



Une infection à candida chez une patiente dénutrie ?

Jean-Christophe Farkas
Bruno Lafon

Polyclinique Saint André
Groupe Courlancy
Reims

Mme R – 78 ans

- Hypothyroïdie (Levothyrox)
- Cholécystectomie, cure de cystocèle,
2004 colectomie gauche pour sigmoïdite

Plusieurs épisodes sub-occlusifs

16 nov 07 : Hospitalisée – traitement médical

J6 Laparotomie : viscérolyse (cefazoline)
une résection-anatomose, deux sutures

J12 Cathéter sous-clavier gauche

J13 Hémoc *B. fragilis* : drainage sous scanner
d'une collection pariéto-colique droite

J14 Fistule du grêle (Rocephine Gentalline Flagyl)

...fièvre...

J26 2 hémocultures C glabrata Triflucan S

J27 2 hémocultures C glabrata

J28 drainage sous scanner d'une collection pariéto-colique droite (Triflucan)

J31 ECBU 10*6 Leucos 10*6 C glabrata
Hémoc C glabrata

J32 Ablation du cathéter SCG : 10*3 C glabrata
Pose de cathéter sous-clavier droit

J33 Scanner AP : pas de collection

J34 Détresse respiratoire aiguë : Transfert

J0

40°

Intubée ventilée 80% (P/F 96)

Noradrénaline 0.3

Poids 73 Kgs (64)

Fistule appareillée

Biologie : Leucos 9300, Hb 7.7, Plaquettes 300

PCT > 10, TP 63, Créatinine 57 umol, BH normal

RP : SDRA

ETT : FEVG 70%, PAPS 40 mmHg

ETO : pas de signe d'endocardite droite ou gauche

ED veineux : pas de TVP sous-clavière ou jugulaire

J0
PDP et PTNP stériles
Cathéter sous-clavier droit stérile (pose de JID)

