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Original Research Paper

Microbiology

CHARACTERIZATION OF CANDIDA SPECIES IN ORAL THRUSH IN HIV SEROPOSITIVE PATIENT

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ABSTRACT BACKGROUND AND OBJECTIVE: Globally 37.9 million people are infected with AIDS, India alone has 2.31 million patients with HIV infection. The virus targets the immune system and with waning immune system opportunistic infection appears. Oral candidiasis is the most common opportunistic fungal infection. In HIV infection the isolation of non albicans from oral candidiasis is on a rise. Hence it is not sufficient to identify Candida albicans alone and is a must to identify other non-albicans species. Hence the present study was undertaken to identify the isolates and correlate them to CD4+lymphocyte count.

METHODS: The present study was conducted in the Department of Microbiology, SKMCH, Muzaffarpur over a period of 6 month from January 2019–June 2019. The study included 100 HIV seropositive cases with oral candidiasis. Sampling done with cotton tipped wooden swab, KOH mount and Gram stain done for demonstration of yeast like cells. Isolation done on SDA, BA. Isolates were further processed by germ tube test, grown on CMA, confirmation by fermentation and assimilation test done. CD4+T cell count done. Then later statistical analysis was done.

RESULTS: Samples from 100 patients yielded 113 isolates, specificity of Gram's stain and KOH mount was 76% and 64%, respectively. SDA yielded 100% growth, Germtube was positive in all C. albicans and C. dubliniensis cases. C. albicans was the most common species isolated (28.31%), followed by C. tropicalis (26.66%), C. guillermondii (17.69%), C. dubliniensis (10.61%), C. krusei (7.07%), C. parapsilosis (6.19%), C. kefyr (3.53%), least isolated species C. glabrata (0.88%). Mean CD4+ T lymphocyte count was 125.28 – 78.45 cells/uL of blood.12 patients had multiple isolates with C. tropicalis as the most common of the 10 combinations. Multiple species were isolated in patients with CD4+ cells < 150 cells/ (p < 0.05). Present study showed 68.75% of C. albicans and 83.94% of non albicans as isolates from patients with CD4+ T lymphocyte count < 200 cells/uL of blood. Oral candidiasis affects the patient compliance to ART and nutritional intake.

INTERPRETATION AND CONCLUSION: There is an increase in occurrence of non-Candida albicans species in oral candidiasis and hence it is a must to speciate all isolates. Occurrence of certain species may be a marker for decreasing CD4+ cell count.

KEYWORDS : Oral Candidiasis, Speciation Of Candida, Hiv Seropositive, cd4+ T Lymphocyte.

REFERENCES

- Park K. Park's Textbook of preventive and social medicine. 25th ed. Jabalpur, 1. India: Bhanot Publishers, 2019. pp. 285-97. AIDSINFO.UNAIDS.ORG - Report on the global AIDS epidemic UNAIDS
- 2. publisher submitted on 4 dec 2019.
- Cook GC, Zumla A. Manson tropical diseases of medicine. 21st ed. Chapter 3. 20. In: HIV/AIDs with an emphasis on Africa, Gilks CF, eds. British council: ELST with Saunders; 2003, pp. 401-22.
- Fitzpatrick T, Eisen AZ, Wolff K, Freedberg IM, Austen KF. Fitzpatrick's 4. Dermatology in general medicine. 9th ed. Chapter 206. In: Oral candidiasis, Klenk AS, Martin AG, Heffernan MP, eds. USA: Mc-Graw-Hill; 1993, pp. 2019 dddddd
- Rautemaa R, Rusanen P, Richardson M, Meunnan JH. Optimal sampling site 5. for mucosal candidiasis in oral cancer patients is the labial sulcus. Journal of Medical Microbiology 2006; 55:1447-51
- Anaissie, McGinnis, Pfaller. Clinical mycology. 1st ed. Chapter 8. In: Candida, Dignani MC, Solomkn JS, Elias J Annaissie, eds. Philadelphia: Churchill 6. Livingstone Publication ; 2003, pp.
- Singh K, Khan S. Candida species associated with candidiasis in 7. immunocompromised patients. Indian Journal of Microbiology 1999; 39: 155-
- Sweet SP, Cookson S, Challacombe SJ. Candida albicans isolates from HIV 8. infected and AIDS patients exhibit enhanced adherence to epithelial cells. J Med Microbiol 1995; 43: 452-7. 383-86.
- 9 Koneman's Color Atlas and textbook of diagnostic microbiology. 6th ed. Philadelphia: Lippincott Williams and Wilkins Publications; 2006, pp. 1216-
- 10. Jagadish chander. Text book of Medical mycology. 2nd ed. New Delhi: Mehta Offset Pvt Ltd. Naraina II, 2002. pp 212-31. Maria CD, Joseph SS Elias JA. Clinical mycology. 1st ed. Chapter 8. In:
- 11. Candida, Dignani MC, Solomkn JS, Elias J Annaissie, eds. Philadelphia: Churchill Livingstone Publication ; 2003, pp. 195-239.
- 12. Barlow AJE Aldersley. Factors present in serum and seminal plasma which promote germ tube formation and mycelial growth of Candida albicans. Journal of General Microbiology 1974; 82: 261-72.
- Maldarelli F. Diagnosis of HIV infection. 6th ed. Chapter 115. In: Bennett's 13. Principles and Practice of infectious disease, Mandell, Douglas, eds. Pennsylvania: Elsevier Churchill Living stone; 2005, 1: pp.1506-26.
- Ananthanarayan, Paniker. Textbook of microbiology. 9th ed. Hyderbad: 14. Orient Longman Private Ltd; 2009. pp. 582-96.
- Dybeel M, Comors M, Fauci AS. The immunology of HIV infection. 61h ed. 15. Chapter 116. In: Bennett's Principles and practice of infectious disease Mandell, Douglas, eds. Pennsylvania: Elsevier Churchill Livingstone; 2005; I:

1527-45

- http://www.avert.org/aidsindia.htm 16
- 17. Sullivan D, Coleman D. Candida dubliniensis: Characteristics and identification. Journal of Clinical Microbiology 1998; 36(2):329-34.
- 18. Report of HIV surveillance and HIV estimation in India. 2008.
- 19 http://stgl.karnic.in/ksps.
- Lango DL, Anthony S, Fauci S. The human retroviruses. 18th ed. In: Harrison's 20. Internal medicine. USA: McGraw-Hill Publications; 2009; 1:1132-6
- Wilkins EGL. HIV and the human AIDS. 20th ed.: In: Boon NA, Colledge NR, 21. Walker BR, Davidson's Principles and Practice of Medicine, eds. Philadelphia: Churchill Livingstone; 2006, 86-109.