

Svampeinfektioner i ører og øvre luftveje

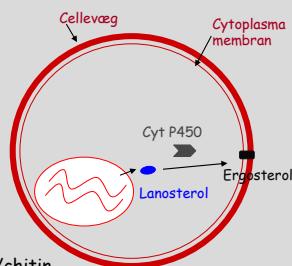


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Denmark
maiken@arendrup.dk

Human-patogene svampe

■ 300/ ~100.000 svampearter

- I praksis:
 - ~10 af 500 gør
 - ~ 4 *Aspergillus*-species
 - ~ 3 hudsvampe slægter
 - ~ 5 dimorfe svampe



■ Eukaryoter

- Kerner med kernemembran
- Flere kromosomer
- Cellemembran med ergosterol
- Cellevæg med protein/glucan/mannan/chitin

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Disposition

- Generel mykologi
 - gær, skimmel etc
- Svampeinfektioner i
 - Øre
 - Næse & bihuler
 - Hals & oropharynx
- Svampefund øre-næse-hals 2008 til juni 2011 SSI
 - svampearter
 - resistens
- Diagnostik
 - prøvetagning og analyser
- Behandling

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Sygdomme fremkaldt af svampe

■ Toksiske

■ Allergiske

■ Egentlige infektioner

- Superficielle
- Subcutane
- Invasive

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Practical approach to Classification

Yeasts	Moulds	Dimorphic fungi	Dermatophytes
<ul style="list-style-type: none"> <i>Candida</i> <i>Saccharomyces</i> <i>Malassezia</i> <i>Trichosporon</i> <i>Cryptococcus</i> 	<ul style="list-style-type: none"> <i>Aspergillus</i> <i>Fusarium</i> <i>Mucor, Rhizopus.</i> 	<ul style="list-style-type: none"> <i>Histoplasma</i> <i>Coccidioides</i> <i>M. marneffei</i> <i>Sporotrix schenckii</i> 	<ul style="list-style-type: none"> <i>Trichophyton</i> <i>Microsporum</i> <i>Epidermophyton</i>

Normal flora Mucositis Pityriasis	Ubiquitous Inhalation/inoculation	Endemic Inhalation	Tinea Ringworm Nails, inguina, scalp..
Invasive infection Haematogenous diss. <i>Crypt.</i> : meningitis	Lung-infection Sinuses, external ear etc. <i>Fusarium</i> : fungaemia	Lung-infection Dissemination	Sporotrix: skin

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Yeasts at CHROMagar

<i>Candida albicans</i>	<i>C. glabrata</i>	<i>C. krusei</i>
<i>C. parapsilosis</i>	<i>C. tropicalis</i>	<i>S. cerevisiae</i>

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Yeasts micro-morphology

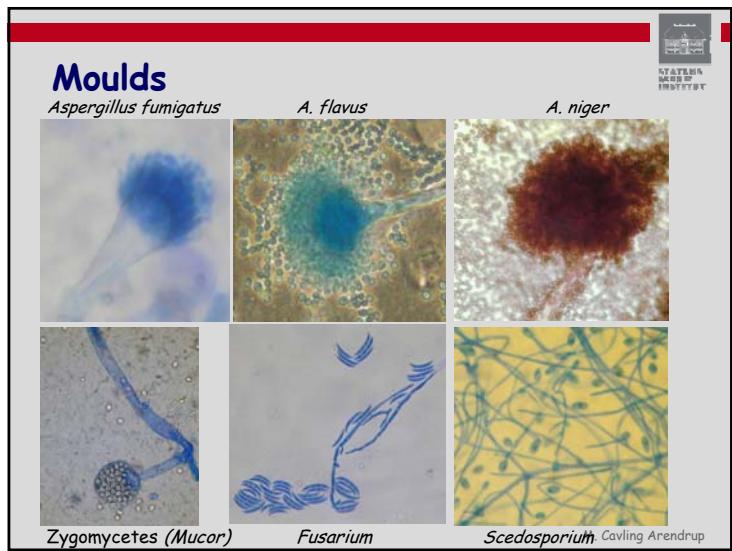
<i>Candida albicans</i>	<i>C. glabrata</i>	<i>C. krusei</i>
<i>C. parapsilosis</i>	<i>C. tropicalis</i>	<i>S. cerevisiae</i>

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Moulds

<i>Aspergillus fumigatus</i>	<i>A. flavus</i>	<i>A. niger</i>
<i>Zygomycetes (Mucor)</i>	<i>Fusarium</i>	<i>Scedosporium</i>

