release of (1 -> 3) β -D-Glucan from depth membrane filters for blood processing. For activities outside the work sent, K. Antimicrob agents Chemano; Alcancis. The dosage of corticosteroids was generally 0.5 - 1 mg / kg per day of the oral prednisone. Fourth, the recent appearance of species of candida resistant to multidrug will complicate the selection of antifungated therapy in immediate therapy [10, 12, 35]. The selection of any particular agent for the treatment of the candidiasis should take into account a newly exposed story azole or echinocandin, a history of intolerance to an antifungal agent, the dominant species of the candida and the current susceptibility data in a particular clinical unit, gravity of the disease, relevant comorbidities and tests of involvement of the CNS, of cardiac valves and / or visceral organs. Antifungal agents to prevent fungal infections in poor and surgical non-neutropenic critical patients: systematic revision and meta-analysis of randomized clinical trials. Echinocandins Caspofungin, Anidulafungin and Micafungin are Only as parenteral preparations [82 "84]. The prophylaxis should be used to prevent invasive candidiasis in the intensive care unit setting? VII. It is intuitive intuitive Each patient with the candidiasis must be managed individually with respect to the removal or retention of the CVC, but in balance, most of the data supports an approach that leads to early removal between nonneutropenic patients in which the catheter is a probable source of infection. Neutropenic patients. The role of the gastrointestinal tract as a source for widespread candidiasis is evident from autopsy studies, but in a single patient, it is difficult to determine the relative contributions of the gastrointestinal tract against the CVC as a primary source of the candidiasis [195, 201]. Summary of tests The maximum clinical experience for the treatment of the candida endophthalmitis was with EndoxCholate EndoxCholate dialyn, only because it is available for the longest time. However, further studies of this dosing scheme is needed before it can be recommended. Multicenter study group. These agents have the same spectrum of activities such as Amb DoodyCholate, but daily dosing schemes and toxicity profiles differ for each agent. However, it remains a scarce of data on the prophylaxis of Nistatin in newborns 3 days have been independently associated with the development of the candidiasis. Utility of the enzymatic immunooay of Galactomannan and (1,3) β -D-Glucan in diagnosis of invasive mushroom infections: low sensitivity for aspergillus fumed infection in patients with hematological malignancy. Patients with fluconazole-refractory candida infections must be treated equal to patients with develop azole refractory infections [528]. The prophylaxis approach It was broad, in which all patients within the ICU setting are treated [261, 262], or selective, where only specific groups of high-risk patients are intended for prophylaxis [249, 263, 264]. For ICU showing very high rates of invasive candidiasis, beyond the expected rates of 3) β -D-Glucan and its relationship with invasive candidiasis in the setting of the surgical intensive guarded unit. Fluconazole, 800 mg (12 mg / kg) loading dose, then 400 mg (6 mg / kg) per day, could be used in high-risk patients in adult ICUs with a high rate (> 5%) of invasive candidiasis (weak recommendation; moderate quality tests). 35. Evaluation of These relationships as potential understatements of interest (COI) is determined by a revision process that includes the evaluation by the SPGC chair, the Liaison SPGC to the development panel and the Board of Directors connects to SPGC and, if necessary, the Council's COI task force. Candida endophthalmitis albicans in drug added NTI of brown heroin: response to early vitrectomy preceded and followed by antifungal therapy. Single retrospective and central studies have produced conflicting results, depending on the unique populations of the patient. A potential observational study of the candidiasis; epidemiology, therapy and influences on mortality in adult patients and hospitalized pediatric machines. EUR J Cancer B Orle OnCol; what is the treatment for chronic disseminated candidosis (hepatosplenitis)? et al. Analysis of the subsets of people in phase I/2 studies for granulocyte infusion, retrospective observations and small cohort studies suggest that G-CSF mobilized granulocyte transfusions can be beneficial in patients with candida candida and prolonged neutropenia (213 β -D-Glucan) [215]. For candidiasis linked to the prosthesis, the disinfection of the dental prosthesis, in addition to anti-fungal therapy, is recommended (strong recommendation; strong; trial). Micafungin's effectiveness and security for the treatment of serious candid infections in patients with or without malignant disease. However, the retrospective examination of the use of intravenous voriconazole in patients with various degrees of renal function lower than this cutting value has not identified toxic effects, mitigating some of these concerns [69, 70]. Recommendations 