ECBU stérile

Hémocultures x 2 : C glabrata

5F-Cytosine S

Amphotericine B S

Fluconazone S

Itraconazole S

Voriconazole S

Triflucan 600 mg IV

Nutrition parentérale

Sédation

Ventilation

Noradrénaline 0.3

LightSpeed16
Ex: 34027
HELICE REPERAGE
Se: 2/1
Im: 227/233
Ax: 1233.5

A GRIM Clin. St Andre REIMS
077Y F DR GRAND
Acc: 256
2008 Jan 08
18:49:22

Outcome Réa mai 2010

512 x 512
STANDARD

Mag: 1.0x

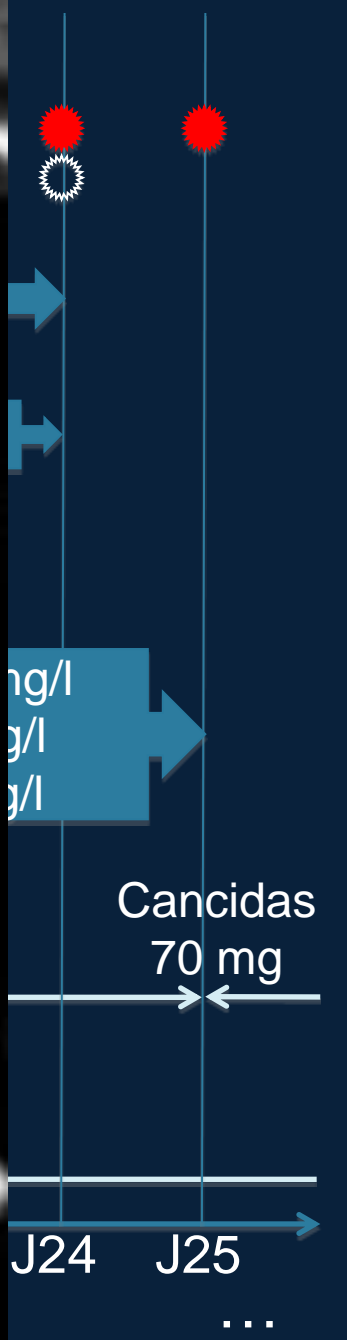
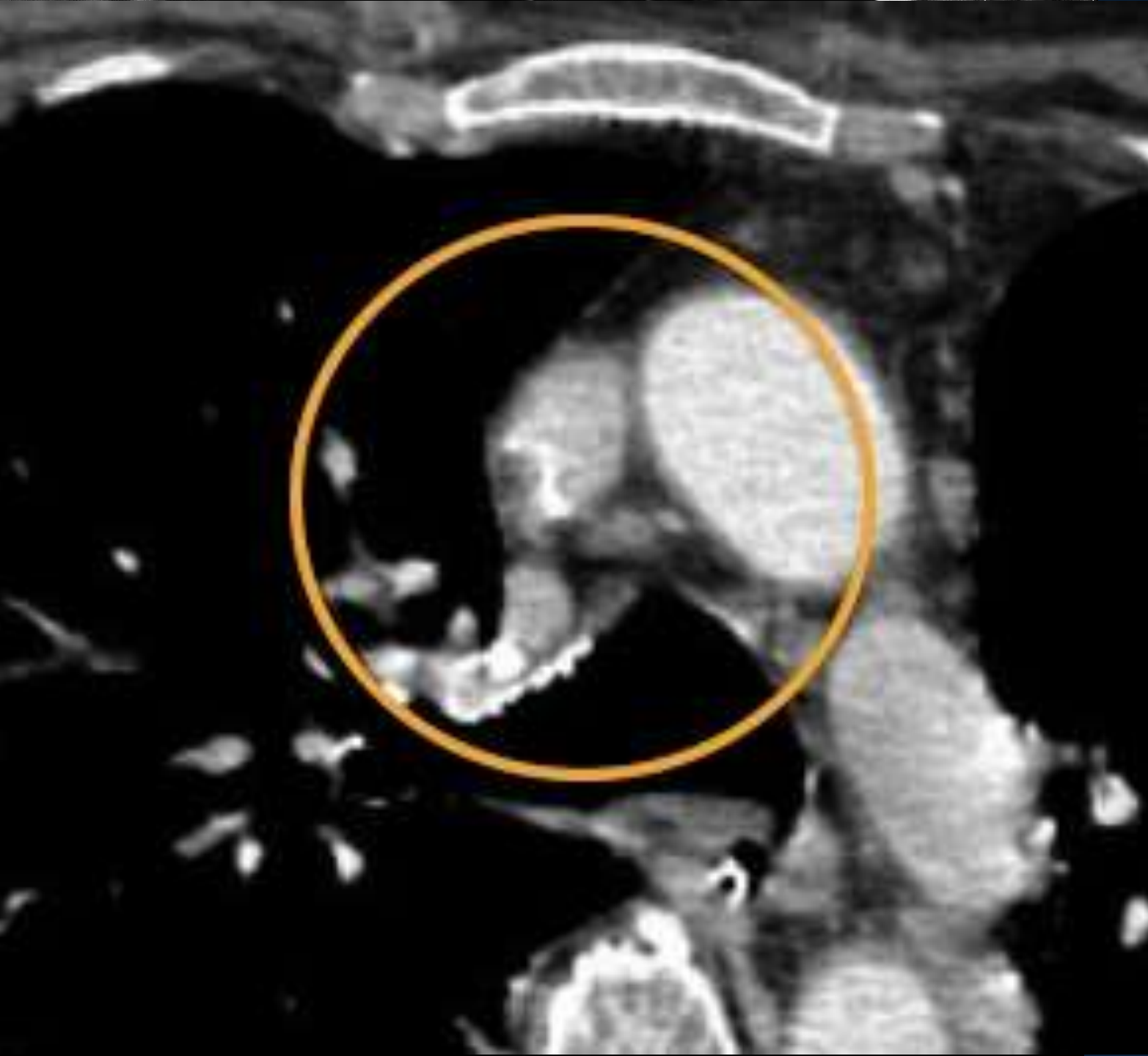
R

