

Table 1. Biannual summary of opportunistic mycoses and aerobic actinomycetes in New Zealand, January-June 2005.

Organism	No. of cases	Site	Clinical data
Filamentous fungi			
<i>Absidia corymifera</i>	2	Metacarpal bone (1)	Repeat biopsy didn't grow ?significance.
		Bronchial washing (1)	LLL lesion. Waldenströms B cell lymphoma - initially treated with AmB, but stopped & sent home to die.
<i>Aspergillus fumigatus</i>	3	FNA lung lesion (1)	DE+, pulmonary malignancy. Albino variant which failed to sporulate, identity confirmed with 18S rDNA sequencing.
		Sphenoid sinus (1)	DE-, chronic rhinosinusitis, not treated.
		Peri-orbital abscess aspirate (1)	DE+, on steroids.
<i>Fusarium solani</i>	2	Corneal scrape	DE+, 3/52 red eye. Transferred from Vanuatu. Total corneal ulcer with opaque necrotic cornea & hypopyon. Tx NAT (1). Contact lens wearer. AmB 4x a day for six weeks. Has done remarkably well (1).
<i>Trichoderma</i> species	1	CAPD	DE-. Renal failure due to focal glomerulosclerosis. Chronic HCV. No treatment, patient awaiting kidney transplant.
Zygomycete (non-viable)	1	Sputum & fungus ball chest wall	DE+ (aseptate hyphae). AML, Burkitt's lymphoma. Neutropenic, sepsis following induction therapy. Area of consolidation in the left upper lobe, subsequent progression on CXR. Commenced on empirical AmB, then VOR on discharge with clinical improvement. Clinically stable and afebrile. Scheduled for lung resection.
Yeasts			
<i>Candida albicans</i>	42	Blood culture (30)	Post surgical sepsis, patient deceased (1), MVA, head injury with facial fractures (1), Ca, pneumonia (1), Ca (1), premature baby in NICU (2), ESRF (3), ileostomy, multiple isolations (1), ischaemic bowel disease with perforation, previous recto-sigmoid Ca (2), 50% burns, patient deceased (1), post-op AAA repair, pneumonia, on TPN. Tx FCZ, survived (1), Ca bowel→partial obstruction, CVL <i>in-situ</i> on TPN, palliative care only, no antifungals, patient deceased (1), MVA with multiple fractures, CVL <i>in-situ</i> , on multiple antibiotics. Line pulled, no antifungals given, survived (1), acute

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			erythroleukaemia, neutropenic, febrile, CVL <i>in-situ</i> . Tx FCZ, died (1), ?line sepsis (4) acute leukaemia, neutropenic, febrile, CVL <i>in-situ</i> . Tx FCZ, survived (1), low Hb (1), CF, line <i>in-situ</i> (1), ARF, chronic immune thrombocytopenia, on antifungals (1), post-op sepsis & febrile (1), past history pneumococcal endocarditis. Thrombosed mitral valve prostheses - on FCZ (1), thoracotomy/pleural lavage and decortication/repair anastomotic leak/drainage (1), metastatic breast Ca (1), post arrest sepsis, calculi removed, died (1).
		CAPD (6)	ESRF (5), ESRF, also isolated from Tenckhoff catheter tip (1)
		Ascites fluid (2)	NR (1), adenocarcinoma of lung with rapid accumulation of ascites. Also isolated with <i>E. coli</i> & <i>Klebsiella pneumoniae</i> . Patient deceased (1).
		Bile (1)	Ca pancreas, reinsertion CBS.
		Peritoneal fluid (1)	DE-, hemicolectomy for perforated diverticulitis.
		Pleural fluid (1)	Collapsed lung.
		Urine (1)	Metastatic papillary cell Ca of bladder, complicated by renal failure, secondary to bilateral hydronephrosis. Tx FCZ.
<i>Candida glabrata</i>	5	Blood (3)	Crohn's disease with colostomy. Acute enteritis. On TPN & multiple antibiotics. Tx FCZ, survived (1), febrile (1), multiple myeloma, PBSCT, isolated multiple times (1).
		CAPD (1)	ESRF, also isolated <i>C. lambica</i> and mixed coagulase negative staphylococci. Cleared after Tenckhoff catheter removal.
		Ascites fluid (1)	ESRF.
<i>Candida guilliermondii</i>	1	Blood	Acute pancreatitis.
<i>Candida lusitanae</i>	1	CAPD	DE-. Terminal peritonitis, end stage renal failure secondary to hypertension, ischaemic heart disease. Patient pre-terminal on comfort care.
<i>Candida parapsilosis</i>	14	Blood (5)	Chronic history bowel obstruction, portacath <i>in-situ</i> . Tx FCZ, survived (1), bronchiectasis, previous <i>Candida</i> infections (1), SLE, renal failure, ?line sepsis (1), small bowel obstruction, on TPN, on prolonged antibiotics, line sepsis (1), NR (1).
		CAPD (7)	ESRF, peritonitis (1), myeloma, ESRF, peritonitis (1), ESRF, peritonitis, also isolated with <i>C. glabrata</i> (1), peritonitis, isolated

