

Short communication

RESISTANCE AND FREQUENCY CANDIDA INFECTION IN ICU

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Increasing the role of *Candida* fungi in the pathogenesis of a variety of inflammatory diseases leading to the need for constant search for differential diagnostic media, which, with maximum precision and minimum cost, will determine the types of fungi of the genus *Candida* and prescribe adequate antifungal therapy. In recent decades have seen a significant increase in fungal diseases. This is due to many factors and in particular, with the wide application in medical practice broad-spectrum antibiotics, immunosuppressants, and other groups of drugs. The growing number of invasive treatments and examinations with long stay different foreign bodies in the blood stream has meant that over the past two decades, fungi *Candida* from a fairly rare pathogens it has become one of the major opportunistic microorganisms causing nosocomial infections.

The aim of the work to determine the frequency of fungi *Candida*, sown from bio materials ICU patients and the effectiveness of prevention.

Over the last 5 years from pathological material allocated more than 50 strains of various species of fungi of the genus *Candida*. Isolated on medium Saburo and identified by Bi. G. G. Y. Agar and HiCrome Differential Agar (HiMedia, India). The sensitivity to antifungal drugs: amphotericin B, nystatin, azoles was determined conventional disk diffusion method (the production of discs HiMedia, India).

Antimicrobial activity of biotech drugs, topical "FarGALS" against multiresistant hospital strains were determined by the agar diffusion. The results obtained, is to measure the diameters of the zones of inhibition of growth of test cultures around the wells. When zones up to 10 mm inclusive culture considered to be stable in zones 11-14 mm - moderately resistant, with zones of 15 mm and above - sensitive. On pharmaceutical properties of drug belongs to antiseptic and healing wounds. "FarGALS" has a broad spectrum of antimicrobial action (active against gram-positive and gram-negative, aerobic and anaerobic, asporogenous and spore-forming bacteria, etc., fungi *Candida*, and *Helicobacter pylori*).

Fungi of the genus *Candida* sown 10-42% of the cases studied 5 years. Isolation of cultures Fungi of the genus *Candida* in association with gram-positive flora was 16.0 %; with gram-negative 24.0% as a monoculture in 60%.

Cultures of fungi often sown from tracheal (61.1%), drainage tubes (20.3%), blood samples for sterility (13.3%), content of the pleural cavity (2.4%), sputum (53%), throat - 10.6%, and more (2.9%).

The most common types are *C. Albicans* (31,8%) and *C. Globrata* (22,3%), as well as detecting *C. Albicans* var. *stellatoidea*, *C. krusei* (at 11,4%), *C. tropicalis* and *C. famata* (at 8.6%).

Types of sown fungi were directly dependent on the material, sputum, throat and trachea discharge 90.0% of isolated strains *Candida albicans*, whereas patients with abdominal drains and discharge of abdomen 75.0% - *Candida glabrata*.

All selected strains of *C. Albicans* were resistant to ketoconazole, itraconazole, fluconazole, voriconazole. All 100% sensitive to amphotericin B and nystatin, 40.0% for clotrimazole. *C. Globrata* - all strains are resistant to itraconazole, all susceptible to amphotericin B and nystatin, 50.0% - to clotrimazole, ketoconazole, fluconazole and voriconazole.

Analysis of the antimicrobial activity of the drug "FarGALS" against all tested crops has shown high sensitivity.

Thus, for the last 5 years, from the material ICU patients and intensive care growth allocation fungi p. *Candida* increased 4.2 times. Highly resistant strains allocated to commonly used antifungal needs improvement schemes and forms of application of existing and search for new antifungal drugs.

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