

Table 1. Biannual summary of opportunistic mycoses and aerobic actinomycetes in New Zealand, July-December 2004

Organism	No. of cases	Site	Clinical data
<b>Filamentous fungi</b>			
<i>Acremonium strictum</i>	1	Corneal scrape	DE+, extended contact lens wearer.
<i>Aspergillus fumigatus</i>	3	Bronchial washing (2)	DE+, past Ca sigmoid colon 2002, necrotic debris LUL (1), DE+, CF, AML. Deceased (1)
		Brain tissue aspirate (1)	DE+, auto-immune hepatitis, on methotrexate & steroids.
<i>Aspergillus flavus</i>	1	Sputum	DE+, post BMT, on prophylactic AmB, repeatedly isolated.
<i>Aspergillus nidulans</i>	1	Bronchial washing	ALL, repeatedly isolated. Tx: VOR.
Probable basidiomycete	1	Vitreous tap	DE+, endophthalmitis. Cataract surgery in Rarotonga 6 months ago. Decreased visual acuity. Tx: ITR & steroids.
<i>Fonsecaea pedrosoi</i>	1	Foot biopsy	DE+ (muriform bodies). Foot plaques present several years, Fijian Indian.
<i>Fusarium oxysporum</i>	1	PICC line insertion site	DE+, infected PICC line
<i>Fusarium solani</i>	2	Ankle swab (1)	DE+. Isolated 2x. No clinical details.
		Finger swab (1)	Unspecified osteomyelitis, did not grow on repeat sample, likely colonisation.
<i>Phaeoacremonium</i> species	1	Foot lesion	DE+, chronic fluctuant mass, coin sized foot lesion.
<i>Rhizopus microsporus</i> var <i>rhizopodiformis</i>	1	Bronchial washings & sputum	ALL, deceased. Tx: ambisome.
<i>Scedosporium</i> species	1	Ethmoid tissue	DE+, chronic sinusitis.
<i>Schizophyllum commune</i>	1	Maxillary sinus tissue	DE+, fungal sinusitis.
<b>Yeasts</b>			
<i>Candida albicans</i>	36	Blood culture (30)	Oncology patient. Tx: FCZ (1), urosepsis; also isolated from CU (1), urology patient (1), massive SAH, line sepsis, deceased. Tx: FCZ (1), Ca duodenum, partial hemicolectomy, line sepsis. Tx: FCZ (1), line sepsis (2), abdo sepsis (1), also isolated with <i>Candida parapsilosis</i> , NR (1), AML, neutropenic, febrile post-op radical neck dissection of lymphoma. Heavy growth of yeast from throat with difficulty swallowing & coughing (1), diabetic, ischaemic small bowel, on TPN, multiple antibiotics, no antifungals, deceased (1), multiple trauma → ICU, on TPN. Tx: FCZ, survived (1), post-op Ca bladder → ICU, on TPN & multiple antibiotics, survived (1), spontaneous rupture bladder, on TPN & multiple antibiotics. Tx: FCZ, survived (1), spontaneous splenic rupture → pancreatitis. On TPN, survived (1),

Organism	No. of cases	Site	Clinical data
			acute trauma → ICU. On TPN & multiple antibiotics. Tx: FCZ, survived (1), incarcerated hiatus hernia, on TPN. Tx: FCZ, survived (1), Ca bladder, radical cystectomy, on TPN. Tx: FCZ, survived (1), community acquired pneumonia, no antifungals, survived (1), sepsis with kidney stone, renal impairment, DM, obesity. Tx: FCZ (1), colon malignancy, abdominal surgery, patient deceased (1), peripheral vascular disease, multiple isolations (1), ESRF, multiple isolations (1), Ca colon & bladder (1), AML (1), renal failure, acute pancreatitis (1), pancreatitis, with septicaemia & respiratory failure. Tx: FCZ (1), cerebral palsy, line sepsis (1), pyelonephritis, COD, hypertension & diverticulosis (1), NR(1)
		CAPD (2)	ESRF, isolated 9x & from Tenckhoff catheter. Patient deceased, ESRF (1), ESRF, patient deceased (1)
		Vitreous (1)	Colostomy, isolated from peripheral & catheter blood cultures post-surgery. Not treated at the time. Developed endophthalmitis 6 weeks later. Tx: FCZ.
		Peritoneal pus (1)	DE+, ALL, pelvic abscess.
		L5/S1 posterior paraspinal collection (1)	DE+. L5/S1 discectomy Aug 2004. Complication of small bowel perforation → paraspinal collection → osteomyelitis.
		PM Pleural fluid (1)	Ischaemic perforation of stomach.
<i>Candida dubliniensis</i>	1	Blood	MVA, injury of iliac blood vessels, patient deceased.
<i>Candida glabrata</i>	9	Blood (6)	Treated pneumonia (1), NR (1), febrile, line sepsis (1), post-surgery (2), intestinal fistula, abdominal absorption problems, on TPN. Peripheral vascular disease. Multiple isolations with <i>Candida parapsilosis</i> . Patient deceased (1)
		CAPD (3)	ESRF, peritonitis (1), peripheral vascular disease (1), DE-ve, cleared following replacement of CAPD line (1)
<i>Candida guilliermondii</i>	1	Blood	Line sepsis; line removed. Tx: FCZ
<i>Candida krusei</i>	1	Blood	AML
<i>Candida lusitanae</i>	1	Prevertebral/mediastinal abscess	Perforated oesophagus after swallowing chicken bone.
<i>Candida parapsilosis</i>	12	Blood (8)	Line sepsis (1), bronchiectasis (1), nephrology patient (1), Ca stomach, post-gastrectomy → ICU, on TPN & multiple antibiotics, survived (1), T cell lymphoma, patient deceased (1),