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			multiple times, also isolated with <i>S. epidermidis</i> (1), ESRF, peritonitis, also isolated from tenckhoff catheter tip (3).
		Joint Aspirate (2)	Elbow bursitis. Isolated from enrichment broth only (1), DE-, post-meniscectomy knee (1).
<i>Candida tropicalis</i>	3	Blood	B cell ALL. Multiple isolations, also isolated with <i>S. epidermidis</i> , <i>B. fragilis</i> & <i>E. faecalis</i> (1), full thickness burns to trunk, multiple isolations (1), post-op sepsis (gastric bypass), also isolated from peritoneal fluid (1).
<i>Cryptococcus neoformans</i>	8	CSF (4)	Severe T cell deficiency, non-defined, CSF LA = 1:2048 (1), HIV+, CSF LA = 1:1024 (1), prior lung Ca, histology + from pharyngeal tissue, MRI brain lesion visible, CSF LA = 1:16, serum LA = 1:32 (1), HIV -ve, Parinand's syndrome, CSF LA = 1:64 (1)
		CSF & lower leg biopsy (1)	Heart transplant 2003, on anti-rejection drugs. CSF LA = 1:128
		VP shunt CSF (1)	Hydrocephalus, elective VP shunt, complicated shunting.
		Blood (1)	AIDS, schizophrenic, unable to maintain medications, including FCZ. Expected to die (1).
		BW (1)	Cholecystitis, rheumatoid arthritis, recto-sigmoid Ca.
<i>Rhodotorula species</i>	1	Blood	CF.
<i>Trichosporon asahii</i>	1	Blood	Cholecystectomy.
<i>Pneumocystis jiroveci (carinii)</i>	13	Sputum (5)	HIV+, cryptococcal fungaemia (1), pneumonia, low CD4 count (1), HIV+ (1), CLL, diffuse pulmonary infiltrate (1), metastatic breast Ca, long term steroids (1).
		Induced sputum (2)	HIV+, CD4 count <10. Tx cotrimoxazole (1), HIV+ (1).
		BW/BAL (6)	HIV+, cystic lesions on chest CT (1), renal transplant (2), post-BMT (1), progressive retro-peritoneal fibrosis (1), newly diagnosed HIV+, one month dyspnoea, cough & fever. 12kg weight loss last year (1).
Aerobic Actinomycetes			
<i>Nocardia species</i>	1	Hand abscess	DE+, discharging abscess.
<i>Nocardia abscessus</i>	1	Sputum	DE+, NR.
<i>Nocardia asteroides complex</i>	2	Sputum (1)	DE+, bronchiectasis.
		CAPD (1)	DE-, WCC = 1600, isolated 2x. ESRF.
<i>Nocardia brasiliensis</i>	1	Arm	Abscess.
<i>Nocardia nova</i>	5	Sputum (2)	ABPA, on prednisone (1), DE+, NR

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			(1)
		Shin (1)	Advanced metastatic bowel Ca. Legs weeping, ?infected.
		Occipital lobe abscess (1)	DE+, BMT 1 year ago, chronic GVHD, severe liver disease.
		Finger flexor sheath (1)	NR
<i>Nocardia veterena</i>	1	Sputum	Bronchiectasis.
<i>Gordona</i> species	1	CAPD	ESRF, peritonitis.

KEY:

AAA	Aortic abdomen aneurysm	FCZ	Fluconazole
ABPA	Allergic bronchoplummonary aspergillosis	FNA	Fine needle aspirate
AIDS	Auto immune deficiency syndrome	GVHD	Graft vs. host disease
ALL	Acute lymphoblastic leukaemia	Hb	Haemoglobin
AML	Acute myeloid leukaemia	HCV	Hepatitis C virus
AmB	Amphotericin B	HIV	Human immunodeficiency virus
ARF	Acute renal failure	LA	Latex agglutination
BAL	Bronchoalveolar lavage	LLL	Left lower lobe
BMT	Bone marrow transplant	MRI	Magnetic resonance image
BW	Bronchial washing	MVA	Motor vehicle accident
Ca	Carcinoma	NAT	Natamycin
CAPD	Continuous ambulatory peritoneal dialysis	NICU	Neonatal intensive care unit
CBS	Common bile stent	NR	Clinical data not received
CF	Cystic fibrosis	PBSCT	Peripheral blood stem cell transplant
CLL	Chronic lymphoblastic leukaemia	SLE	Systemic lupus erythematosus
CSF	Cerebrospinal fluid	Tx	Treatment
CVL	Central venous line	TPN	Total parenteral nutrition
CXR	Chest x-ray	VOR	Voriconazole
DE	Direct examination	VP	Ventricular-peritoneal
ESRF	End stage renal failure	WCC	White cell count

Collated by Karen Rogers, Mycology Reference Laboratory,
Microbiology Department, LabPlus, Auckland City Hospital.