

Letter to Editor

Candidiasis in COVID-19 Patients

Mohammad Mahdi Rabiei¹, Alireza Zali², Sara Rahmati Roodsari², Zahra Arab-Mazar³, Ensieh Lotfali^{4*}

¹Student Research Committee, School of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

²Functional Neurosurgery Research Center, Shohada Tajrish Comprehensive Neurosurgical Center of Excellence, Shahid Beheshti University of Medical Sciences, Tehran, Iran

³Department of Medical Parasitology and Mycology, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran

⁴Department of Medical Parasitology and Mycology, School of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Received: 18 February, 2021; Accepted: 15 April, 2021

***Corresponding Author:** Dr. Ensieh Lotfali, Department of Medical Parasitology and Mycology, School of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran. Email: ensiehlutfali@yahoo.com, ORCID: 0000-0001-6709-1320

Please cite this article as: Rabiei MM, Zali A, Rahmati Roodsari S, Arab-Mazar Z, Lotfali E. Candidiasis in COVID-19 patients. *Novel Biomed.* 2021;9(2):101-3.

Dear Editor-in-Chief

Based on previous studies, some comorbidities influence the morbidity and mortality of COVID-19 disease¹. Among these factors, opportunistic fungal infections could have a major impact on the mortality of COVID-19 patients². Two reasons are assumed to play important roles in compromising the immune system⁸ of patients during the early stages of COVID-19 disease. The first one is a significant decrease of different cell components, essentially macrophages, neutrophils, and lymphocytes. The second one is the downregulation of tight junction proteins and the integrity and barrier function of the epithelium of many body organs, such as lung, intestine, and brain impairs³. The immune response varies based on the anatomical site of infection and the fungal species. However, defects in cell-mediated immunity and breakdown of mucosa or integument are the main etiology of fungal infections⁴. In addition, severe COVID-19 patients have a higher risk of other infections due to invasive ventilation as well as usage of immunosuppressive medications and especially antibiotics².

Fungal infection of the central nervous system (CNS) is rare; however, it is associated with a poorer prognosis and a higher morbidity rate, compared to

other infections of CNS⁵. The severity of CNS fungal infections mainly depends on the host immune status and virulence of the fungal strain. These infections have become remarkably common during recent years, especially in immunocompromised hosts⁶. The common route of fungal infection is through inhalation of aerosolized fungi which causes infection in the lungs. Generally, in immunocompromised patients, infection through this route spreads to other organs and results in hematogenous dissemination that could affect CNS^{5,6}. In immunocompromised patients, the common agents causing CNS fungal infections are species from *Candida*, *Aspergillus*, and *Cryptococcus* genera⁶. During the COVID-19 pandemic, the incidence of fungal infections has increased significantly. It is noteworthy that the most common agents responsible for these fungal infections are from *Aspergillus* and *Candida* genera⁷. *Candida* species are the most isolated fungi responsible for invasive infection of extrapulmonary sites in COVID-19 patients^{2,7,8}. Due to the haematological dissemination of *Candida* species, they commonly form abscesses in different areas of the brain. Consequently, meningoencephalitis occurs in the early stages, and by the progress of the infection, the late stages result in cerebral infarction and major complications⁵.

Table 1: Studies that reported extrapulmonary candidiasis in COVID-19 patients.

Study	Country	Site of infection	Mortality	Common species
Salehi <i>et al.</i> ²	Iran	Oropharyngeal candidiasis	NM	<i>C. albicans</i>
Agrifoglio <i>et al.</i> ⁹	Spain	Disseminated candidiasis	40%	<i>C. albicans</i>
Seitz <i>et al.</i> ¹⁰	Germany	Disseminated candidiasis	0% *	<i>C. glabrata</i>
Cataldo <i>et al.</i> ¹¹	Italy	Disseminated candidiasis	NM	<i>C. parapsilosis</i>
Hughes <i>et al.</i> ¹²	United Kingdom	Disseminated candidiasis	NM	<i>C. albicans</i>
Pemán <i>et al.</i> ¹³	Spain	Disseminated candidiasis	11%	<i>C. albicans</i>
Antinori <i>et al.</i> ¹⁴	Italy	Disseminated candidiasis	NM	<i>C. parapsilosis</i> <i>C. tropicalis</i>
		Endocarditis		<i>C. albicans</i>
		Endophthalmitis		<i>C. albicans</i>
Rawson <i>et al.</i> ¹⁵	United Kingdom	Disseminated candidiasis	NM	<i>C. albicans</i>

