DISCUSSIONE INTERATTIVA…E NON DIMENTICHIAMO I FUNGHI

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Invasive fungal infections are an important cause of morbidity and mortality in hematopoietic stem cell transplant and solid organ transplant recipients.
Recent advances in techniques and transplant modalities along with more complex immunosuppressive strategies and broad spectrum antifungal prophylaxis have led to a deep impact on the epidemiology of the fungal infections observed in the transplant population.
The incidence of fungal infections is correlated with the different organs transplanted, nevertheless the interaction of multiple factors are involved, among these the immune status of the host and the environmental condition surrounding the patient who has undergone the transplant are extremely important.
With regard to the fungal infections involved in the early period after transplantation pneumocystosis and opportunistic mycosis should be taken into account. Candida spp. e Aspergillus spp. are the first pathogens responsible for invasive fungal infections, even though higher rate of infections caused by less common species are on the trend. Among these, deserves a special mention the emerging yeast C. auris, the diffusion of which could be underestimated due to this species misidentification, nonetheless its spread is alarming because of the multidrug resistance harbored by this yeast. Among non-Aspergillus molds, zygomycetes are the most frequently isolated, with higher incidence observed in the last years probably caused by use of antifungal prophylaxis and immunosuppressive therapy.
An accurate and timely microbiological diagnosis is extremely crucial to quickly guide clinicians toward the appropriate treatment, in order to reduce the mortality rate in transplanted patients.