Prognostic factors in 264 adults with invasive Scedosporium and Lomentospora infections
Data from the literature and FungiScope®

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Background
A growing number of non-Aspergillus mold infections, such as invasive Scedosporium and Lomentospora infections, are of particular concern because of intrinsic resistance of such pathogens and thus limited treatment options [1].

Methods and Objective
Cases of proven and probable infections according to EORTC/MSG criteria [9] related to Scedosporium spp. and L. prolificans diagnosed between 2000 and 2017 were selected from the FungiScope® registry. Respective cases were identified from the literature using the PubMed search filter “(Scedosporium OR Pseudallescheria OR Lomentospora) AND (invasive OR disseminated OR infection) AND (case OR patient OR report)”.

Results

Other immunocompromised patients are at highest risk for these infections. Primarily those with hematological malignancy with prolonged profound neutropaenia, hematopoietic stem cell or solid organ recipients, and patients with inherited or acquired immunodeficiency. Immune-competent patients are at risk through direct inoculation of the pathogen after traumatic injury, major surgery or aspiration of contaminated water associated with near drowning [6, 7]. Mortality rates of up to 90% despite best available antifungal therapy underline the unmet medical need of an effective treatment option improving clinical management [7].

Figure 1. Predisposing factors

Figure 2. Frequent site of infection

Figure 3. Minimum inhibitory concentration (MIC) against antifungals determined by EUCAST and CLSI methods.

Table 1. Treatment

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