37. Isolated from bronchland wash: clinical meaning in patients with critically sick trauma. What is the treatment for intravascular infections of the candida, including endocarditis and implantable cardiac infections? In the second section, the panel poses issues related to the management of candidiasis, evaluates the applicable clinical experimentation and the observational data and formula recommendations using the classification of the assessment of the recommendations, development and evaluation (2). Dosage in children is a dose of Loading 70 mg / m², followed by 50 mg / m² / day. The central venous catheters should be removed in nonneutropenic patients with application? Consent development based on tests The panel has obtained feedback from 3 external peer auditors. The optimal dose of micafungin in newborns is unknown, but probably 10 mg / kg / day or greater [109]. Doses should be used superior to the usual of Echinocandins, similar At therapy for endocarditis. Surgical. Excessing the vein plays an important role in the treatment of thrombophlebitis of the peripheral vena. The absorption is not influenced by with Sumo of food, from gastric pH or from the state of the disease. They are reported for each species. III. Trends in blood flow infections associated with a central line of Candida between Nicus. 1999 - 2009. Due to the intrinsic immunodeficiency, most patients require antifungal therapy Chronic and frequently develop refractory infections with azole [556]. Prospective clinical tests well designed in this area have been difficult to perform and many unanswered response. They remain. The factors for the development of invasive candidiasis include the colonization of the candida, the gravity of the disease, exposure to broad spectrum antibiotics, the recent main surgery, in particular abdominal surgery, necrotizing pancreatitis, dialysis, parenteral nutrition, Corticosteroids and the use of CVC [237, 238]. Although it is not proved to prevent the candidiasis, there is little risk to the use of chlorhexidine in patients with ICU, and this practice can be beneficial. This recommendation is based on data limited by randomized potential studies and has been associated with a few complications and repercussions [209, 210]. The management of intravascular catheters in neutropenic patients with candida is less simple than in their nonneutrene counterparts. The concerns were expressed on the reliability of antibody detection in immunosuppressed hosts, but the essays worked well in patients with neutropenic and mediated cellular immune defects (including hematopoietic cells and recipients of solid organs transplants) [138, 139]. Kusei, Amb DoodyCholate, 0.3 - 0.6 mg / kg per day, for 1 - 7 days is recommended (strong recommendation, low quality tests). 104. Recommendations 89. The real-time PCR seems to have a similar sensitivity to β -D-Glucan for the diagnosis of the candidiasis, but can be more sensitive to the diagnosis of other forms of invasive candidiasis [132]. It demonstrates a vitro activity against the candid species which is similar to that of voriconazole, but clinical data are inadequate to make a recommendation based on evidence for the treatment of candidosis other than the candidiasis of OROPHARINGEAL [76]. (1 - 3) β -D-Glucan in cerebrospinal fluid is useful for the diagnosis of fungal infections of the central nervous system. Glabrata that are voriconazole susceptible and that are ready for the transition an echinocandin or oral therapy. There is a small role for oral ltraconazole for the treatment of the candidiasis, given the similar Spectrum, ease of administration, superior pharmacokinetics and better fluconazole tolerability. Neutropenic patients and low-birth weight newborns should be treated as recommended for candidiasis III and VII (strong recommendation, low quality tests). 100. For this reason, among the patients' populations that are also at risk of invasive mold infections, such as hematopoietic cell transplant recipients, β -D-Glucan offers a theoretical advantage over knotest knowledge for candidiasis. In patients with advanced aid, recurring infections are common and long-term suppressive therapy with fluconazole is effective in reducing recurrence rates [53]. The National Institute for Allergy and Infectious Diseases (Niaid) MyCoses Group of Study. Triazole and Echinocandin MIC Distributions with epidemiological cutting values for differentiation of wild type strains from non-wild type strains of six non-common candid species. Irrigation through nephrostomy tubes, if present, with Amb deoxycholate, 25 β -D-Glucan in 200 β -D-Glucan, is recommended (strong recommendation, low quality tests). Parapsilosis (strong recommendation, low quality tests). 