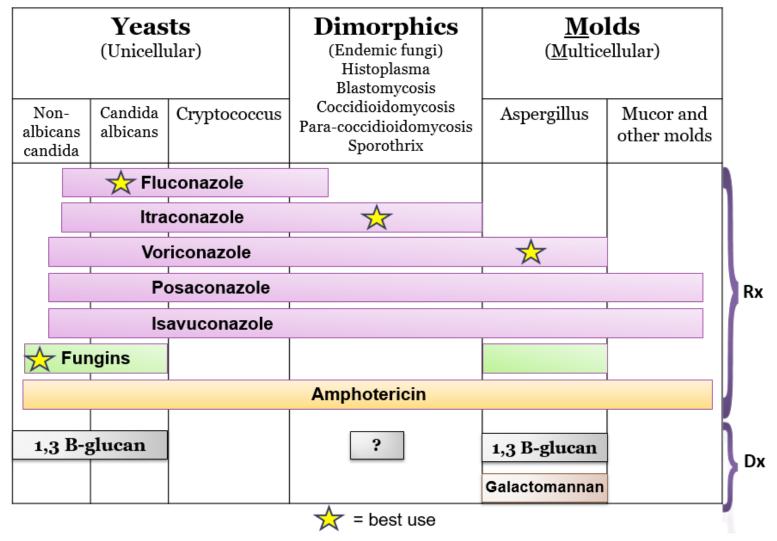
Simplified Guide to Diagnosis and Treatment of Invasive Fungal Infections in Immunocompromised Patients



Notes on 1,3 Beta-Glucan:

- 1. Pneumocystis Carinii(PCP) is a yeast that is not depicted on this chart that will cause an elevated 1,3 beta glucan level
- 2. Cryptococcus and Mucor species do not express 1,3 beta glucan
- 3. False positive beta glucan elevations can occur with IVIG, albumin, and beta lactamase inhibitors
- *Amphotericin is effective against almost all invasive fungal infections with the following rare exceptions (don't memorize)
- -Yeast: Candida lusitaniae (susceptible to -fungins),
- -Dimorphic: Chromoblastomycosis (susceptible to itraconazole)
- -Molds:
 - -A. terreus, an uncommon aspergillus species (susceptible to voriconazole),
 - -Scedosporium (effective therapy unclear)
 - -Some Fusarium species (effective therapy unclear)

Common Clinically Significant Toxicities by Class				Azole to Azole comparisons	
	-Azoles	-Fungins	Amphotericin	Hepatotoxicity	Vori slightly worse than Posa and Isa
Hepatotoxicity	+++	+	+	Visual Effects	Vori worse than others. But usually self-limited
Nephrotoxicity	-	-	++	Qt Prolongation	Vori worse than others. Isa may shorten Qt
Cyp450 interactions	+++	-	-	Pseudohyperaldosteronism	Posa worse than others
Qt prolongation	+ (except isa)	-	-		

Disclaimer: This handout is for teaching purposes only. It is not intended for direct translation into clinical practice. Consult an updated reference before making any treatment decision. The opinions are the author's own and do not reflect the viewpoints of the infectious disease or hematology/oncology divisions of BIDMC.