

Received date : 17-Jul-2013
Revised date : 07-Oct-2013
Accepted Date : 07-Oct-2013
Article Type : Invited Review

Management and Diagnostic Guidelines for Fungal Diseases in Infectious Diseases and Clinical Microbiology, critical appraisal.

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Abstract:

Invasive fungal infections (IFI) are life-threatening conditions that require rapid diagnostic and optimal management to mitigate their high morbidity and mortality rate. They are also associated with a high economic burden owing to the prolonged hospitalisation, need of intensive supportive care, and consumption of costly new antifungal therapy. To address these issues several international organisations proposed guidelines on the management of IFI. The consistency and reliability of these guidelines have rarely been assessed. This paper is a review from the differences between the recommendations of the Infectious Diseases Society of America (IDSA), the European

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/1469-0691.12426

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Conference on Infection in Leukaemia (ECIL) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) and will focus on targeted treatment and diagnostic procedures.

Introduction

In the last decades invasive fungal infections have emerged as an important cause of life threatening infection, especially in the context of immunosuppression but also frequently noted in non-neutropenic patients, mainly in those requiring treatment in an intensive care unit (ICU). Despite the growing body of evidence and knowledge in this field the diagnosis and management of these complex infections remains challenging. International guidelines based on evidence medicine criteria that have been published in the past decade and guidelines from three groups (incl. 2 scientific societies) will be the focus of this paper: the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) (1) (2) (3) (4) (5) (6) (7), the Infectious Diseases Society of America (IDSA) (8) (9) and the European Conference on Infection in Leukaemia (ECIL) (10) (11). The present review aims to find and analyse the discrepancies in the methodology and conclusions of these different guidelines on invasive candidiasis, aspergillosis, and mucormycosis. We will basically focus on diagnostic procedures and treatment recommendations and excluding topics on combination therapies and prophylaxis. Children and neonates were also considered in guidelines provided by ESCMID and IDSA (in part summarized in Table 4), and not ECIL, but review would expand the limitation of words provided for this manuscript. Therefore the scope of this comparison was voluntarily restricted and is not an exhaustive assessment of each recommendation through the three guidelines.

Methods

The development of guidelines should be a standardized process. Insofar the methodology used by the three groups to develop these recommendations is somewhat identical. Nevertheless there are some differences in term of objectives and scope and in editorial choices. In particular it is important to note that the ECIL group restrained its recommendations to the group of patients with

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