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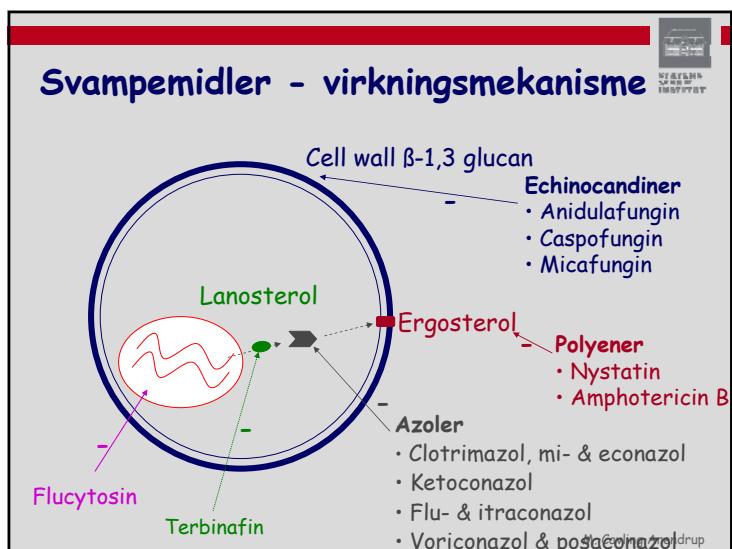


Species Identifikation !

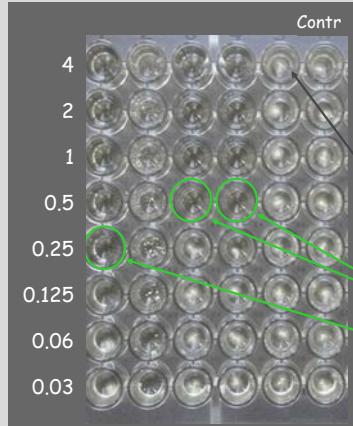
- Koloni og mikro-morfologi
- Biokemisk profil el.
- Massespektrometri
- Temp. tolerance, vækst på special substrater

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STATENS SVAMPE INSTITUT



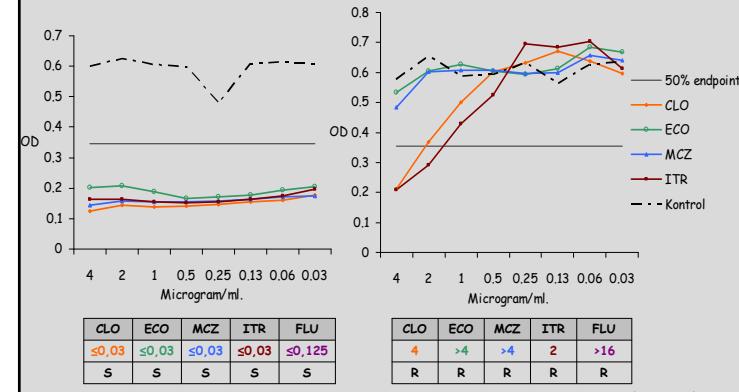
Resistensbestemmelse Skimmel (MIC)



1. Fortyndingsserie af svampemiddel
 2. Tilsætning af svamp
 3. MIC = Minimum Inhibitory Concentration
Dvs. laveste nødvendige konc. for at hæmme svampen
- $MIC > 4 \mu\text{g}/\text{ml}$
 $MIC = 0.5 \mu\text{g}/\text{ml}$
 $MIC = 0.25 \mu\text{g}/\text{ml}$

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C. albicans azole S and R



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Svampemiddel spectrum *Candida*

	<i>C. albicans</i>	<i>C. parapsilosis</i>	<i>C. glabrata</i>	<i>C. krusei</i>
	<i>C. tropicalis</i>	<i>S. cerevisiae</i>	<i>C. norvegensis</i>	
Topikale				
Amphotericin B/ Nystatin	+++	+++	+++	+++
Miconazol	+++	++	++	0
Econazol	+++	++	++	0
Clotrimazol	+++	+++	+0	++
Systemiske				
Fluconazol	+++	+++	+0	0
Itraconazol	+++	+++	+	+0
Voriconazol	+++	+++	++	++
Posaconazol	+++	+++	++	++

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Antifungals spectrum: Moulds

	<i>Aspergillus</i>				<i>Fusarium</i>	<i>Zygomycetes</i>
	<i>fumigatus</i>	<i>flavus</i>	<i>niger</i>	<i>terreus</i>		
Amph. B/ Nystatin	+	+/-	+	-	(+)	(+)
Fluconazol	-	-	-	-	-	-
Itraconazol	+	+	+/-	+	-	-
Posaconazol	+	+	+	+	+	+/-
Voriconazol	+	+	+	+	+	-

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Candida Disponerende faktorer

