



Efficacy and safety of primary antifungal prophylaxis in paediatric patients undergoing an allogeneic hematopoietic stem-cell transplantation

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Background and importance

Paediatric patients undergoing **allogeneic hematopoietic stem cell transplantation (HSCT)** require **primary antifungal prophylaxis (PAP)** until day +100 post-HSCT or until immune reconstitution is achieved. Intravenous (IV) micafungin is administered during hospitalization (until engraftment and oral tolerance is established). After discharge, different strategies may be employed: azole derivatives as first line, IV amphotericin B twice weekly, or IV micafungin twice weekly.

Aim and objectives

To evaluate safety and efficacy of different PAP in HSCT paediatric patients after discharge.

Material and methods

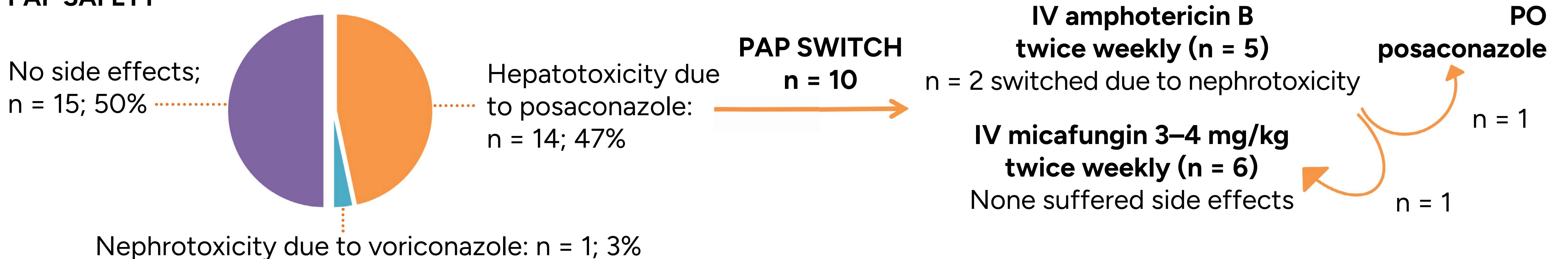
Paediatric patients HSCT recipients between January 2022 and July 2025 were retrospectively studied by its demographics, their PAP, the prevalence of Invasive Fungal Disease (IFD) and the associated side effects.

Results

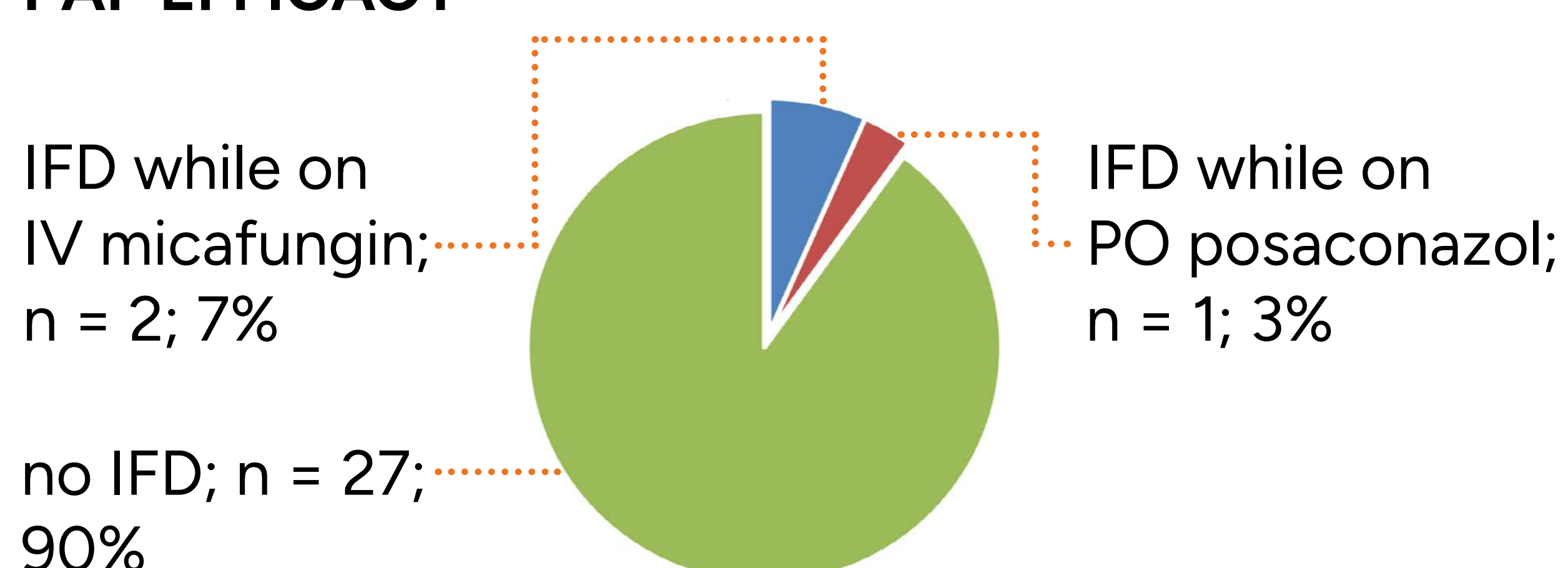
Sample: 30 patients average age at HSCT of 8,7 years old (0,83-16,7) and 43,33% female.

PAP after discharge	Posaconazole PO	Amphotericin B IV twice weekly	Voriconazole PO
	93.33% (n=28)	3.33% (n=1)	3.33% (n=1)

PAP SAFETY



PAP EFFICACY



PO: oral. IV: intravenous

Conclusion and relevance

All PAP studied were effective. However, there's a high prevalence of side effects. Micafungin 3-4 mg/kg twice weekly is safe and could be the first option for patients sensitive to suffer side effects.