



**HAL**  
open science

## **FastFung: A novel medium for the culture and isolation of fastidious fungal species from clinical samples**

Fadi Bittar, Frédérique Gouriet, Saber Khelaifia, Didier Raoult, Stéphane Ranque

### ► To cite this version:

Fadi Bittar, Frédérique Gouriet, Saber Khelaifia, Didier Raoult, Stéphane Ranque. FastFung: A novel medium for the culture and isolation of fastidious fungal species from clinical samples. *Journal of Microbiological Methods*, 2021, 180, pp.106108. 10.1016/j.mimet.2020.106108 . hal-03215420

**HAL Id: hal-03215420**

**<https://amu.hal.science/hal-03215420>**

Submitted on 15 Dec 2022

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial 4.0 International License

1 **FastFung: a novel medium for the culture and isolation of fastidious fungal species from**  
2 **clinical samples**

3  
4 Fadi Bittar<sup>1,3</sup>, Frédérique Gouriet<sup>1,3</sup>, Saber Khelaifia<sup>1,3</sup>, Didier Raoult<sup>1,3</sup> and Stéphane Ranque<sup>2,3</sup>

5  
6 <sup>1</sup>Aix Marseille Univ, IRD, APHM, MEPHI, Marseille, France.

7 <sup>2</sup>Aix Marseille Univ, IRD, APHM, SSA, VITROME, Marseille, France.

8 <sup>3</sup>IHU Méditerranée Infection, Marseille, France.

9  
10 Corresponding author:

11 Pr Stéphane Ranque  
12 Parasitologie - Mycologie  
13 IHU Méditerranée Infection  
14 19-21 Boulevard Jean Moulin, 13005 Marseille  
15 Tel. +33 413 73 20 01

16

17 **Abstract**

18 We developed a novel culture medium, referred to FastFung medium as suitable for the culture  
19 of clinical fungi, including fastidious ones, for both research and diagnostic studies. It is based  
20 on Schædler agar supplemented with many essential components for the growth of fastidious  
21 fungi. It also contains selective antibacterial agents for the inhibition of contaminant bacteria  
22 growth. In this preliminary study, the FastFung medium was compared to the gold standard  
23 Sabouraud medium for 98 fungal and 20 bacterial strains.

24 The fungal strain positive culture rate was 100% vs. 95% and the bacterial strain inhibition was  
25 100% vs. 20%, for the FastFung and Sabouraud media, respectively. When compared to the  
26 Sabouraud medium on 120 clinical samples, the FastFung medium displayed both a higher  
27 fungal colonies count, and a lower culture contamination rate. Storage at 4°C for 4 weeks did not  
28 alter the FastFung culture medium performances for the six isolates of *Candida*, *Cryptococcus*,  
29 and *Penicillium* tested.

30 These encouraging results suggest future development of using the FastFung medium in clinical  
31 mycology and in mycobiome characterization. Further prospective evaluation aiming at  
32 assessing whether implementing the FastFung medium in the routine workflow simplifies and  
33 strengthen fungal isolation capacities in the clinical laboratory is warranted.

34

35

36

37 **Keywords:** culture media; clinical laboratory techniques; mycology; mycoses; Malassezia;  
38 *Candida*; *Cryptococcus*; mycobiome.

39

40

## 41 INTRODUCTION

42 Fungal species are ubiquitous environmental organisms. They can be found in food, water, soil  
43 and also isolated from humans and animals samples (1). They are often associated with some  
44 human infectious diseases (2;3). Fungal microorganisms of clinical interest are mainly grouped  
45 into three classes: Ascomycota, Basidiomycota and Zygomycota (4). Fungal infections are the  
46 current object of many studies (1;2;5). The predominant clinical species is *Candida albicans* that  
47 is involved in the majority of opportunistic invasive fungal diseases (6). Indeed, recent studies  
48 have pointed out *C. albicans* as a major cause of morbidity and mortality in critical care patients,  
49 as well as its involvement in other oropharyngeal diseases of the mouth, and digestive and  
50 vaginal tract in immunocompromised and antibiotic treated individuals (7). The genera  
51 *Cryptococcus* and *Aspergillus* also include many fungi involved in human infections (2;8). Many  
52 fungal species are opportunistic pathogens; *i.e.* they are commensals when the host is healthy,  
53 and they become pathogenic when the host is immunocompromised and/or critically ill (7).  
54 Thus, the population of immunocompromised patients has the highest risk of opportunistic  
55 fungal infections (2;3;9). Moreover, recent increases in emerging fungal infections call for an  
56 effective culture medium capable of timely isolating fastidious fungi from any biological sample  
57 at the clinical mycology laboratory.

58 While Sabouraud dextrose agar is the most frequently used medium for fungal isolation (10;11),  
59 other media are commonly used for culture of yeasts and filamentous fungi, including Potatoe  
60 Dextrose Agar (12), Czapek (13) and Dixon agar (14). These media are often used in  
61 combination in clinical laboratories. These, and several other culture media, are used as reference  
62 for the isolation or the identification of specific fungal taxa (15). This study aimed at developing  
63 a novel culture medium, which is suitable for the culture of clinical fungi, including fastidious  
64 ones, for both research and diagnostic studies. The FastFung medium is based on Schædler agar  
65 (Sigma-Aldrich) supplemented with many components needed for the growth of fungal species.