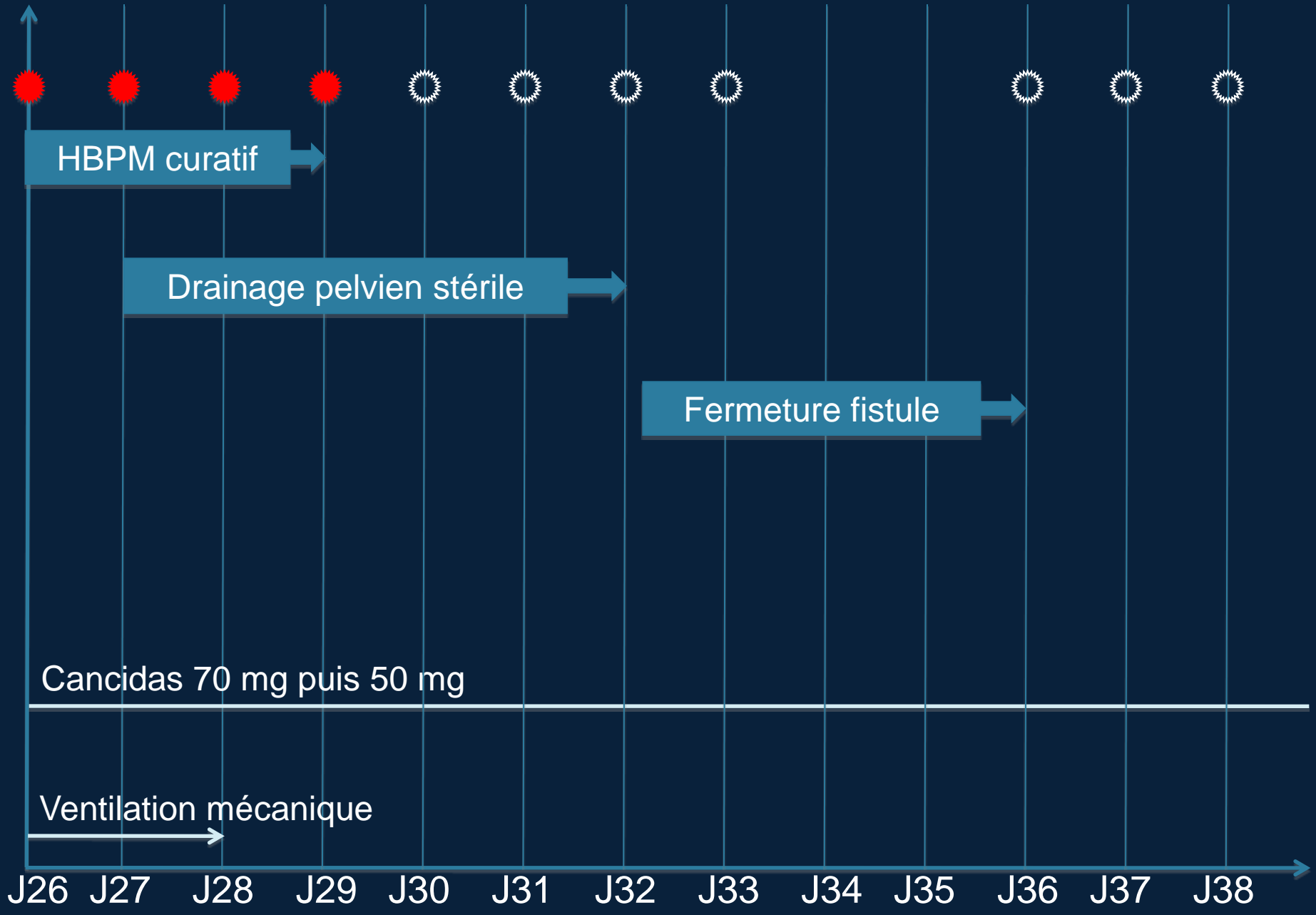


140.0 kV
380.0 mA
5.0 mm/0.04
Tilt: 0.0
1.0 s
W:400 L:40

DFOV: 48.4 x 48.4cm







J48 Relais Cancidas IV – Vfend PO
Relais HBPM - AVK
Sortie J51

J67 Scanner thoracique : lame de thrombus
J68 Arrêt Vfend

E. Garcia
I. Granier
A. Geissler
M.D. Boespflug
P.E. Magnan
J. Durand-Gasselín

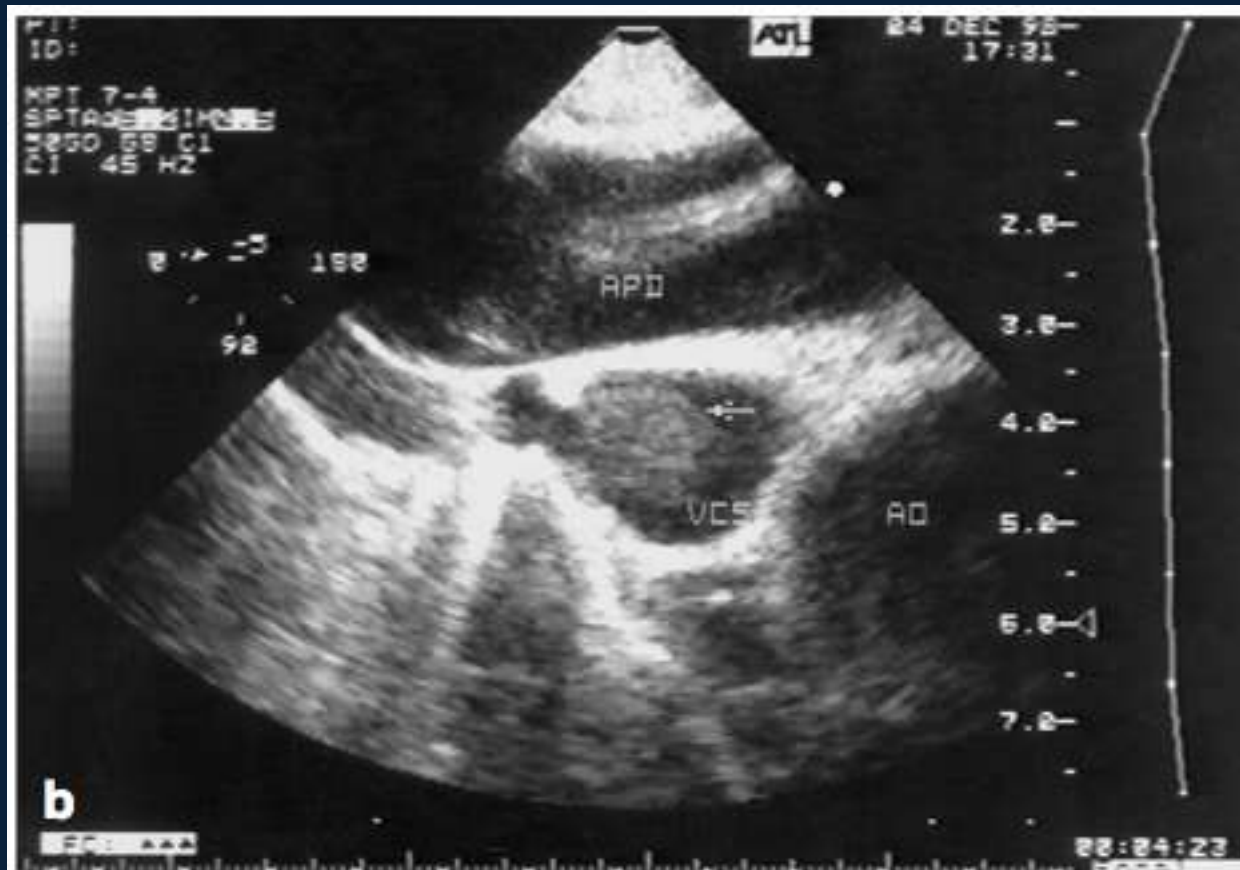
Surgical management of *Candida* suppurative thrombophlebitis of superior vena cava after central venous catheterization

Intensive Care Med (1999) 25: 1331–1332
© Springer-Verlag 1999

B. Bouffandeau
K. Jabrani
F. Trojette
B. de Cagny
A. Fournier
M. Slama

Usefulness of transesophageal echocardiography to detect *Staphylococcus aureus* infected superior vena cava thrombosis

