

Infection of pancreatic pseudocyst in *Candida albicans* associated with *Acinetobacter baumannii*

Proceeding

Infections of acute pancreatitis are still frequent and serious complications can be bacterial or fungal origin. We report a case of infection of a pancreatic pseudocyst *Candida albicans* associated with *Acinetobacter baumannii*. 65 year old patient, admitted to the service of medical intensive care unit for management of acute pancreatitis. The examinations were performed and confirmed the presence of a gastric retro collection. Puncture pseudocyst was made for bacteriological examination which allowed the identification of *Acinetobacter baumannii* associated with *Candida albicans*. Infection of pancreatic pseudocyst by *Candida albicans* associated with *Acinetobacter baumannii* remains very rare, remains a sign of poor prognosis and should be considered in the therapeutic treatment.

Introduction

Acute pancreatitis infections are frequent complications (5 to 10% of acute pancreatitis¹ and 40 to 70% of acute necrotizing pancreatitis² and still serious (48% of deaths).³ These are mainly bacterial or mycotic infections with digestive origin. The association remains very rare. We report the case of infection of a *Candida albicans* pancreatic pseudocyst associated with a non-fermenting Gram-negative bacillus *Acinetobacter baumannii*.

Observation

Patient aged 65 years, chronic hemodialysis since 2012 having undergone aortic valve replacement in 2006 who has complicated arrhythmia, admitted to the service of medical resuscitation for the management of acute pancreatitis necrotico-haemorrhagic (stage E) The clinical examination found the patient in an altered general condition with diffuse abdominal tenderness. Abdominal ultrasonography showed at the level of the pancreatic box the presence of a liquid formation with heterogeneous contour with liquid-liquid level. The computed tomography (CT) performed confirmed the presence of a retro-gastric collection of 14x7cm, hence the indication of a cystogastrostomy under echo-endoscopy. A pseudocyst puncture was made, purulent in appearance, direct examination after Gram staining showed Gram-negative bacilli and an abundance of budding yeasts. The culture and the biochemical identification made it possible to highlight *Acinetobacter baumannii* associated with *Candida albicans*. The patient was put on antifungal (Fluconazole) and antibiotic-based (Colistine) with a good improvement.

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Conclusion

The infection of the pancreatic pseudocyst by *Candida albicans* associated with *Acinetobacter baumannii* remains very rare, and is a sign of a poor prognosis that should be taken into consideration during therapeutic treatment.

Acknowledgement

None.

Conflict of interest

The author's dealer there is no any conflict of interest.

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