■ Del af den normale mikroflora

■ Lokale faktorer

- Lokal steroid /antibiotika
- Protese bærer
- Reflux
- Dårlig mundhygiejne
- Rygning
- Lav spytsekretion
- Lokal stråleterapi



Kilde: James Heilman, MD

■ Systemiske faktorer

- Alder
- Diabetes
- Immundefekt
- Systemisk antibiotika /steroid

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Skimmelvampe patogenese

■ Ubiquitært forekommende

- > Jord & Plantedele
- > Byggematerialer
- > Ventilationssystemer

■ Lokale faktorer

- > Fugtigt miljø
- > Lokal steroid /antibiotika
- > Beskadiget lungearkitektur



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Disposition

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■ Svampeinfektioner i

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- svampearter
- resistens

■ Diagnostik

- prøvetagning og analyser

■ Behandling

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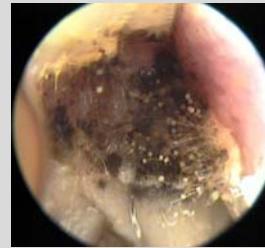
Otomycosis

■ Dispositioner:

- Fugtigt miljø
- Tidl. bakteriel infektion
- Antibiotika & steroid

■ Patogener:

- Skimmel:
 - A. niger
 - A. flavus
 - A. fumigatus
- Gær:
 - C. parapsilosis
 - C. albicans



Kilde: Kevin Kavanagh, MD, www.entusa.com



Otomycosis

Table 1 Etiology of 390 otomycosis cases

Species	Number	Percentage	Procent
Yeast	228	52.8	49%
<i>Candida parapsilosis</i>	145	63.6	56%
<i>Candida albicans</i>	78	34.2	34%
<i>Candida glabrata</i>	3	1.3	3%
<i>Candida tropicalis</i>	2	0.9	5%
Filamentous fungi	184	47.2	51%
<i>Aspergillus flavus</i>	78	42.4	32%
<i>Aspergillus niger</i>	66	35.9	39%
<i>Aspergillus fumigatus</i>	23	12.5	19%
<i>Aspergillus candidus</i>	13	7.1	-
<i>Aspergillus terreus</i>	3	1.6	-
<i>Paecilomyces variotii</i>	1	0.5	-
Total	412*	100	2% <i>C. krusei</i>

* Mixed culture in 22 cases

Garcia-Agudo Mycopathologica 2011 & SSI data

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Fungal Rhinosinusitis: Classification

Currently, there are more questions than answers concerning the categorization of FRS...

Table 1 Classification of fungal rhinosinusitis.

Category	Host immune status	Role of fungus
<i>A. Invasive</i> (invasion of the mucosal layer)		
1. Granulomatous invasive	Immunocompetent	Pathogen
2. Chronic invasive	Often diabetes mellitus, steroid therapy	Pathogen
3. Acute invasive	Immunocompromised	Pathogen
<i>B. Non Invasive</i> (no invasion of mucosal layer)		
1. Saprobic infestation (localized colonization)	Immunocompetent	Saprobe
2. Fungal ball	Immunocompetent	Saprobe
3. Allergic	Allergic	Allergen
4. Eosinophilic	majority non-atopic	May take role in deposition of toxic eosinophilic major basic protein [23]

Chakrabarti Med Mycol 2009

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Fungal Rhinosinusitis

Patogener: Skimmelsvampe

Invasive rhinosinusitis

- *Aspergillus fumigatus og flavus*
- Zygomyceter
- Diabetes, immun-inkompetent...

Non-invasiv

- *Aspergillus flavus, fumigatus*
- Dematiaceous moulds
 - *Alternaria*
 - *Exophiala dermatitidis*
 - *Bipolaris*
 - *Curvularia*

Chakrabarti Med Mycol 2009 (Suppl. 1)

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Oral candidose

Pseudomembranøs candidiasis

- hvide flødeskinds belægninger

Erythematøs candidosis / Atrofisk

- rødme, atrofi

Stomatitis prosthetica

- Delvis mekanisk betinget



Kilde: James Heilmann, MD

Angulær Cheilitis

- Jernmangel, vitaminmangel eller immundefekt
- Associeret med Stomatitis prosthetica

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Dyrkningsfund SSI 3½ år

SSI 2008-juni 2011

	Mund	Mund-vig	Læbe	Oeso-phagus	Øre	Sinus	Larynx (incl asp)	Næse	Total
In total	998	21	24	28	256	13	29	61	1430
No growth	458	10	18	9	149	5	2	58	709
<i>Candida</i>	534	11	6	18	49	1		1	620
<i>Aspergillus</i>	1				43	6	24	1	75
Both					8			1	9
Others*					5		1		6
Others -probably contaminants**	5		1	2	1	2			11

* Fusarium, Scedosporium & zygomycetes.