Accepted: 20 August 1999



Central Vein Catheter-Related Thrombosis in Intensive Care Patients*

Incidence, Risks Factors, and Relationship With Catheter-Related Sepsis

Jean-François Timsit, MD; Jean-Christophe Farkas, MD; Jean-Marc Boyer, MD; Jean-Baptiste Martin, MD; Benoît Misset, MD; Bertrand Renaud, MD; and Jean Carlet, MD

Table 2—Relationship Between Thrombosis and Infection

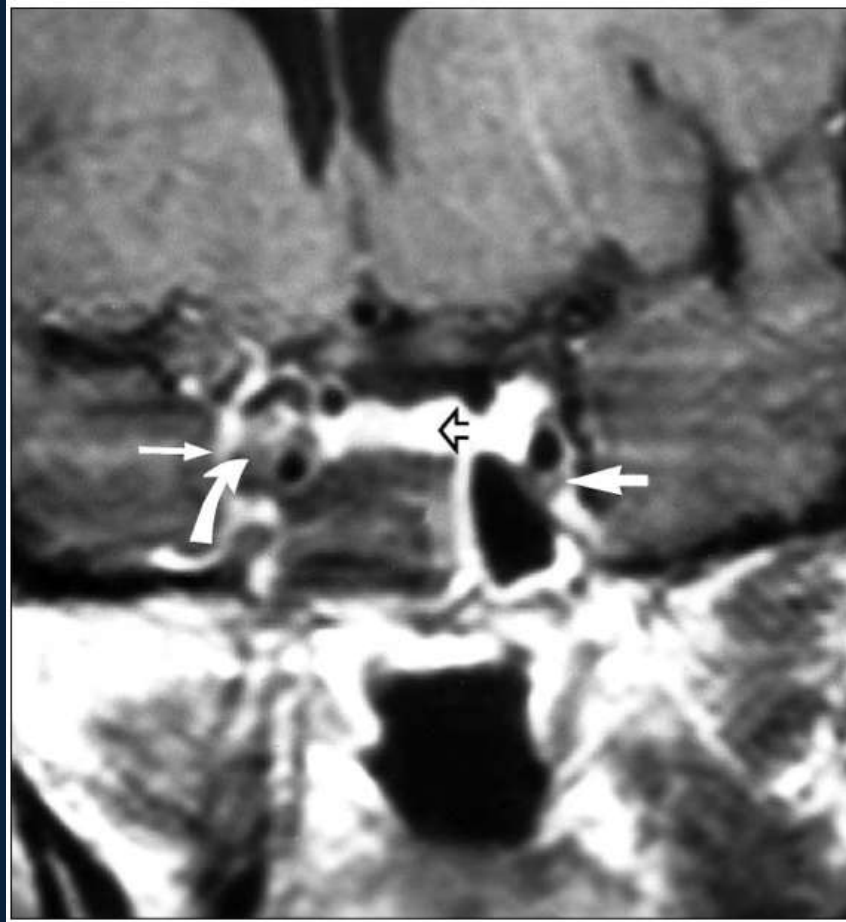
Event, No. (%)	Thrombosis, (n=69)	No Thrombosis (n=139)	Likelihood Ratio* (p Value)
Significant catheter colonization	22 (32)	27 (19.4)	1.64 (0.046)
CRS	13 (19)	10 (7)	2.62 (0.011)
Catheter-related septicemia	8 (11.6)	5 (3.6)	3.22 (0.025)

