Reply to “Why Should We Monitor (1-3)-β-D-Glucan Levels during Invasive Candidiasis? Just Ask Your Ophthalmologist!”

Siraya Jaijakul, Luis Ostrosky-Zeichner
Division of Infectious Diseases, University of Texas Health Science Center at Houston, Houston, Texas, USA

The incidence of ocular involvement in patients with candidemia, especially endophthalmitis, is relatively low. Patients who have a longer duration of candidemia have higher risk of developing ocular candidiasis (1). The current Infectious Diseases Society of America clinical practice guidelines (2) recommend that patients with candidemia should have at least one dilated retinal examination during the course of therapy. In their letter, De Pascale et al. (3) emphasize the importance of this evaluation before considering the endpoint of antifungal therapy and remind us of the potentially poor penetration of echinocandins into ocular spaces. More interestingly, De Pascale et al. postulate that sustained elevation of (1-3)-β-D-glucan (BG) may be useful as a surrogate marker of residual fungal burden in a patient with candidemia. Their observation, although limited by a small number of patients, supports our previous data (4) showing that BG levels tended to increase in patients exhibiting failure to antifungal therapy, which could be due to metastatic hidden foci. We find that their proposal is provocative and therefore worthy of further systematic study.

ACKNOWLEDGMENTS

S.J. declares no conflict of interest. L.O.-Z. is a consultant and speaker for Merck, Astellas, and Pfizer and has received research grants from Merck, Astellas, Pfizer, and Associates of Cape Cod.

REFERENCES


Address correspondence to Siraya Jaijakul, siraya.jaijakul@uth.tmc.edu.

This is a response to a letter by De Pascale et al. (doi:10.1128/JCM.03090-12).
Copyright © 2013, American Society for Microbiology. All Rights Reserved.
doi:10.1128/JCM.03258-12