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**INVASIVE FUNGAL INFECTIONS IN FEBRILE NEUTROPENIA**

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The increasing number of reports in cancer patients that describe unusual or new fungal pathogens in severe systemic infections may be due, in part, to new treatment regimens but also to increased recognition of clinical disease by physicians and unusual organisms by microbiologists. Identification of these pathogens requires specialized expertise but diagnosis may often be too late to permit effective therapeutic intervention. An unfortunate limitation of current antifungal agents is their limited efficacy in the heavily immunosuppressed, even when the drugs show good activity in vitro. Infections with *Candida* spp. and non-*Candida* spp. yeasts and molds are often disseminated and are frequently fatal in patients with severe immunosuppression. Therapeutic outcomes could be improved with more precise and rapid diagnostic procedures, standardized treatments for each pathogen and improved therapeutic agents. Liposomal amphotericin B formulations, new azole antifungals, more aggressive surgery and haemopoietic growth factors may improve the poor outcome that currently occurs with many of those infections.