

SIGNIFICANCE OF ISOLATION AND DRUG SUSCEPTIBILITY TESTING OF NON-*CANDIDA ALBICANS* SPECIES CAUSING OROPHARYNGEAL CANDIDIASIS IN HIV PATIENTS

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Abstract. Oropharyngeal candidiasis (OPC) continues to be a common opportunistic infection in patients infected with Human Immunodeficiency Virus (HIV) and is predictive of increasing immunosuppression. Though *Candida albicans* remains the predominant isolate, a rise in the frequency of isolation of non-*albicans Candida* (NAC) species is being observed. The levels of virulence and the sensitivities to available antifungal drugs vary among these species. Of 340 HIV seropositive patients in this study, 132 (38.8%) had oral lesions suggestive of candidiasis. Samples were collected from the lesion using sterile cotton swabs. Isolation and speciation were done by standard techniques. Antifungal drug susceptibility testing was done by macro broth dilution. The total number of *Candida* isolates was 135, of which, 45 (33.3%) were NAC species and 90 were *C. albicans* (66.6%). Of the NAC species, *C. dubliniensis* was the predominant pathogen (22,48.9%). Antifungal susceptibility testing showed that 14 (31.1%) of the NAC species and 11 (12.2%) of *C. albicans* were resistant to fluconazole (MIC > 8 µg/ml). A very high MIC of >32 µg/ml was noted among the NAC species resistant to fluconazole.

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