



## Fungal Urosepsis in a susceptible preterm baby presenting with acute renal failure

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### **Abstract:**

The case study begins with a 41 days female infant who was presented with h/o refused feeds, fever, convulsions, hypotension, decreased urine output, admitted outside for same complaints for three days then referred. Birth history: PT, 32 weeks, RDS, LBW, received surfactant and CPAP ventilation for six days. Child was drowsy with generalized abdominal distension and no urine output in past 24 hours. RFTs were grossly deranged with high BUN, creatinine and potassium. Blood and urine cultures were sent. USG Abdo pelvis identified Gross B/L Hydronephrosis with both ureters not visualized, bladder collapsed, ascites with debris in pelvicalyceal regions. Suspecting fungal urosepsis, started on Inj-fluconazole and piptaz, transfused with

PRBC, FFP and prepared for peritoneal dialysis, intubated and PD was started. Percutaneous nephrostomy tubes were inserted bilaterally under USG guidance, urine samples from tubes also sent for culture and irrigation of fluconazole through PCN was started along with Inj-Fungisome therapy. PD was stopped after four days as hemodynamics and RFT improved. Urine cultures grew *Candida albicans*, sensitive to fluconazole. Extubated and weaned off respiratory support, started on feeds as tolerated, fluids tapered. Urine culture after two weeks showed *E. coli* growth (>1,00,000 CFU), Inj-tigecycline and colistin added as per sensitivity. Gradually, due to decreasing output from PCNs and repeat USG showing clearing of fungal pus pockets from PC systems, PCNs were clamped and removed. Repeat urine culture showed no growth. Baby was given Inj-fluconazole for 42 days, Inj-colistin and Inj-tigecycline for 14 days, on full feeds with adequate per urethral urine output, hemodynamically stable, with normal RFT, latest urine cultures showing no growth, good weight gain on follow up.

### **Biography:**

Nikhil Kulkarni has completed his MBBS from KLE University, Belgaum and Post-graduate studies from KIMS University, Karad. Currently, he is the DNB Resident at Jupiter Hospital, Thane.