

# **CLINICAL OUTCOMES OF DIALYSIS CATHETER-RELATED CANDIDEMIA IN HEMODIALYSIS PATIENTS.**

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Catheter-related Candidemia (CRC) is an infrequent complication in hemodialysis patients. Our medical center treats CRC by catheter replacement (removal with delayed placement of a new catheter OR guide-wire exchange), as well as 2 wks of anti-fungal therapy. We retrospectively queried a prospective, computerized vascular access database to identify 40 pts with a first episode of CRC diagnosed during an 8-year period. The patients were divided into 2 groups: pts with guide-wire exchange of the catheter (Group 1) and those with removal of the catheter and delayed replacement (Group 2). The 2 treatment groups were similar in age, sex, race, diabetes, and vascular disease. Major complications of CRC occurred in 1 patient (2.5%), who developed endophthalmitis. CRC recurrence within 90 days and patient survival were similar in both groups (Table).

	Group 1: Catheter exchanged	Group 2: Catheter removed	P value
N pts	27	13	
Diabetes	14 (52%)	7 (54%)	0.91
CRC complications	0 (0%)	1 (8%)	0.15
CRC recur. within 90 d	4 (15%)	2 (15%)	0.96
Alive @ 6 mo	19 (70%)	11 (85%)	0.33

In conclusion, CRC has a low complication rate of 2.5%. Catheter exchange over a guide-wire, in conjunction with anti-fungal therapy, achieves a high cure rate, while avoiding the need for the use of a temporary HD catheter.