** Penicillium, Alternaria, Bipolaris, Scopulariopsis, Geotrichum, Rhodotorula.

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Candida Species distribution

SSI 2008-juni 2011

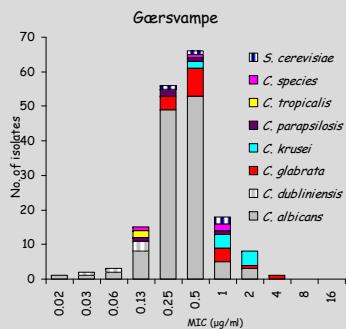
	Mund (537*)	Mund vig (8)	Læbe (4)	Oeso- phagus (23)	Øre (61)	Sinus (1)	Næse (1)	Total (635)
<i>C. albicans</i>	65%	8/8	4/4	57%		34%		62%
<i>C. dubliniensis</i>								4%
<i>C. glabrata</i>	17%			43%		3%		16%
<i>C. krusei</i>						2%	1/1	5%
<i>C. parapsilosis</i>	2%					56%		7%
<i>C. tropicalis</i>	6%					5%	1/1	6%

* Antal Candida fund med species ID

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Amphotericin B

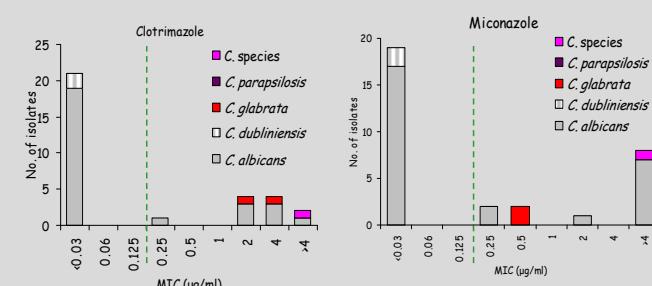
170 øre-næse-hals isolater DK 2008-juni 2011



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Candida topikale azoler

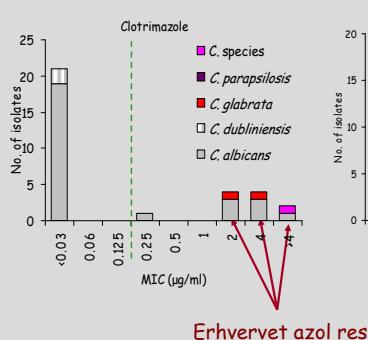
32 (øre-næse)-hals isolater DK 2008-juni 2011



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Candida topikale azoler

32 (øre-næse)-hals isolater DK 2008-juni 2011

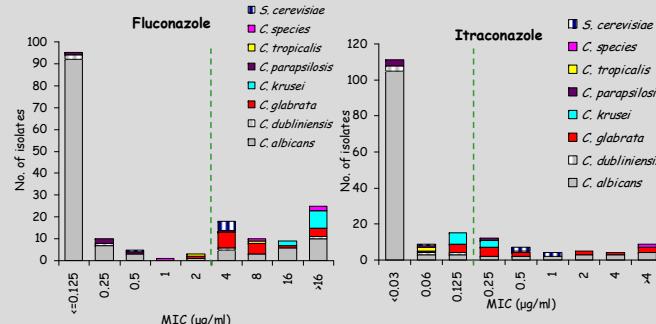


Erhvervet azol resistens!!!

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Candida systemiske azoler

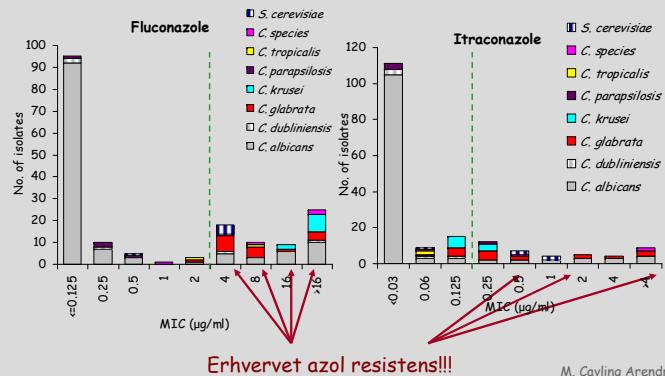
176 øre-næse-hals isolater DK 2008-juni 2011



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Candida systemiske azoler

176 øre-næse-hals isolater DK 2008-juni 2011



Erhvervet azol resistens!!!

