



INSIGHTS INTO CANDIDA HAEMULONII BLOODSTREAM INFECTION: A CASE SERIES FROM TERTIARY HOSPITAL IN QUEZON CITY, PHILIPPINES

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INTRODUCTION

- Candida haemulonii* is an emerging, multidrug-resistant non-albicans *Candida* species that has been increasingly recognized as a cause of invasive candidiasis, including bloodstream infections (BSI).
- Its intrinsic resistance to commonly used antifungals poses significant therapeutic challenges.

METHODOLOGY

This retrospective review included four patients with confirmed *Candida haemulonii* bloodstream infection at St. Luke's Medical Center-Quezon City, Philippines (January 2024–April 2025), with data extracted on demographics, comorbidities, risk factors, microbiology, treatment, and outcomes.

RESULTS

Table 1. Clinical characteristics, antimicrobial exposures, and antifungal management of four patients with *Candida haemulonii* bloodstream infection at St. Luke's Medical Center-Quezon City, Philippines (January 2024–April 2025).

Px	A/S	Recent Hospitalization / Procedures	Initial Presentation	Recent Antibiotics	Antifungal Treatment
1	73/M	s/p CABG	Fever and chills	CRO, TZP, AZM, LZD, MEM, LVX, IMP	MFG × 14 days (from negative BCS)
2	62/M	Transferred from another institution	Hypotension	LZD, CIP, TZP, MEM, C-T	AFG × 14 days (from negative BCS)
3	64/M	s/p chemo (FOLFOX) s/p laparoscopic double bypass, endoscopic procedures; With porta cath	Fever	FOX, TZP, VA, MEM	AFG × 14 days (from source control)
4	53/M	S/p ray amputation 3rd–5th digit With right IJ catheter	Fever	CRO, TZP, VA, MEM	AFG + VOR × 14 days (from source control)

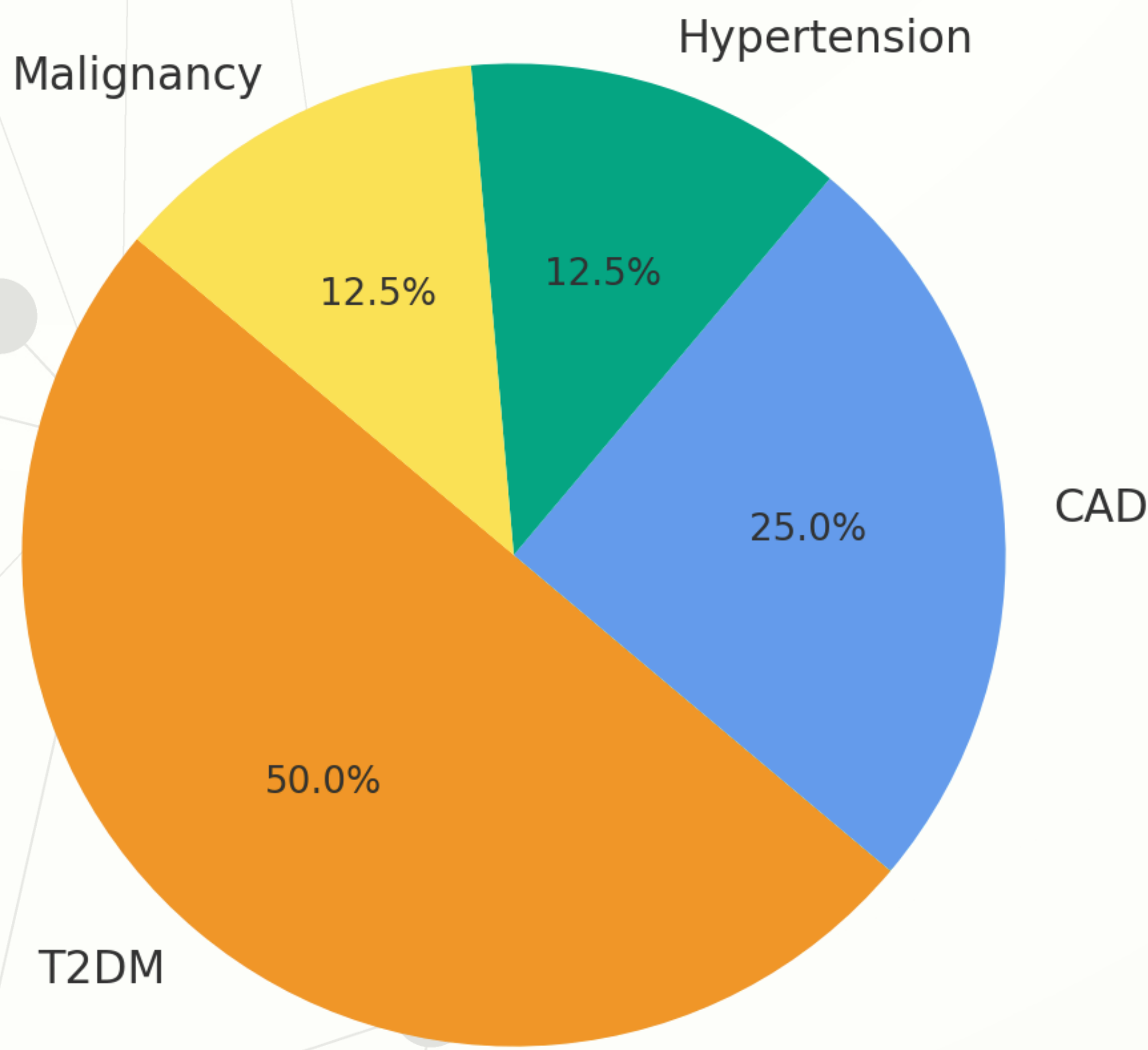


Figure 1. Distribution of comorbidities among patients with *Candida haemulonii* bloodstream infections.

