



Oh, *Candida*: Characterizing the Prognostic Utility of Isolating Yeast in Surgical Site Infections and Subsequent Use of Antifungal Therapies



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Methods

Objective: Compare outcomes between patients with Surgical Site Infections (SSI) based on whether cultures were positive for *Candida* and whether patients received empiric antifungal therapy



Candida Albicans

977 Surgical Site Infection Patients

- 190 with positive yeast culture
- 787 without

Results

Factors Associated with Positive Culture

Factor	+ Yeast	- Yeast	p
APACHE II	15.6 ± 0.5	11.6 ± 0.2	<0.0001
ICU Diagnosis, n (%)	83/190 (43.6)	154/787 (19.5)	<0.0001
Age	55.2 ± 1.1	52.4 ± 0.5	0.015
Female Sex, n (%)	105/190 (55.3)	362/787 (46.0)	0.027
Mortality, n (%)	24/190 (12.6)	60/787 (7.6)	0.039

Isolation of yeast not associated with mortality (p= 0.12).

For fungal SSI, anti-fungal treatment not associated with decreased mortality.

Factors Associated with Mortality

Factor	p
Age	< 0.05
Sex	NS
APACHE II	<0.0001
Isolation of Yeast	NS
Diagnosis After Discharge	< 0.05

Conclusions

- Both isolation of yeast and anti-fungal treatment not associated with mortality benefit
- Without a demonstrated benefit, fungal cultures from SSI should not be obtained or treated empirically