REVIEW ARTICLE

Septic Thrombosis of the Cavernous Sinuses

John R. Ebright, MD; Mitchell T. Pace, MD; Asher F. Niazi, MD

ARCH INTERN MED/VOL 161, DEC 10/24, 2001



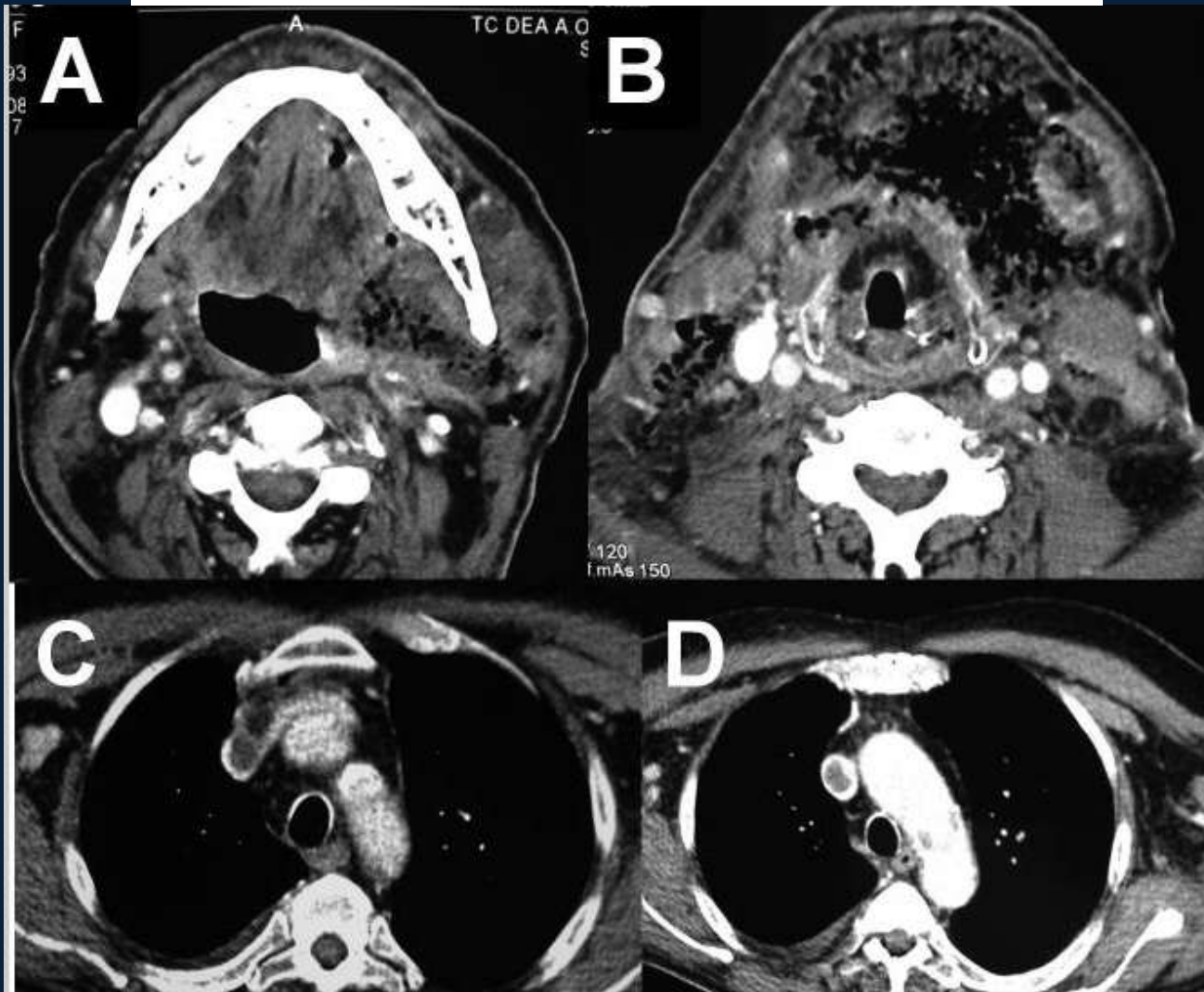
CASE REPORT

Necrotizing fasciitis of the neck associated with Lemierre syndrome

Fascite necrotizzante del collo associata a sindrome di Lemierre