Organism	No. of cases	Site	Clinical data
			Type II diabetes, ulcers, paraplegic (1), on CAPD, ESRF (1), multiple myeloma, neutropenic sepsis (1)
		CAPD (3)	ESRF, peritonitis (2), diabetes, ESRF, peritonitis (3)
		Biopsy HJR (1)	Infected HJR, 4x isolations from tissue.
<i>Candida</i> species (not speciated)	1	Blood	Terminal oncology patient.
<i>Candida tropicalis</i>	2	Blood (1)	Ca bladder, ESRF on haemodialysis (1)
		CAPD (1)	ESRF, peritonitis, deceased (1)
<i>Cryptococcus neoformans</i>	6	VP shunt & CSF (1)	VP shunt revision. CSF LA = 1:4
		CSF (2)	Cerebral cryptococcosis, no underlying disease (1) HIV+, CSF LA = 1,256, serum LA >1:10 000 (1)
		Bronchial washing (1)	Resolving pneumonia. Serum LA = 1:4
		CSF & blood (1)	HIV+
		Metacarpal tissue (1)	Possibility of lymphoma. Tx: FCZ
<i>Lodderomyces elongisporus</i>	1	Blood	Ulcerative colitis.
<i>Malassezia furfur</i>	1	CAPD	DE+, ESRF
<b><i>Pneumocystis jiroveci (carinii)</i></b>	8	Sputum (4)	HIV + (1), 8 weeks SOB, weight loss & fever (1), oncology patient (1), pneumonia (1)
		Induced sputum (1)	HIV+
		BW (2)	On prednisone & methotrexate (1), haemangioma, immunosuppressed (1)
		Post-mortem lung (1)	HIV+
<b>Aerobic Actinomycetes</b>			
<i>Nocardia asteroides</i> complex	1	Sputum	Bronchiectasis, on steroids.
<i>Nocardia farcinica</i>	1	Sputum	CORD, exacerbation.
<i>Nocardia nova</i>	3	Sputum (2)	NR
		Finger flexor sheath(1)	NR
<i>Nocardia vinacea</i>	1	Finger	Purulent blister fluid after debridement.
<i>Dermatophilus congolensis</i>	1	Forearm	NR
<i>Gordona</i> species	1	Foot	Abscess.
<i>Rhodococcus rhodochrous</i>	1	Blood	Pyelonephritis.
<i>Rhodococcus</i> species	1	Blood	NR

**KEY:**

ALL	Acute lymphoblastic leukaemia	HIV	Human immunodeficiency virus
AML	Acute myeloid leukaemia	HJR	Hip joint replacement
AmB	Amphotericin B	ICU	Intensive care unit
BMT	Bone marrow transplant	ITR	Itraconazole
Ca	Carcinoma	LA	Latex agglutination
CAPD	Continuous ambulatory peritoneal dialysis	LUL	Left upper lobe
CF	Cystic fibrosis	MVA	Motor Vehicle Accident
CORD	Chronic obstructive respiratory disease	NR	Clinical data not received
CSF	Cerebrospinal fluid	PICC	Peripherally-inserted central catheter
CU	Catheter urine	PM	Post-mortem
DE	Direct examination	SAH	Sub-arachnoid haemorrhage
DM	Diabetes mellitus	SOB	Shortness of breath
ESRF	End stage renal failure	Tx	Treatment
FCZ	Fluconazole	TPN	Total parenteral nutrition
		VOR	Voriconazole
		VP	Ventricular-peritoneal

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