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Aspergillus Species distribution

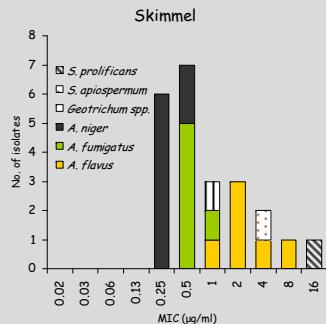
SSI 2008-juni 2011

	Mund (1)	Mund (0)	Læbe (0)	Oeso- phagus (0)	Øre (58)	Sinus (6)	Larynx (incl sug) (28)	Næse (2)	Total (95)
<i>A. flavus</i>							32%	1/6	11%
<i>A. fumigatus</i>	1/1					19%	3/6	61%	2/2
<i>A. nidulans</i>						2%			1%
<i>A. niger</i>					39%	2/6	18%		31%
<i>A. terreus</i>							4%		1%
<i>A. species</i>							4%		1%
<i>Fusarium spp</i>							4%		1%
<i>S. apiospermum</i>						5%			3%
<i>S. prolificans</i>						2%			1%
<i>Zygomycet</i>						2%			1%

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Amphotericin B

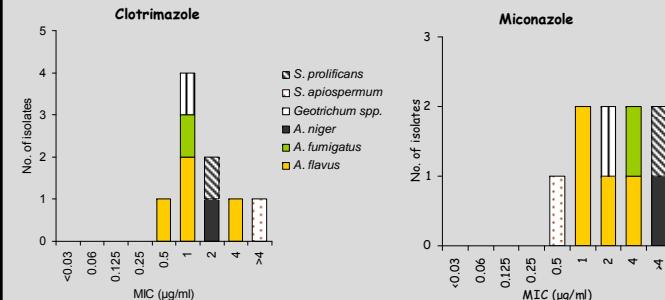
170 øre-næse-hals isolater DK 2008-juni 2011



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Skimmel Topikale azoler

9 øre-næse-hals isolater DK 2008-juni 2011

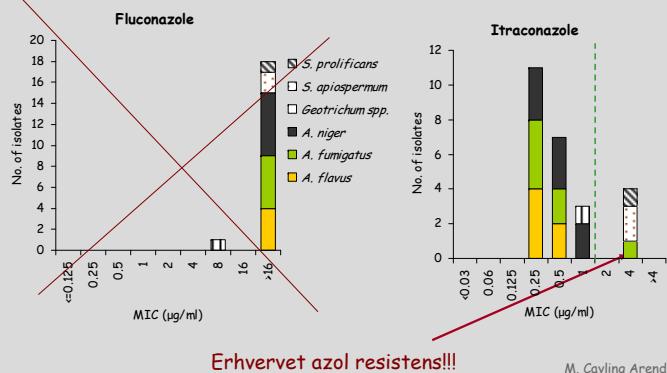


Clotrimazole > Miconazole til *Aspergillus* ??

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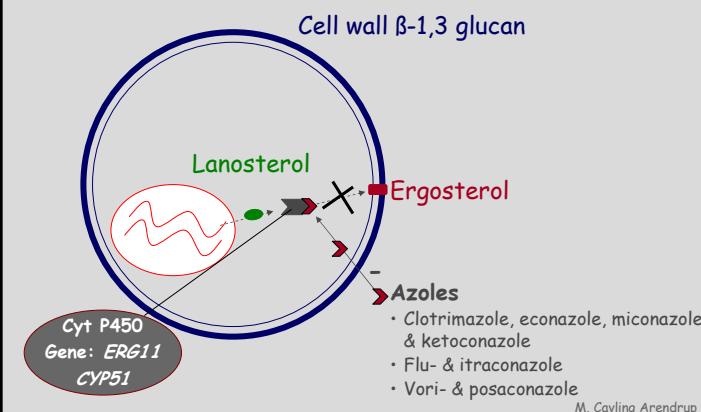
Skimmel systemiske azoler

25 øre-næse-hals isolater DK 2008-juni 2011



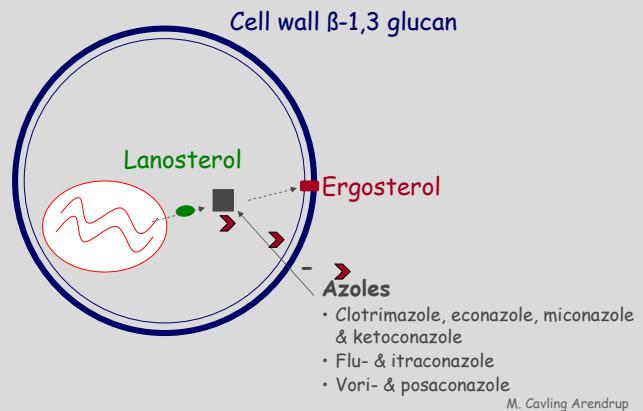
Erhvervet azol resistens!!!