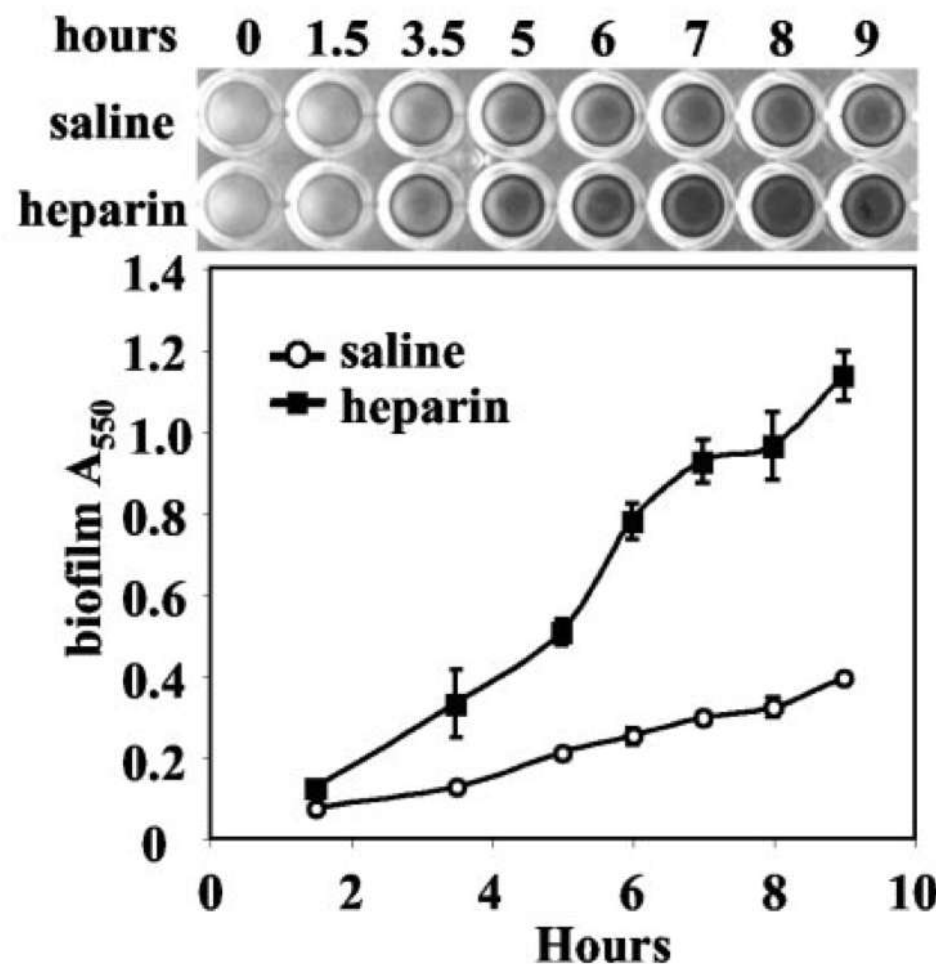
A. DEGANELLO, O. GALLO, G. GITTI, E. DE CAMPORA

Otolaryngology and Head and Neck Surgery Department, University of Florence, Italy



Heparin Stimulates *Staphylococcus aureus* Biofilm Formation

Robert M. Q. Shanks,¹ Niles P. Donegan,¹ Martha L. Graber,² Sarah E. Buckingham,¹
 Michael E. Zegans,^{1,3} Ambrose L. Cheung,¹ and George A. O'Toole^{1*}



