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Candida glabrata spondylodiscitis: A case report

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Abstract

Introduction: Spondylodiscitis is an infection in the intervertebral disc space and adjacent end plates. It can be attributed to bacteria, mycobacteria or fungi. As the number of immunosuppressed patients continues to grow, the incidence of developing fungal infections has become more frequent.

Methodology: We report the case of a 53-year-old immunocompetent female patient with a fungal spondylodiscitis infection caused by *Candida glabrata* diagnosed by open surgical biopsy, one-month posturosepsis.

Results: Our patient with *Candida glabrata* was disease free in 6 months after being treated through surgical fusion at the level of C4-C5 and the use of intravenous micafungin followed by oral voriconazole for a total of 6 months.

Discussion: Fungal spondylodiscitis, especially due to *Candida glabrata*, remains a rare condition, usually suspected in immunocompromised and elderly patients. Without appropriate diagnosis and tailored surgical and medical treatment, the infection can be progressive and yield to deleterious complications such as vertebral destruction. Surgical debridement of the disc alongside fusion and antifungal therapy for a minimum of 3 months are highly recommended.

Key words: spondylodiscitis; *Candida glabrata*; immunocompetent.

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