Azoles: mechanism of action

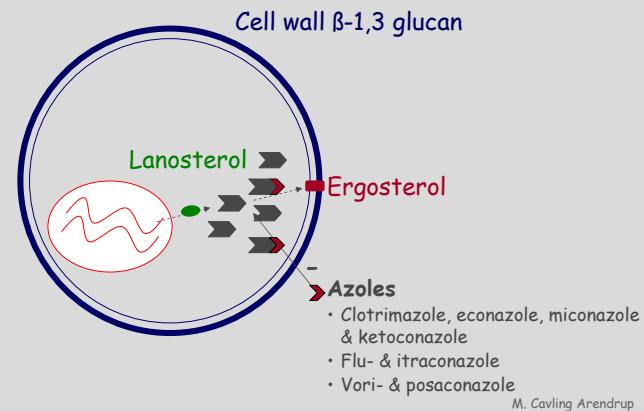


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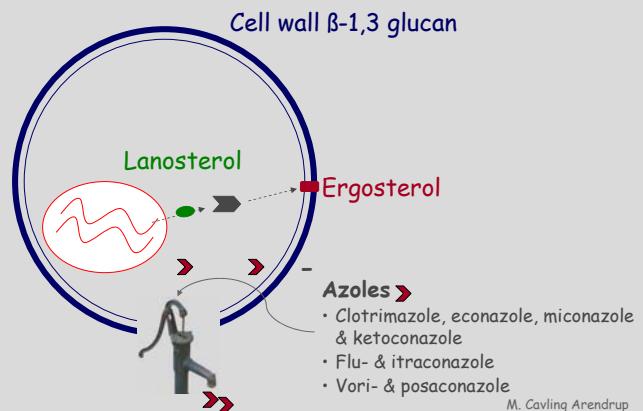
Resistance 1: Target mutation



Resistance 2: Up-regulation of target



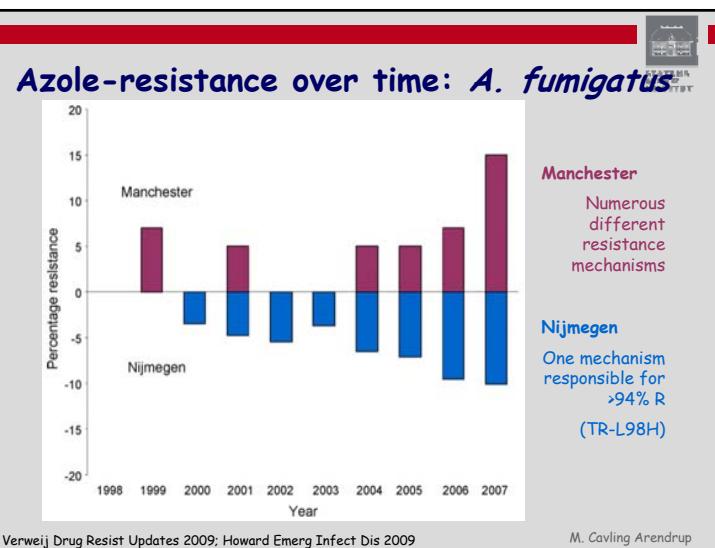
Resistance 3: Efflux pumps



Candida isolates with azole resistance

7 sequential isolates from AIDS patient with oropharyngeal candidiasis
 → Nov 1998: Amb 2 months → Itraconazole 5 months
 Nov 1998 - June 1999: Posaconazole 6 months
 July 1999 - August 1999: Voriconazole but no response
 August 1999 - May 2000: Posaconazole - clinical failure in May 2000