Biofilm Production by Isolates of *Candida* Species Recovered from Nonneutropenic Patients: Comparison of Bloodstream Isolates with Isolates from Other Sources

Jong Hee Shin,^{1*} Seung Jung Kee,¹ Myung Geun Shin,² Soo Hyun Kim,¹ Dong Hyeon Shin,³
 Sang Ku Lee,¹ Soon Pal Suh,¹ and Dong Wook Ryang¹

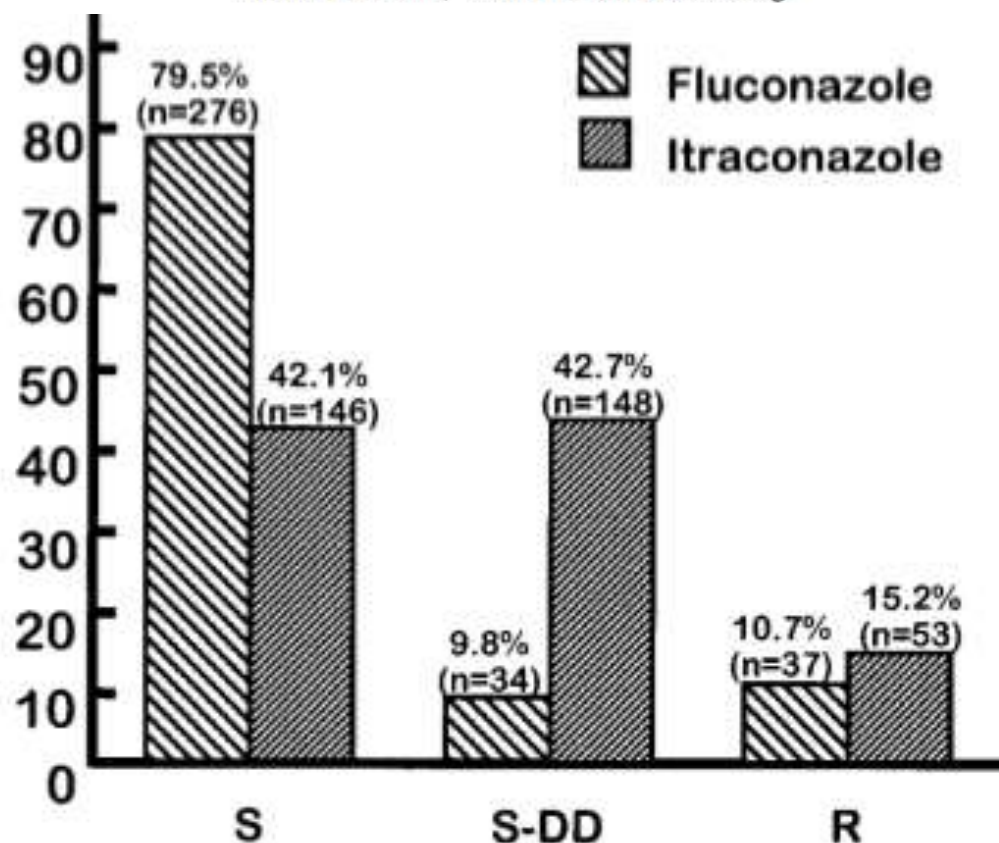
Departments of Clinical Pathology¹ and Internal Medicine,³ Chonnam National University Medical School, and
 Department of Clinical Pathology, Seonam University, College of Medicine,² Gwangju, Korea

TABLE 1. Comparison of biofilm production by *Candida* species isolates obtained from the bloodstream and from other sites in nonneutropenic patients

<i>Candida</i> species	No. biofilm positive/total no. (%)		
	Total	Bloodstream	Other sites
<i>C. albicans</i>	11/146 (8)	2/30 (7)	9/116 (8)
All non- <i>C. albicans</i> species	130/214 (61)	56/71 (79) ^a	74/143 (52)
<i>C. tropicalis</i>	49/61 (80)	16/18 (89)	33/43 (77)
<i>C. parapsilosis</i>	38/52 (73)	30/35 (86) ^b	8/17 (47)
<i>C. glabrata</i>	17/61 (28)	2/8 (25)	15/53 (28)
Other <i>Candida</i> species	26/40 (65)	8/10 (80)	18/30 (60)
Total	141/360 (39)	58/101 (57) ^a	83/259 (32)

Prospective, Multicenter Surveillance Study of *Candida glabrata*:
 Fluconazole and Itraconazole Susceptibility Profiles in Bloodstream,
 Invasive, and Colonizing Strains and Differences between Isolates
 from Three Urban Teaching Hospitals in New York City
 (*Candida* Susceptibility Trends Study, 1998 to 1999)