4. posaconazole for the treatment of azole-refractory candidiasis orofaringa and esophageal in subjects with HIV infection. Recommendations 74. The best-studied test is an essay of combined Mannan / Antimannan antibodies, which is Currently approved for use in Europe, but not in the United States (Platelia Candida AG and AB; Bio-Rad). Despite the need for intravenous administration, their exceptional effectiveness, the profile of favorable, interactions for limited drugs and concerns about fluconazole resistance have brought many experts to favor the favor as initial therapy for most adult patients with candidiasis. Studies for animal models suggest a pharmacokinetic and therapeutic advantage for Amb Leposomal in the CNS [44]. National Institute of Allergy and Infectious Diseases Mycoses Study Group. Summary of the tests The chronic scattered candidiasis is an uncommon syndrome seen almost entirely in patients who have hematological evlness and who have just recovered from neutropenia [217 "219]. Immunization with the stimulation factor of the grain-macrophage grain colony ad High content of granulocytes or interferon α was occasionally used in the management of oral and esophageal refractory candidiasis [552, 553]. The rates of increasing oral transport rates of candid species and a reduced frequency of symptomatic oriented candidiasis are seen between HIV infected patients on effective antiretroviral therapy [554]. Endogenic infections can be manifested as isolated choroiretinits or as coroiorinitits with extension in the vitreous, which leads to vitrite [409 "412]. Chronic scattered candidiasis (epatosplenic candidiasis) can derive as a complication of the candidiasis in neutropenic patients, especially when patients with mucosite of the gastrointestinal tract do not receive antifungal prophylaxis. Thirdly, despite the general robust nature of the randomized controlled tests that examine the treatment of candidiasis and other forms of invasive candidiasis, no single process has shown the clear superior of one therapeutic agent compared to another [19, 21, 24]. With the new interpretation, the susceptible value has been reduced to α β L per C. for the treatment of uncomplicated vulvovaginitis, topical anti -flags agents, with no agent higher than another, are recommended (strong recommendation; Evidence of quality). 116. Information were As regards employment, consultancy, the ownership of shares, honoraria, research financing, testimony of experts and adherence to business consultancy committees. corporate. There are concerns regarding the penetration of Echinocandins in the QCS. All preparations AMB, including lipid formulations, penetrate the CNS and have fungicidal activity in the CNS [44]. The optimal length of ACC therapy alone or in combination with flutysine has not been studied. 287 β -D-Glucan, et al. The removal of the CVC is strongly recommended (strong recommendation, moderate quality tests). 44. Infected epidemiolo HOSP control: 261 β -D-Glucan, 31 β -D-Glucan, et al. The choice of the antifungal agent should be guided by the species of the candida isolated and the knowledge of local epidemiology, including the models of antimicrobial susceptibility. After the Cessation of maintenance therapy, it is possible to anticipate a recurrence rate of 50% of 40%. For the initial treatment, the AM Liposomal, 5 mg / kg per day, with or without oral flutysine, 25 mg / kg 4 times a day, it is recommended (strong recommendation, low quality tests). 93. Link to PubMed [PMID] 23137134 Clin. 239 β -D-Glucan. Fluorocytosine monotherapies in treatment of experimental endocarditis, endophthalmitis and pyelonephritis due to Candida Albicans. Antimicrob agents Chemano; Alcancis. Chemano antimicrob agents; Alcancis. Candida Albicans remains the dominant pathogen. Glabrata and other species that cause infection [453 - 457, 459, 461, 462]. Should the central venous catheters be removed in nonneutropenic patients with a candidiasis? III. For azole susceptibility are recommended for all blood flow and other clinically relevant Candida isolated that recommended for the native valve endocardite (strong recommendation, low qualities). 67. 294296 β -D-Glucan, et al. For activities outside the work sent, J. The randomized controlled test of Anidulafungin vs Fluconazole has enrolled too few neutropenic patients with candidiasis to generate significant data on effectiveness [27]. Multilaboratory study of epidemiological cutoff values for the detection of resistance in eight species of candida in fluconazole, asconazole and voriconazole. Note acknowledgments and David Van Duin as a connection of the Isda standards and the Committee of the practical guidelines (SPGC). Dublinensis, and C. Treatment of candidiasis and invasive candidiasis in the units of intensive care: the post hoc analysis of a randomized and controlled test that compares the Micrefungin and the Liposomal Amterpin B. Fluconazole against the elimination route is the non-adherent degradation. PDF Split View article Content of content and video video tables The additional data is important to realize that the guidelines cannot always take into account the individual variation between the patients. Recommendations 51. Surgical debridement is recommended in selected cases (strong recommendation, low quality tests). What is the treatment for the candida septic arthritis? 