TABLA 1. Distribución de enterobacterias portadoras de betalactamasas de espectro extendido (BLEE) por especie y tipo de muestra e incidencia relativa de aislados portadores de BLEE respecto al total

<table>
<thead>
<tr>
<th>Muestra</th>
<th>Escherichia coli</th>
<th>Klebsiella pneumonia</th>
<th>Klebsiella oxytoca</th>
<th>Salmonella enterica</th>
<th>Enterobacter cloacae</th>
<th>Prevalencia sustrato</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orina</td>
<td>241</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>248 (77,77)</td>
</tr>
<tr>
<td>Sangre</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10 (3,13)</td>
</tr>
<tr>
<td>Muestras respiratorias</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7 (2,20)</td>
</tr>
<tr>
<td>Heces</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 (0,00)</td>
</tr>
<tr>
<td>Líquidos orgánicos</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6 (1,88)</td>
</tr>
<tr>
<td>Exudados inflamatorios</td>
<td>37</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>39 (12,2)</td>
</tr>
<tr>
<td>Otras</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4 (1,22)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>301</strong></td>
<td><strong>4</strong></td>
<td><strong>4</strong></td>
<td><strong>7</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>319</strong></td>
</tr>
</tbody>
</table>

Incidencia relativa (%)  1,85 0,25 0,47 0,46 0,09 0,82

significativamente mayores que los de la especie en el mismo periodo.

Agradecimientos
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Francisco Javier Castilla-García, Cristina Serral-García, Isabel Milito-Louis y María Parado-De la Gandara.

Bibliografía

Cerebral phaeohyphomycosis due to Cladophialophora bantiana

Mr. Editor: we present the case of a woman (41 years), diagnosed of fami-
ly amyloidosis type I with hepatic and renal involvement. Orthotopic li-
ver transplantation was performed in May 1999. One year later liver transplan-
tation was necessary due to an in-
trinsic lesion following hepatic artery thrombosis. The patient was in immuno-
suppressive therapy, (tacrolimus [4 mg daily] and deflazacort [9 mg daily]), six months later the patient comes to emergency because of vomit-
ing and level of awareness declines. Re-
aamination of the patient upon entrance reveals that she is in a state of stupor,
though able to respond verbally to sim-
ple orders and does not present any mo-
tor deficits. Initial blood tests shows:

- Direct bilirubine (2.9 mg/dl) and anemia (Hb = 40g/L) and leucocytosis (12.820/mm³) and renal involvement. Orthotopic li-


- Moderate leukocytosis (12.820/mm³) and anemia (Hb = 40g/L) and high hiperbilirrubinemia (4.2 mg/dl) due to direc-
vithal bihispertitatis (4.2 mg/dl) and GGT (185 UI/L). Cerebral tomogra-

- Ring-like lesion associated with a hy-


- 593
gan transplants recipients: skin in-
in the left lung.

C bantiana nosa citic fluid were positive for culture of both lungs, pleural and as-
dysfunction. After the necropsy the her hemodynamic instability. Patient
poor general condition of patient and is not performed given the extremely
possible mesenteric ischemia. Surgery was performed and findings suggest
shock. Abdominal ultrasonography right lung infiltrates and distributive
tient develops an acute abdomen, detected in the bronchial sample.

microscopic observation. Delayed needle puncture) were negative under
cultures (blood, urine and bronchial los III, Majadahonda, Madrid. Other
confirmed by the Instituto de Salud Car-
Figura 1. Cerebral tomography without contrast.

the frontoparietal zone. The diagnosis was cerebral abscess and the patient
undergoes surgery. The Gram stain and direct examination (15% KOH) of the material removed shows presence of septate fungal hyphae. Initial post
operation treatment was liposomal amphotericin and perioperatory an-
thiotic prophylaxis with cefazolin. Semi-comatose condition of the pa-
tient persists postoperatively (GCS 9).

Routine culture of bacteria and fun-
gi was performed on surgical samples. After 2 weeks a black velvety fungus with reverse olivaceous black is isol-
ated in Sahucorous agar plates. The morphology of fungus is sparsely branched, long chains of one-celled blastoconidia from hypha-like, pale olivaceous conidiophores. The fungus was identified as Cladosiphialophora bantiana. The identification was con-
formed by the Instituto de Saúde Car-
los III, Majadahonda, Madrid. Other cultures (blood, urine and bronchial needle punctures) were negative under microscopic observation. Delayed Pseudomonas aeruginosa growth was detected in the bronchial sample.

Three days after admission, the pa-
tient develops an acute abdomen, right lung infiltrates and distributive shok. Abdominal ultrasound was performed and findings suggest possible mesenteric ischemia. Surgery is not performed given the extremely poor general condition of patient and her hemodynamic instability. Patient died in shock and multiple organic dysfunction. After the necropsy the culture of both lungs, plural and as-
citic fluid were positive for Ps aerugi-

nosa and Entereococcus facscula. The peripheral blood culture was negative. In the brain only Ps aeruginosa was found. C bantiana was isolated solely in the left lung.

Two types of C bantiana infection have been described clinically in or-

gan transplants recipients: skin in-
fections and systemic and soft tissue infections. The invasive systemic dis-
 ease due to generally presents with cerebral abscess and its lesions are usu-
ally located on the frontoparietal lobe, occasionally on the temporo-

papital lobe and there are two cases described in cerebellum. Experimental
studies in animals have shown that the respiratory tract may be the mode of entry to CNS infections. In any case, the majority of cases of cere-
bral phaeohyphomycosis reported in the literature there is no evidence of sinus or lung disease. In our patient it is very likely that the infection was of a pulmonary source given that in the post mortem studies C bantiana was isolated in the left lung. It was not isolated from the brain sample of necropsy material, probably due to the surgical resection more than to the antifungal agent. However, in the literature there are two cases as successfully treated with antifungal treatment. Optimum treatment for dematiaceous fungi is controversial. Complete drainage and surgical resec-
tion were the most important thera-
pic intervention of a pattern of treatment in prolonging survival in 26 cases on non transplanted pa-
tients. Systemic antifungal therapy did not improve survival. There are no randomized studies that prove the optimum duration of this therapy that ranges from 2 to 12 months. Mortali-
ty in C bantiana causing CNS lesions is high: 65% with surgery and approx-
imately 100% when it is not performed. The combination of amphotericin B, 5-FC and itraconazole was associa-
ted with improved survival, although there were relatively few cases in which this triple combination was used. Itraconazole and voriconazole have the most consistent and potent activity, although were not independently associated with improved out-
comes. Echinocandins (e.g. caspo-
fungin), which act on the fungal cell wall, do not appear to be as active in vitro as are the azoles, and their role in the treatment of phaeohyphomycos-
isis is unclear at present. In our case, death was due to multiple organic dysfunction of a bacterial and fungus origen, 48 hours postoperatory and having begun antifungal treatment hence it is impossible to assess effica-
y. Although this is the first case of C bantiana infection reported in Spain, in reviewing the literature, it is clearly indicated that at present it is mandatory to keep in mind the possi-
bility of dematiaceous fungi in general and C bantiana particularly as infec-
tions agents.

Fernanda Parder, Enrique Ferre, Patricio Alejandro Romaro and Maria Luisa Perez del Molino
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