Amar Safdar,^{1,2*} Vishnu Chaturvedi,³ Brian S. Koll,⁴ Davise H. Larone,⁵
 David S. Perlin,⁶ and Donald Armstrong^{1,2}



In Vitro
Inc

Rapid
it

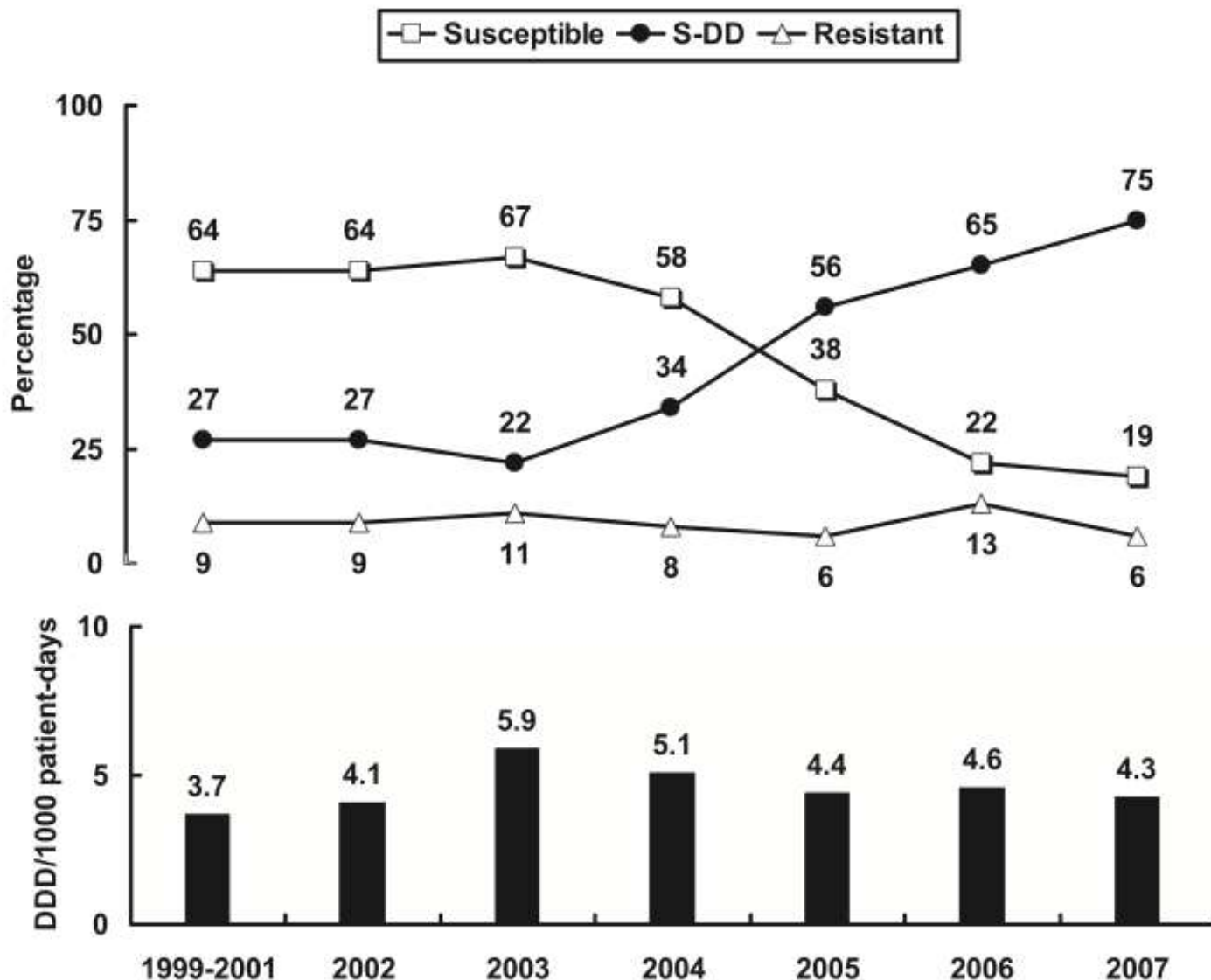


FIG. 1. Intravenous and oral fluconazole consumption (black bars) and trends of susceptibility to fluconazole (broken lines) among 204 *Candida glabrata* isolates recovered from the blood of patients with candidemia over a 9-year period.

RMM ?

- Recherche « désespérée » d'un abcès abdominal
- Absence de lésions spécifiques
- Absence de signes supérieurs par ETO
- Absence d'étude précoce de CIVL



cave