

ANTIFUNGAL PROPHYLAXIS IN INVASIVE ASPERGILLOSIS

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Invasive aspergillosis (IA) is a serious problem in hematological patients, especially in patients with acute myeloblastic leukemia (AML) and allogeneic haematopoietic stem cell transplant (allo-HSCT) recipients. Mould-active prophylaxis is increasingly used in patients at risk for IA, but its effectiveness is still unknown.

OBJECTIVES

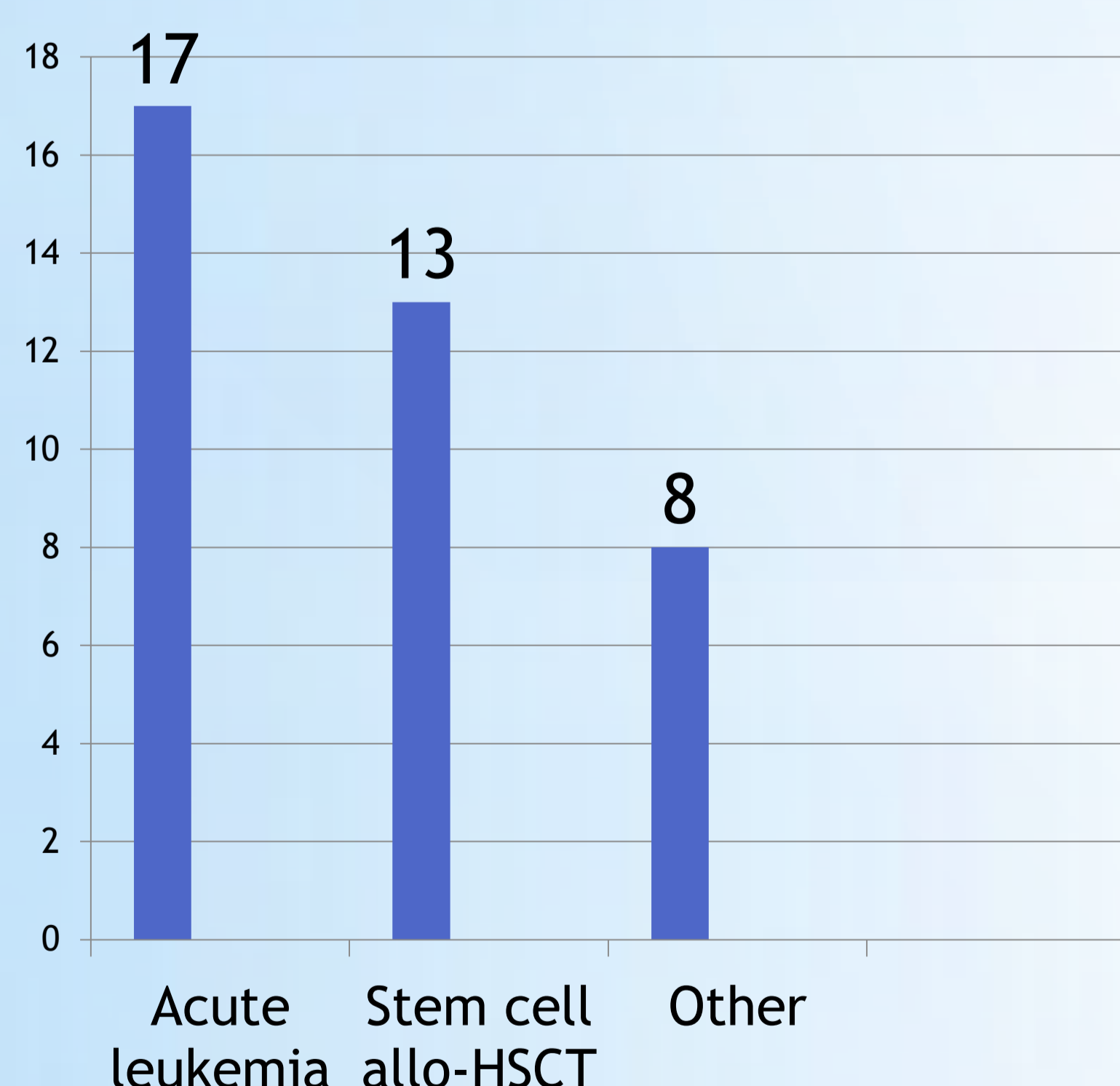
To describe the antifungal prophylaxis (AP) in patients with haematological disease diagnosed with IA.

