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Toronto, Canada***In vitro* activities of six antifungal drugs against *Candida glabrata* isolates: An emerging pathogen**Nasrin Amirrajab^{1,2}, Tahereh Shokohi², Hamid Badali², Mojtaba Didehdar³, Mohammad Hosein Afsarian⁴, Rasoul Mohammadi⁵ and Nazanin Lotfi²¹Ahvaz Jundishapur University of Medical Sciences, Iran²Mazandaran University of Medical Sciences, Iran³Arak University of Medical Sciences, Iran⁴Fasa University of Medical Sciences Iran⁵Isfahan University of Medical Sciences, Iran

Background: *Candida glabrata* is pathogenic yeast with several unique biological features and associated with an increased incidence rate of candidiasis. It exhibits a great degree of variation in its pathogenicity and antifungal susceptibility.

Objectives: The aim of the present study was to evaluate the *in vitro* antifungal susceptibilities of the following six antifungal drugs against clinical *C. glabrata* strains: amphotericin B (AmB), ketoconazole (KTZ), fluconazole (FCZ), itraconazole (ITZ), voriconazole (VCZ), and caspofungin (CASP).

Materials & Methods: Forty clinical *C. glabrata* strains were investigated using DNA sequencing. The *in vitro* antifungal susceptibility was determined as described in clinical laboratory standard institute (CLSI) documents (M27-A3 and M27-S4).

Results: The sequence analysis of the isolate confirmed as *C. glabrata* and deposited on NCBI GenBank under the accession number no. KT763084-KT763123. The geometric mean MICs against all the tested strains were as follows, in increasing order: CASP (0.17 g/mL), VCZ (0.67 g/mL), AmB (1.1 g/mL), ITZ (1.82 g/mL), KTZ (1.85 g/mL), and FCZ (6.7 g/mL). The resistance rates of the isolates to CASP, FCZ, ITZ, VZ, KTZ, and AmB were 5%,

10%, 72.5%, 37.5%, 47.5%, and 27.5%, respectively.


Discussion: The intrinsically low susceptibility of *C. glabrata*, an emerging opportunistic fungal pathogen, to azole antifungals has made its treatment challenging, and infection is accompanied by frequent relapse and failure. The findings indicate that the decreased susceptibility of *Candida* to azole agents may contribute to the increased proportion of infections caused by these species. Caution is thus recommended with CASP therapy for *C. glabrata* infections when azole resistance is predicted. The resistance of *C. glabrata* clinical isolates to both azoles and echinocandins has emerged over time. This is problematic, owing to its treatment limitations.

Conclusion: These findings confirm that CASP, compared to the other antifungals, is the potent agent for treating candidiasis caused by *C. glabrata*. However, the clinical efficacy of these novel antifungals remains to be determined.

Speaker Biography

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