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Letter to the Editor

The second confirmed case of *Candida auris* from Saudi Arabia

Dear Editor,

In recent years, *Candida auris* have been reported from several countries causing a range of infections and out-breaks in health-care facilities [1]. *C. auris* is the first fungal pathogen categorized as a public health threat due to its ability to readily colonize the skin, spread rapidly among patients, and cause severe disease. The most frequently reported site is the bloodstream [2] and now accounts for nearly 20% of Candida bloodstream isolates, surpassing that of *C. albicans*, which is typically the most common species [3]. Pursuits to uncover the traits of patients with invasive *C. auris* disease have revealed a common theme. These patients have often undergone multiple medical interventions, including surgical procedures, mechanical ventilation, vascular catheterization, and gastrostomy tube placement [4]. The first report of *C. auris* infections from Saudi Arabia appeared in 2018 from Dammam and Riyadh with confirmed identification by Matrix assisted laser desorption time-of-flight mass spectrometry (MALDI-TOF MS) [5]. Up to date our case will be the second MALDI-TOF MS confirmed *C. auris* from Saudi Arabia.

Sixty eight years old diabetic man was admitted to Al Noor Specialist Hospital, Holy Makkah, Saudi Arabia, due to severe head injury after accidental fall down with diffuse cerebral and cerebellar damage, he was bed bound on hospital stay more than one year, initially he was in the ICU then shifted to the surgical ward on tracheostomy. During the hospital stay the patient developed deep venous thrombosis, and multiple hospital acquired infections as urinary tract infection, then hospital acquired pneumonia, and infected bed sore, patient receive proper management and antibiotics based on culture and sensitivity. Lately; the patient developed high grade fever and increase in WBC, and he was on femoral line, with no other peripheral lines. The infectious disease team advised to remove the femoral line which was done, the femoral line catheter tip and two peripheral blood samples were sent for culture. The catheter tip and two blood cultures grew *C. auris* with 99% identification probability on the Vitek2 system (BioMerieux, France), the isolates were sent to the clinical and molecular microbiology laboratories, King Abdulaziz University Hospital, where it were confirmed using MALDI-TOF MS (Bruker Inc., MA, USA) with 99.9 confirmation value. MALDI-TOF MS has been used to correctly identify *C. auris* isolates initially misidentified as other Candida species by different systems and was found to be equally effective as a molecular genotypic tool for typing *C. auris* isolates [6]. The strain was resistant to fluconazole and amphotericin B with minimum inhibitory concentrations (MIC > 32 μg/ml) and (MIC > 2 μg/ml) respectively, according to CLSI guidelines [7]. Caspofungin was started and the femoral line was removed and inserted into different side, after a few days the patient condition severely deteriorated and died.

In conclusion, this is the second report of MALDI-TOF confirmed *C. auris* infection from Saudi Arabia, which reflects the influence of accurate identification and confirmation of all Candida isolates.

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Competing interests

None declared.

Ethical approval

Not required.

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