Table 2. Antifungal resistance patterns of *Candida haemulonii* isolates recovered from blood.

Antifungal	MIC (µg/mL)	Interpretation
Amphotericin B (AMB)	>16	Resistant
Voriconazole (VOR)	8	Resistant
Fluconazole (FLC)	>64	Resistant

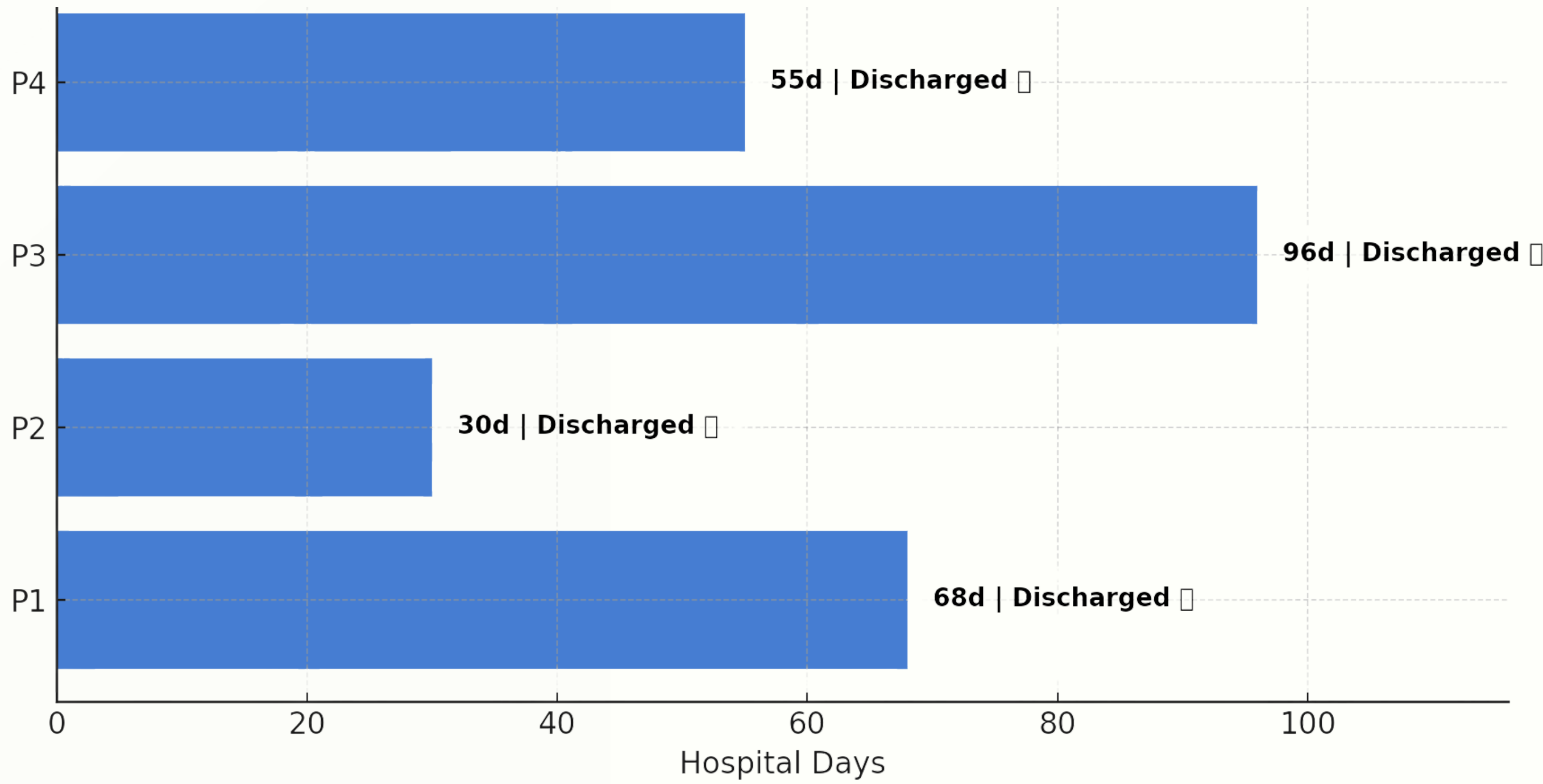


Figure 2. Outcomes and Length of Stay of patients with *Candidae haemulonii* bloodstream infections.

CONCLUSION

C. haemulonii bloodstream infections pose both diagnostic and therapeutic challenges, as many laboratories may fail to recognize the pathogen, and it also demonstrates multidrug resistance to standard antifungals. Timely identification, susceptibility-guided therapy, and antifungal stewardship are essential in managing these challenging infections.