Risk Factors Predicting Candida Infective Endocarditis in Patients with Candidemia

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ABSTRACT #1030

METHODS

Collection: All hospitalized patients aged 17 or older with candidemia were eligible. The inclusion criteria were: community onset of CIE following candidemia, age >17, and no previous history of candidemia. The exclusion criteria were: prior history of CIE, prior antifungal treatment, and an identifiable portal entry for candidemia..

Statistical Analysis: All continuous variables were assumed to be normally distributed and the means were used to summarize data. Categorical variables were expressed as frequency distributions. Student’s t-test was used to compare medians of continuous variables. Risk factor associations were assessed using univariate and multivariate logistic regression analyses. The final multivariable model was chosen based on the Akaike Information Criteria (AIC) and other methods of model selection. All tests were 2-tailed and significance was set at p < 0.05.

RESULTS

In a population of patients with candidemia, 47 (2.5%) were identified to have CIE. In multivariate analysis, the 90-day crude mortality for CIE was 48.9%, similar to the non-CIE mortality of 41.9% (p=0.338).

CONCLUSIONS

Our study provides important data for researchers and clinicians regarding the risk factors for CIE among patients with Candida BSI.

REFERENCES


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BACKGROUND

Candida infective endocarditis (CIE) is a rare and serious complication of Candida bloodstream infection (BSI). The risk factors contributing to the development of CIE are poorly defined from small cohorts, identifying clinical predictors associated with this condition may be associated with more judicious use of cardiac imaging.

METHODS

We used the c-statistic to assess discrimination. All statistical tests were 2-tailed and significance was set at p < 0.05.

RESULTS

Forty-two (22.9%) of the 1873 patients with Candida BSI were eligible. Of 1711 (91.0%) patients with Candida BSI, 47 (2.5%) were identified to have CIE. The 90-day crude mortality for CIE was 48.9%, similar to the overall non-CIE mortality of 41.9% (p=0.338).

CONCLUSIONS

Our study provides important data for researchers and clinicians regarding the risk factors for CIE among patients with Candida BSI.

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