METHODS

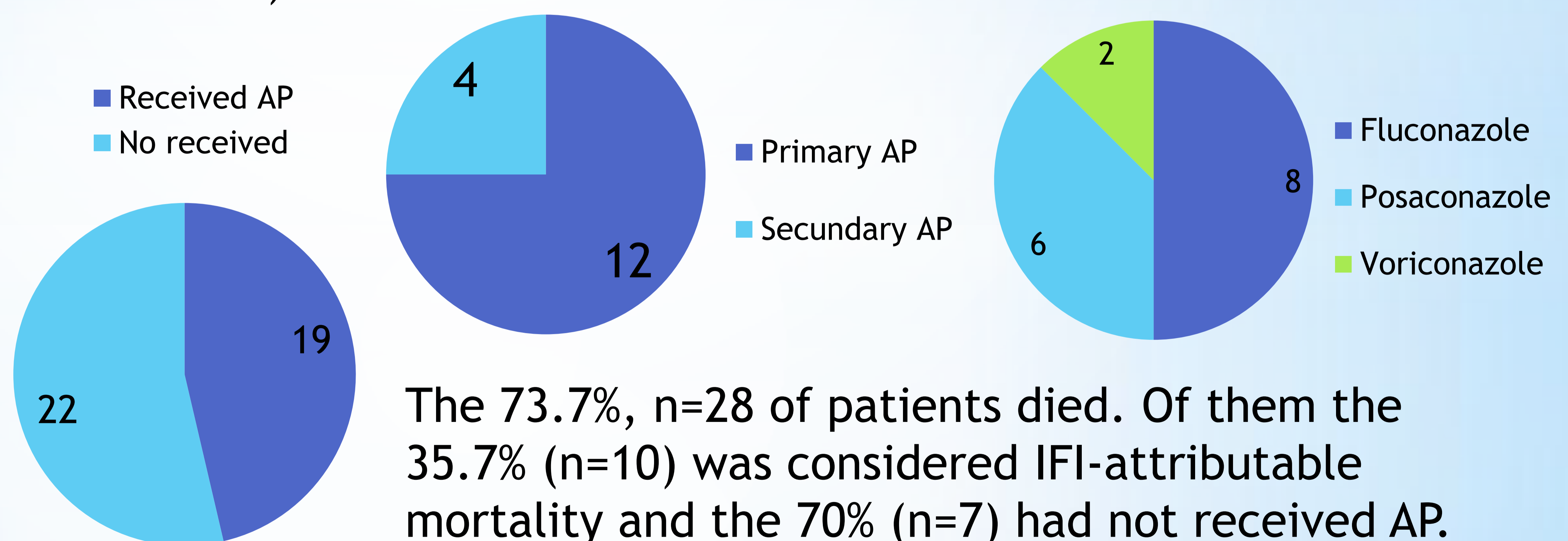
- Observational study in the Haematology Unit of a tertiary center.
- Population: all patients with IA since January-12 to December-13.
- Source: electronic center database.
- **Primary antifungal prophylaxis:** AML patients receiving chemotherapy of induction to remission or rescue chemotherapy and in allo-HSCT recipients.
- **Secondary prophylaxis:** patients with previous history of IFI.
- Descriptive analysis of AP, crude mortality and IFD attributable mortality in those patients.

RESULTS

38 AI in 37 patients



IFI diagnosis was: probable (89.5%, n=34) and proven (10.5%, n=4). Six (15.8%) patients had a previous history of IFI (50% aspergillosis and 50% candidiasis).



The 73.7%, n=28 of patients died. Of them the 35.7% (n=10) was considered IFI-attributable mortality and the 70% (n=7) had not received AP.

CONCLUSIONS

Invasive aspergillosis is frequent in the haematological patient in spite of antifungal prophylaxis and the prognosis of patients diagnosed of this infection remains being poor. Further studies are necessary to determine the most adequate prophylaxis approach in the hematological patient.