NM: not mentioned

*: case report study

As mentioned above, in addition to the direct effects of COVID-19 on the immune system, different medical procedures could predispose COVID-19 patients to opportunistic fungal infections in different sites, such as CNS⁶. Due to different clinical manifestations of COVID-19, fungal co-infections were not identified in many cases. Moreover, due to inadequate sampling and empirical therapy for these infections, the clinicians face many challenges during the treatment of COVID-19 and fungal co-infections^{7,16}. Overall, the fungal infections of CNS are rare; however, they are one of the major concerns due to the higher chance of occurrence in such vulnerable patients. Therefore, an early diagnosis and usage of proper medical procedures are essential for the prevention of the dissemination of fungal

infections and the reduction of their high mortality rates.

Keywords: COVID-19, Candidiasis, CNS fungal infections

References

1. Rod J, Oviedo-Trespalcacios O, Cortes-Ramirez J. A brief-review of the risk factors for covid-19 severity. *Revista de saude publica.* 2020;54:60.
2. Salehi M, Ahmadikia K, Badali H, Khodavaisy S. Opportunistic fungal infections in the epidemic area of COVID-19: a clinical and diagnostic perspective from Iran. *Mycopathologia.* 2020;185(4):607-11.
3. Tian W, Zhang N, Jin R, Feng Y, Wang S, Gao S, et al. Immune suppression in the early stage of COVID-19 disease. *Nature communications.* 2020;11(1):1-8. doi: 10.1038/s41467-020-19706-9
4. Shoham S, Levitz SM. The immune response to fungal infections. *British journal of haematology.* 2005;129(5):569-82.

5. Sharma RR. Fungal infections of the nervous system: current perspective and controversies in management. *International Journal of Surgery*. 2010;8(8):591-601. doi: 10.1016/j.ijssu.2010.07.293
6. Góralska K, Blaszkowska J, Dzikowiec M. Neuroinfections caused by fungi. *Infection*. 2018;46(4):443-59.
7. Silva LN, de Mello TP, de Souza Ramos L, Branquinho MH, Roudbary M, Dos Santos ALS. Fungal Infections in COVID-19-Positive Patients: A Lack of Optimal Treatment Options. *Current topics in medicinal chemistry*. 2020;20(22):1951-7.
8. Nori P, Cowman K, Chen V, Bartash R, Szymczak W, Madaline T, et al. Bacterial and fungal coinfections in COVID-19 patients hospitalized during the New York City pandemic surge. *Infection Control & Hospital Epidemiology*. 2021;42(1):84-8.
9. Agrifoglio A, Cachafeiro L, Figueira JC, Añón JM, de Lorenzo AG. COVID-19 and fungal co-infections: we must keep them in mind. *Journal de Mycologie Medicale*. 2020.
10. Seitz T, Hoepfer W, Weseslindtner L, Aberle J, Aberle S, Puchhammer-Stoeckl E, et al. Successful management of the first reported case in Austria of COVID-19 with ARDS. *Infection*. 2020;48(4):647-51.
11. Cataldo MA, Tetaj N, Selleri M, Marchioni L, Capone A, Caraffa E, et al. Incidence of bacterial and fungal bloodstream infections in COVID-19 patients in intensive care: An alarming “collateral effect”. *Journal of Global Antimicrobial Resistance*. 2020.
12. Hughes S, Troise O, Donaldson H, Mughal N, Moore LS. Bacterial and fungal coinfection among hospitalized patients with COVID-19: a retrospective cohort study in a UK secondary-care setting. *Clinical Microbiology and Infection*. 2020;26(10):1395-9.
13. Pemán J, Ruiz-Gaitán A, García-Vidal C, Salavert M, Ramírez P, Puchades F, et al. Fungal co-infection in COVID-19 patients: Should we be concerned? *Revista iberoamericana de micología*. 2020;37(2):41-6.
14. Antinori S, Bonazzetti C, Gubertini G, Capetti A, Pagani C, Morena V, et al. Tocilizumab for cytokine storm syndrome in COVID-19 pneumonia: an increased risk for candidemia? *Autoimmunity reviews*. 2020;19(7):102564. doi: 10.1016/j.autrev.2020.102564
15. Rawson TM, Wilson RC, Holmes A. Understanding the role of bacterial and fungal infection in COVID-19. *Clinical Microbiology and Infection*. 2020.
16. Roodsari SR, Arab-Mazar Z. What is the Role of the Anti-Parasitic Drugs in the Treatment of Coronavirus Disease 2019?. *Journal of Biomolecular Structure and Dynamics*. 2020;1:14.