77. Successful treatment of the Candida's wall endocarditis with Combined Caspofungin and Voriconazole. What is the treatment for candidiasis in grandfather? EUR J Clin Microbiol Infected dis; Alcancis. Intraventricular is not standardized and the recommendations vary from 0.01 mg to 1 mg in 2 ml of 5% of the steed in daily water [455, 463, 466, 466. Consider de-authentic by oral therapy with fluconazole 200 β -D-Glucan 400 mg (3 - 6 mg / kg) every day once the patient is able to tolerate oral intake (strong recommendation, moderate tests). 1136 Now it includes consultation with an ophthalmologist to do a dilated retinal examination. A non-defense and open label study that uses Caspofungin prophylaxis in a small number of high-risk surgical patients similar also showed benefits [264]. Registered duration of empirical therapy For suspected invasive candidiasis in those patients who improve are 2 weeks, the same as the treatment of documented candidiasis (weak recommendation, low quality tests). 33. The recent appearance of Candida species resistant to multidrug further complicates the selection of anti -funga therapy for the immediate future [10, 12, 35 "38] since there are no good perspective data to guide the therapy. There is an abundance of clinical data generated by large randomized clinical studies for the candidiasis, the candida esophagitis, the candidiasis of the goldinger, and the prophylaxis studies in special populations, such as patients in intensive care units (ICU), the infants and recipients of selected transplants, and these studies have led to important insights on optimal therapeutic approaches in these vulnerable populations. The factors that contribute, like diabetes, are rarely found. The decisions were presented on a case-by-case basis in which the role of an individual should be limited due to a conflict. 26 β -D-Glucan, et al. IX. Security and pharmacokinetics of anidulafungin In children with high-risk neutropenia for invasive fungal infections. In HIV-infected patients, symptomatic effects occur first and more With topical therapy with respect to fluconazole [535]. Toxicity is common and the levels of whey flutysine must be monitored weekly to prevent dose toxicity. Bluconazole is frequently used for the treatment of Candida endophthalmitis. 163 β -D-Glucan, et al. The extremely low birth infusion of fluconazole in extremely low weight reduces rates of invasive candidosis mortality without appearance species resistant to fluconazole. The clinician must weigh the benefits and drawbacks of the use of the Liposomal environment with its good penetration of the CSF, but the poor levels of urine vs using cam deoxycholate with less good levels of CSF, but best levels of urine. The advantage of adding flutysine for newborns is uncertain. Voriconazole can also be used as a step-down therapy during neutropenia in clinically stable patients who have documented clearance and isolated that are susceptible to voriconazole (weak recommendation, low quality tests). 19 - 19. What is the treatment for candida endophthalmitis? XIII. Some patients have been successfully treated with AMB lipid formulations, but concentrations in humans were not reported [429]. Flucytosine provides additional synergic activity when used with AMB; It should not be used as a monotherapy due to the development of resistance and ratios of decrease effectiveness in animal models [428]. Empirical antifungal therapy should be considered in critically sick patients with risk factors for invasive candidiasis and no other note causes of fever. Pharmacokinetics and Pharmacodynamics of Anidulafungin for Experimental EndoFalmite Candida: in-depth information in echinocandins utility for the treatment of a potentially threatened infection by the penetration of all ecinocandins in the different rooms of the eye is scarce, and is particularly scarce in the Vitreo [412, 419, 420]. Liposomal liposomal (Amberome) was found to reach higher levels in the brain than the Lipid Lipid Complex Amphoterin B (ABL) or DEC DEXYCHULATE in a Candida Meningocephalite rabbit model [44]. The combination of amb and flutysine is recommended due to the in vitro synergism noted with the combination and excellent concentrations of the CSF obtained from flutysine. These studies are characterized by high specificity, but low sensitivity, therefore there is therefore many patients with candidiasis [240 "242]. The role of PCR in samples tests other than blood is not established. Another grouped analysis has summarized the results of the treatment with micafungin or comparators (amb or caspofungin liposomal) for the candidiasis in the environmental of neutropenia associated with malignity from 2 randomized studies have demonstrated success rates ranging from 53% to 85%, but no significant difference between treatment groups [206]. A basis of this limited data, the success rates of antifungal therapy for candidiasis in patients with neutropenia do not seem substantially different from those reported in the large randomized evidence of non-neutral patients. 119 β -D-Glucan. In a randomized bovine lactoferrin study in newborns

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