

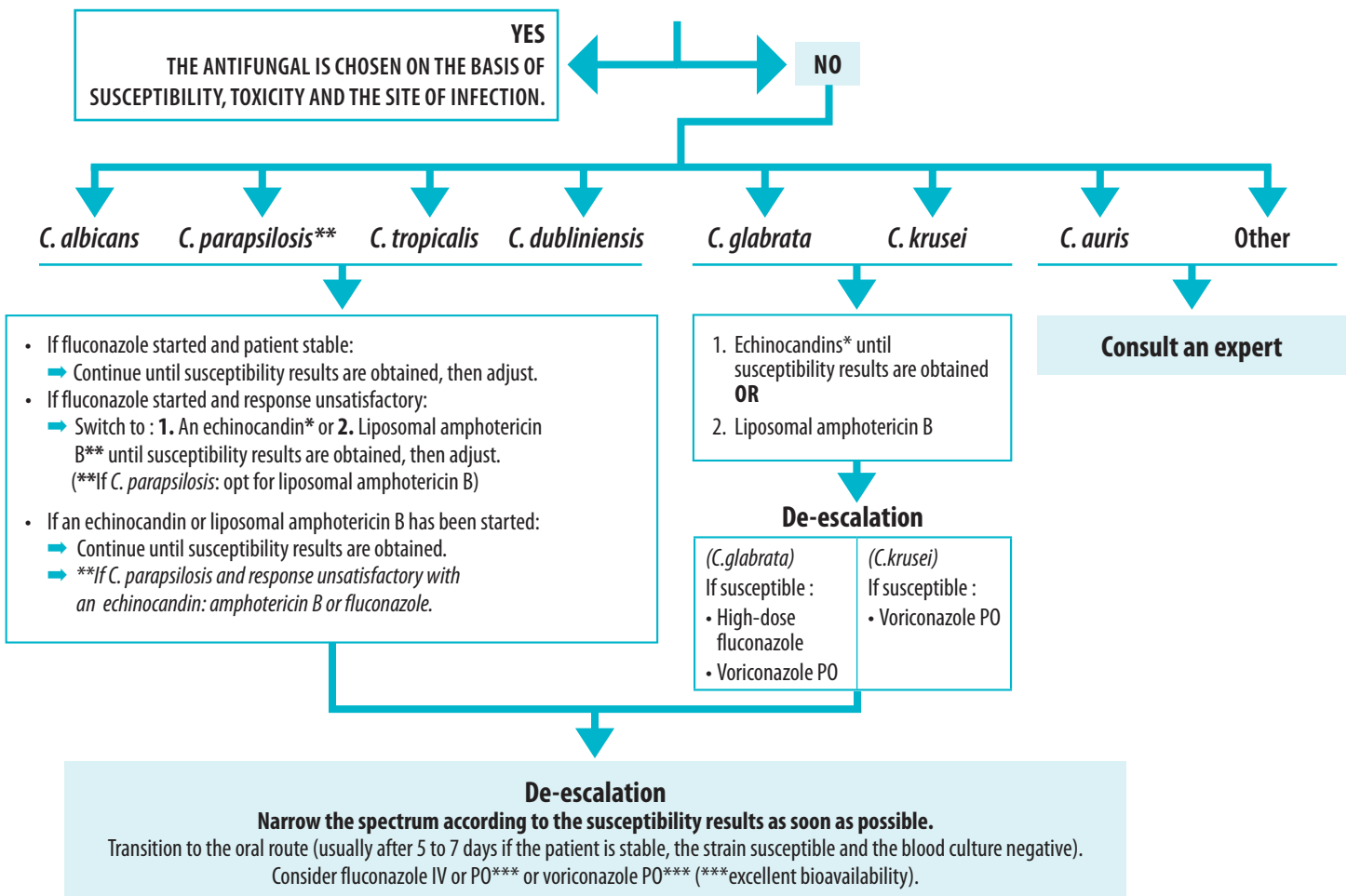
# TREATMENT OF **CONFIRMED CANDIDEMIA** IN ADULTS

## ITEMS TO CONSIDER

- Consider removing catheters on a case-by-case basis.
- Consult an expert regarding the removal of prosthetic equipment (e.g., an artificial joint, an arteriovenous fistula, etc.).
- **Consult an expert** as soon as invasive candidiasis or candidemia is confirmed.
- Request an ophthalmology consultation.
- Bear in mind that the echinocandins have low ocular, urinary and central nervous system penetration.
- Consider an echocardiogram if there is clinical suspicion of endocarditis.
- Consider the risk of drug interactions (e.g., “azoles”).

## CULTURE POSITIVE FOR *CANDIDA* SPP

### ANTIFUNGAL SUSCEPTIBILITY TESTING AVAILABLE



\*The echinocandins include anidulafungin, caspofungin and micafungin.

## Duration of treatment

- **Consult an expert** to determine the appropriate duration of treatment, as it is influenced by whether or not there is organ involvement and by the underlying disease.
- After removing catheters, and if there are no infectious metastatic complications (e.g., endophthalmitis or endocarditis), it is generally recommended that the patient be treated for at least 14 days after documented negative follow-up blood cultures and symptom resolution.

pGTM is an initiative of the five university hospital centers in Quebec. Visit the site at [www.pgtm.qc.ca](http://www.pgtm.qc.ca).