**CASE PRESENTATION**

16 year old male admitted for chemotherapy
4 days of fever, chills, and cough
Past medical history:
- Pre-B cell ALL with CNS relapse
- • Bactrim and fluconazole prophylaxis
- • ADHD
- • Osteomyelitis of left second metatarsal
Family history: Brother with Hepatitis C
Exposures: Hepatitis A
Lines: Infusaport in place 36 days
Failed to improve despite empiric vancomycin, cefepime, and caspofungin

**PHYSICAL EXAM**

| GEN   | Ill-appearing
| HEENT | Mild scleral icterus, alopecia
| CV    | Tachycardic, II/VI systolic murmur
| RESP  | Mildly increased work of breathing
| GI    | Mild RUQ tenderness
| MSK   | Moves all extremities well
| DERM  | Scattered 2mm blanching red macules/papules on upper chest and shoulders + non-blanching macules/petechiae on lower extremities and left palm

**LABS/IMAGING**

<table>
<thead>
<tr>
<th>Result</th>
<th>Reference</th>
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<tbody>
<tr>
<td>WBC</td>
<td>0.05 4.5-13 x 10^9 per µL</td>
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<tr>
<td>Hgb</td>
<td>6.5 13-16 g/dL</td>
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<tr>
<td>Hct</td>
<td>17.9 37-49 %</td>
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<tr>
<td>Plt</td>
<td>7 140-440 x 10^9 per µL</td>
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</tbody>
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**CLINICAL COURSE**

Escalated to amphotericin B pending tissue culture speciation and susceptibilities
Persistent fever with respiratory decline
Infusaport removed
Transesophageal echocardiogram negative for vegetation
Repeat CT abdomen, pelvis, and sinuses negative

**OUTCOMES**

De-escalated to caspofungin
Echinocandin continued through Chimeric Antigen Receptor (CAR) T-cell therapy
Candida resolved, remains on antifungal prophylaxis

**CANDIDA DUBLINIENSIS**

First described in oral candidiasis of AIDS patients
Now associated with invasive disease
Phenotypically similar to *Candida albicans*
Most isolates pan-susceptible

**CONCLUSIONS**

Widespread fluconazole prophylaxis → antifungal resistance
Increasing number of infections with non-albicans *Candida* species
Neutropenic patients at high risk for invasive disease
Blood and fungal cultures only 50% sensitive in diagnosing invasive candidiasis
Cultures less sensitive with deep organ involvement in absence of prolonged candidemia
Delayed treatment → increased morbidity/mortality
When fever persists with negative cultures, search for cryptogenic foci of infection

**REFERENCES**