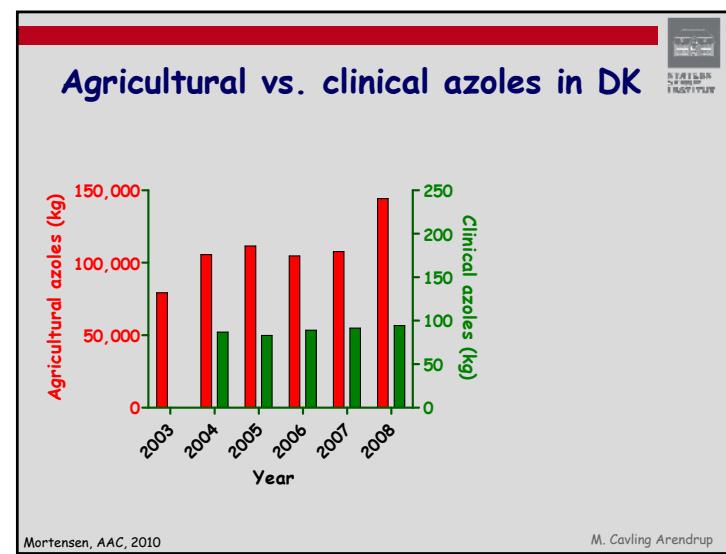
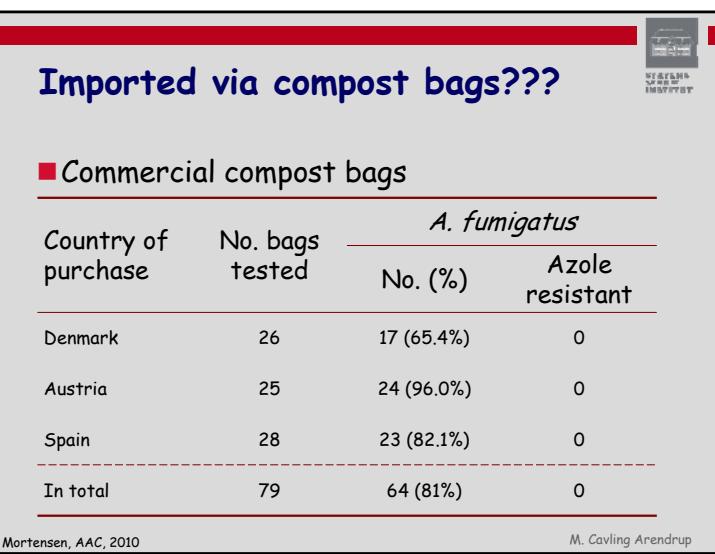
Isolate	Date of isolation	MICs (mg/L)					Amino acid substitutions in Erg1p
		POS	FLZ	ITZ	VOR	AMB	
C43 ^a		0.01	0.125	0.06	0.03	0.5	D116E, K128T, Y132H, D278N, G464S
C369	25 November 1998	0.25	32	1	2	0.25	D116E, K128T, Y132H, D278N, G464S
C378	29 December 1998	0.25	32	1	2	0.25	D116E, K128T, Y132H, D278N, G464S
C371	28 January 1999	0.25	>64	1	4	0.25	D116E, K128T, Y132H, D278N, G464S
C372	8 April 1999	0.25	>64	1	2	0.25	D116E, K128T, Y132H, D278N, G464S
C373	24 January 2000	2	>64	16	4	0.25	D116E, K128T, Y132H, D278N, G464S, P230L ^a
C376	24 April 2000	2	32	16	2	0.25	D116E, K128T, Y132H, D278N, G464S, P230L
C375	10 May 2000	2	48	16	2	0.25	D116E, K128T, Y132H, D278N, G464S, P230L



Multi-azole resistant *A. fumigatus*

Site (no.) Sample ID.	EUCAST MIC (μ g/ml)			<i>Cyp51A</i>
	ITC	VRC	POS	
Rigshospitalet (27) RH-13	0	4	0.5-1	TR-L98H
Tivoli Gardens (23) T-11	0	4	0.5-1	TR-L98H
T-18	0	4	0.5-1	TR-L98H
T-22	>8	2-4	0.25-0.5	TR-L98H
Control isolate CM-237	0.25	0.5	0.06	Wild type

Mortensen, AAC, 2010
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Origin of Azole resistance: In > Ex vivo

Date	ITC	AMB	cyp51A alteration	2A	2B	2C	3A	3B	3C	4A	4B	4C
CF Patient 4												
17.07.2007	1	0.5	Not found	18	23	16	35	13	18	15	9	10
05.12.2007	0.5	0.5	Not found	18	23	16	35	13	18	15	9	10
09.07.2009	>4	0.5	M220I + V101F	18	23	16	35	13	18	15	9	10
16.07.2009	>4	0.25	M220I + V101F	18	23	16	35	13	18	15	12	10
21.07.2009	>4	0.5	M220I + V101F	18	23	16	35	13	18	15	12 & 9	10
10.08.2009	>4	0.25	M220I + V101F	18	23	16	35	13	18	15	9	10
07.09.2009	>4	1	M220I + V101F	18	23	16	35	13	18	15	12	10
23.10.2009	>4	0.5	M220I + V101F	18	23	16	35	13	18	15	12	10
24.11.2009	>4	1	M220I + V101F	18	23	16	35	13	18	15	9	10
26.11.2009	0.5	1	Not found	18	23	16	35	13	18	15	9	10
14.12.2009	>4	0.5	M220I + V101F	18	23	16	35	13	18	15	9	10
CF Patient 5												
01.08.2007	>4	0.5	TR+L98H+S297T+F495I	14	20	8	40	9	11	8	10	20
16.11.2007	>4	0.5	TR+L98H+S297T+F495I	14	20	8	40	9	11	8	10	20
20.11.2007	>4	0.5	TR+L98H+S297T+F495I	14	20	8	40	9	11	8	10	20
06.12.2007	>4	0.5	TR+L98H+S297T+F495I	14	20	8	40	9	11	8	10	20
12.05.2009	>4	0.5	TR+L98H+S297T+F495I	14	20	8	40	9	11	8	10	20
28.07.2009	0.25	0.5	Not found	23	24	15	34	12	19	13	9	5
31.08.2009	>4	1	TR+L98H+S297T+F495I	14	20	8	40	9	11	8	10	20
13.11.2009	0.25	0.5	Not found	13	20	9	34	9	10	10	10	19
24.11.2009	>4	0.5	TR+L98H	23	10	9	10	10	6	8	10	20

