INFECTIOUS DISEASES - II

FUNGAL INFECTIONS IN CHILDREN – REVIEW AND PRACTICE

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Abstract: Fungal infections are not uncommon in children and a high index of suspicion is required to make an early diagnosis particularly of an underlying primary immune deficiency disorder. In children undergoing chemotherapy and hematopoietic stem cell transplantation, fungal infections pose a huge challenge and adequate prophylaxis and prompt therapy prevents morbidity and mortality. Fungal infections can be classified as probable, possible and proven infections. With the advent of newer antifungal agents, knowledge of medications used in young children and their side effects are of utmost importance. Early diagnosis and effective management result in optimal outcomes.

Keywords: Fungal infections, Antifungal agents, Immunocompromised

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Points to Remember

• Fungal infections are more common in an immunocompromised host.

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- Systemic antibiotics, mucositis and prolonged steroid use predispose to candida sepsis.
- Invasive aspergillus infection can be diagnosed with a combination of serum markers namely beta D glucan, serum galactomannan and high-resolution computed tomography chest.
- Antifungal agents like azoles, echinocandins and amphotericin are safe to use in newborn and children with frequent monitoring for side effects.
- Early removal of central venous line is essential for prevention of candida infection.

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