

CO-ORGANIZED EVENT

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Epidemiology (prevalence and risk factors) of fungal infection after hepatobiliary surgeries at National Liver Institute Hospital

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Background: Candidemia and disseminated candidiasis are major causes of morbidity and mortality in hospitalized patients especially in ICU, the incidence of invasive candidiasis is on a steady rise because of increasing use of multiple antibiotics and invasive procedures carried out in the ICUs. Risk factors for invasive candidiasis & candidemia include prior antimicrobial therapy, central venous catheters, urinary catheters, ICU admission, parenteral nutrition, major surgery and immunosuppressive therapies. *Candida* species were the most frequently isolated organism from any sites and comprise 85% of total number of cultures.

Objectives: The objective of the study was assessing the rate of fungal infections after hepatobiliary surgery and identification of the risk factors associated with the development of fungal infections in such patients.

Participants & Methods: A prospective cohort hospital based study was carried out at National Liver Institute. The studied group consisted of 210 patients. All of them were examined thoroughly, their data were registered and sampled at two times, one at day of admission to be sure that they are free of fungal infection and the second was after hepatobiliary surgery. Pre-designed questionnaire was used which include data about personal history, medical history and suggested risk factors for fungal infections.

Results: In the present study, the incidence rate of fungal infection among patients undergone hepatobiliary surgeries in NLI is (45.2%) and the main predictors of fungal infection were Age (p value = 0.001), Antibiotic use (p value = 0.05), liver disease (p value = 0.006), CVC (p value = 0.043), urinary catheter (p value = 0.05), and ICU hospitalization more than 48 hours (p value = 0.000008).

Conclusion & Recommendations: High incidence of fungal infection after hepatobiliary surgeries may reach 45% due to type of patient undergoing such surgeries. The great prevalence of fungal colonization inside ICU which is easily transmissible emphasizes very strongly on the importance of infection-control guidelines. Aggressive antibiotics shouldn't be used outside ICU and only antibiotics according to culture and sensitivity should be used to lessen down emergence of resistant strains and fungal flourishing.

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