Mortensen JCM E-pub 2011

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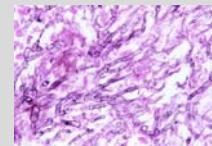
Diagnostik af svampeinfektioner

■ Mikrobiologi

- Prøvetagning
- Analyser
- Resistensbestemmelse

■ Histopatologi

- CT
- MR



■ Billeddiagnostik:

- Sinusitis
- Invasiv infektion
- Underliggende malignitet



Kaminski
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Diagnostik af svampeinfektioner

■ Prøvetagning

- Spritserviet
- Skarske
- Skalpel
- Pincet
- Kulpodepind
- Objektlglas
- Biopsi



Kilde: Kevin Kavanagh, MD, www.entusa.com

■ Forsendelse

- Stuarts transport medium
- ellers: Kølet, obs. udtrøring

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Analyser: Blanket 11

ØVRIGE SVAMPEINFETIONER

Øvrige svampeinfektioner: Dyrkning

063 *Candida* og *Aspergillus*: Dyrkning og resistensbestemmelse (svampemidler til vaginits, otitis og hudinfektioner)

052 Gær- og skimmelsvampe (*Candida*, *Cryptococcus* og *Aspergillus*): Påvisning, identifikation og resistensbestemmelse (svampemidler til systemiske infektioner)

051 Gær- og skimmelsvampe (*Candida* og *Aspergillus*): Påvisning og identifikation

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Analyser WEB req

Statens Serum Institut & Klinisk kemi & Normalvisning

WebReo

Laboratorieprægning

Indsendt prøve

REKVISITIONER KLINIK KEMI & NORMALVISNING

Laboratorium: Statens Serum Institut

Praes/Patient: MedCom (123456), MAD
Victor Berggren, R

Indsendt prøve

Præcis: MedCom (123456), MAD
Victor Berggren, 019490-4031 (n)

Ibæder Profil Ny præg

SØG

SVAMPE

LAKSILITE:

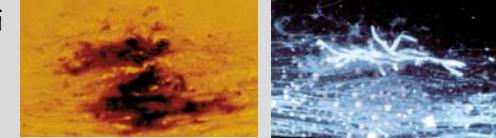
- Aspergillus antistof
- Candida mannan, antigen og antistof
- Dermatophyter i hår, PCR
- Dermatophyter i hud, PCR
- Dermatophyter i negle, PCR
- Gen- og alminnelige
- Gas og mikroorganisme
- Helseprøve, mik & dyr
- Helseprøve, mikroskop
- og kultivering

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Diagnostik af svampeinfektion

■ Mikroskopi

- Pus
- Biopsi
- Skrab
- Ej podepind



■ Dyrkning

- incl ID



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Betydning af svampeidentifikation

Gær vs. Skimmel ej tilstrækkeligt

Species Identifikation → information om

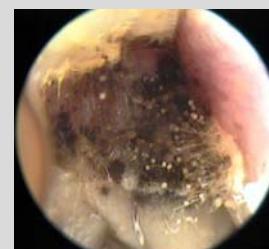
- > forurening × klinisk betydning
- > ± naturlig resistens
- > relaps eller ny infektion

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Behandling af svampeinfektioner

■ Antimykotikum

- species ID
- resistensforhold
- topikal / systemisk
- (clotrimazol, miconazol, tolnaftat og nystatin uden ototox i dyr)



Kilde: Kevin Kavanagh, MD, www.entusa.com

■ Kirurgi etc.?

- Oprensing af böhuler
- Fjern debris & nekrose

Vennewald Clinics in Dermatology 2010

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Konklusion

- Mange svampearter
- Mange sygdomsbilleder
- Primær svampebehandling afhængig af art
 - *C. glabrata* og *C. krusei* har medført nedsat følsomhed overfor azolerne.
 - *A. terreus* og *A. flavus* har medført nedsat følsomhed for amphotericin B.
- Erhvervet Azol Resistens
 - Hos tidlige behandlede patienter
 - *Aspergillus*: også hos azol naive patienter (azol pesticid)

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Thank you for your attention