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Challenges in the Shadows: Invasive Fungal Infections in Geriatric Chronic Kidney Disease Patients

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Case Study : Invasive fungal infections are seldom reported in individuals with Chronic Kidney Disease (CKD), presenting a significant challenge in the management of renal dysfunction due to elevated morbidity and mortality. The treatment approaches, marked by a limited safety profile and substantial costs, are particularly intricate. While overt immunosuppression is commonly associated with invasive fungal diseases, the suspicion, diagnosis, and successful management in apparently healthy CKD patients pose distinct challenges. This case series highlights the successful diagnosis and management of invasive fungal infections in four consecutive CKD patients. The average age of the patients was 67.75 years, all of whom were male. Among them, two had CKD Stage 5d, and three were dependent on dialysis. Two patients had diabetes, and an additional two had a history of recurrent bacterial infections, having undergone multiple courses of intravenous antibiotics. The kidneys and lungs were the most frequently affected organs. Serum β -D glucan levels ranged from 88.83 to 174. Several patients also experienced concurrent bacterial infections. Fungal organisms such as mucormycosis, aspergillus, and candida were cultured from urine, blood, and sputum samples. Treatment involved intravenous liposomal amphotericin B, Micafungin, and Voriconazole, guided by culture sensitivity reports. Three patients exhibited improvement and were discharged in stable condition, while one unfortunately succumbed to the infections.