

JOINT EVENT

9th International Conference on **Emerging Infectious Diseases**

&

6th World Congress on**Control and Prevention of HIV/AIDS, STDs & STIs**

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Severe recurrent *Vulvovaginal candidiasis* caused by mixed candida species**Mohammad Effat**

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It is not infrequent for every woman during her different stages of life to catch a vulvovaginal candidiasis (VVC) and has to visit a gynecologist suffering from pelvic pain accompanied by itching, creamy white vaginal discharges, burning sensation, dyspareunia (if married) and redness and swelling of external genitalia. A 37 years old married woman used to intake a lot of antibacterial agents for her refractory periodontitis, has been frequently suffering from the above mentioned symptoms for three years. She received many types of commercially available antifungal agents without any improvement. She delivered two higher vaginal swabs for performing culture and sensitivity. Direct microscopic examination of the wet sample revealed yeast and filamentous forms of *Candida*. Gram staining showed violet round to oval colonies with budding. Direct cultivation on Sabouraud dextrose agar (SDA) revealed very small pale white colonies. CHROMagar plates streaked with the grown colonies from SDA showed two different colored colonies (green; G and rose; R). Germ tube test for G and R colonies was separately done and germ tube formation appeared only with G colonies. Rice extract agar test performed for G and R colonies separately revealed chlamydo spores (terminal) formation only with G colonies. API 20 C AUX used for G and R colonies separately, showed *Candida albicans* (99.3%) and *Candida krusei* (85.8%) respectively. Upon carrying out *in vitro* antifungal susceptibility test, *Candida krusei* colonies were sensitive to nystatin and fluconazole however, *Candida albicans* colonies were sensitive to nystatin but resistant to fluconazole. This case of mixed infection of VVC was very difficult to be treated with the commercially available fluconazole alone and there is no available systemic nystatin.

Recent Publications:

1. S A Selim, Sohier M Syame, Eman A Ebessy, M M Effat, A S Hakim and M A Balata (2016) Evaluation of protective efficacy of mixed *PLD* toxoid and clostridial vaccines against caseous lymphadenitis (CLA) in small ruminants at Egypt. *International Journal of Microbiological Research* 7(3):102-113.
2. Eman A Khairy, Riham H Hedia, Sohad M Dorgham and M Effat (2013) Comparative studies on antimicrobial activities (AMA) of different types of honey using bacteria from animal origin. *International Journal of Microbiological Research* 4(1):50-55.
3. Heidy AboEL-Yazeed, Mohammad Effat, Khaled Abdullah, Majdy Bakry, Randa Alarousy and Eng Farahat (2013) Application of molecular techniques for rapid diagnosis of dermatophytes infection in horses. *Global Veterinaria* 10(3):310-317.
4. Ibrahim Eldesouky, Nayel Mohammad, Doaa Khalaf, Akram Salama, Ahmed Elseify, Rabee Ombarak, Salah El-Balal, Mohamed Effat and Mona E L Shabrawy (2016) *Candida* mastitis in dairy cattle with molecular detection of *Candida albicans*. *Kafkas Universitesi Veteriner Fakultesi* 22(3):461-464.

Biography

Mohammad Effat is a Professor of Microbiology and Immunology in The National Research Centre, Dokki, Cairo, Egypt. He was elected as a Chairperson of the department for the last three years. He has granted American pre-doctoral scholarship in 1990 working in Levine Laboratory, Cornell University on Basic Immunology techniques. He has got Doctoral Scholarship in Utrecht University by which he has finished his doctoral laboratory work on cloning and expression of *PLD* gene from *Corynebacterium pseudotuberculosis*. In 1999, he was awarded a Postdoctoral Fellowship for working on *Candida* among AIDS patients in CDC, Atlanta, GA. In 2003, he got Postdoctoral Fellowship in Free Berlin University for working on molecular interaction of enteric pathogens with intestinal mucosa. In 2009, he was chosen as a Visiting Professor of Microbiology and Immunology in Zimbabwe University.

Notes:

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