66 It also contains selective antibacterial agents for the inhibition of contaminant bacteria. In this  
67 preliminary study, the FastFung medium was evaluated on 98 fungal and 20 bacterial strains.

68

## 69 **MATERIALS AND METHODS**

### 70 **Culture Media**

71 In this study the performance of fungal culture on FastFung and Sabouraud dextrose agar  
72 (Oxoid, Dardilly, France) media were compared. The Sabouraud medium is supplemented with  
73 chloramphenicol and gentamycin. In addition to bacteriological agar, this culture medium  
74 contains glucose and peptone allowing the growth of many fungal species. Sabouraud medium  
75 was considered as the gold-standard fungal medium in this study. The FastFung medium  
76 proposed in this study is composed per liter of 43 g of Schædler Agar (Sigma-Aldrich, Saint-  
77 Quentin Fallavier, France), 20 g of peptone and 10 g of glucose as basic components, with the  
78 addition of 5 g of ox-bile 10 g of malt extract, 2 ml of oleic acid, 5 ml of Tween 60 and 2.5 ml of  
79 glycerol. Each component was autoclaved at 121°C for 30 min; except for Tween 60, glycerol  
80 and oleic acid, which were added after autoclaving. After cooling to 50°C, the FastFung medium  
81 was supplemented with a mixture of three antibiotics at 30 mg/l, including colistin, vancomycin  
82 and imipenem (Sigma Aldrich, St Louis, France). The final product was then dispensed into 90  
83 mm sterile Petri dishes.

### 84 **Bacterial and fungal strains**

85 A collection of 98 fungal strains (Table 1) and 20 bacterial strains (Table 2) that were isolated in  
86 the laboratory by culturomics methods (16;17) were used to assess the FastFung medium. The  
87 identification of each strain was confirmed by the sequence analysis of the partial 16S rRNA  
88 gene for bacteria or the ITS rRNA region for fungi, as previously described (16;18). The fungal

89 strains used included *Candida* spp. (n = 50), *Cryptococcus* spp. (n = 2), *Aspergillus* spp. (n = 7),  
90 *Penicillium* spp. (n = 3), *Malassezia* spp. (n = 2) and 34 other fungal strains (Table 1).  
91 Appropriate negative and positive controls were used in each experiment.

## 92 **Evaluation of FastFung medium and Sabouraud agar on fungal strains**

93 All the strains used in this study have been preserved at - 80°C in sterile tubes with glycerol. The  
94 fungal strains have been cultured onto Sabouraud, Dixon agar or Potatoes Dextrose agar and the  
95 bacterial strains on 5% sheep blood-enriched Colombia agar (BioMérieux, France) to obtain  
96 fresh and pure cultures. Each isolate was suspended in 1 ml of saline (0.85%) at a concentration  
97 of approximately  $1.5 \times 10^5$  CFU/ml for fungi and  $1.5 \times 10^8$  CFU/ml for bacteria (0.5 McFarland  
98 standard) using a densitometer (DEN-1 McFarland Densitometer, BioSan, Riga, Latvia). Serial  
99 five-fold inoculum dilutions were then prepared as follows: 100 µl of each solution was diluted  
100 in 900 µl of water following by four other serial dilutions. A 1 µl aliquot of each dilution was  
101 inoculated onto the culture plate and spread with a sterile inoculation loop. All plates were  
102 incubated at 28°C and 32°C for fungi and 37°C for bacterial strains under aerobic conditions.  
103 The bacterial strains were inoculated in the same way as fungal strains, but no dilution was done.

## 104 **Assessment of the FastFung medium on routine clinical samples**

105 The effectiveness of the FastFung medium was further assessed on 120 clinical samples,  
106 prospectively received at the Timone University Hospital (Marseille, France) microbiology  
107 laboratory for routine analyses for a 6 week period in which a fungus was isolated. These  
108 samples were obtained from various body sites, mostly urine and vagina, as detailed in Table 3.  
109 An aliquot (50 µl) of each clinical sample was inoculated onto the Sabouraud and the FastFung  
110 media in parallel. The plates were incubated under aerobic conditions from 24 to 48 hours at  
111 28°C.

## 112 **FastFung medium stability assessment**

113 Forty FastFung medium plates were prepared and stored at 4°C for 4 weeks. Six fungal strains  
114 including *Candida* spp. (n = 2), *Cryptococcus* spp. (n = 2) and *Penicillium* spp. (n = 2), were  
115 used to test the stability of the culture medium. The same procedures described above were  
116 applied to inoculate fungal strains onto the FastFung medium. Inoculated plates were then  
117 incubated under aerobic conditions at 28°C and examined daily for 7 days.

118

## 119 **RESULTS**

### 120 **FastFung medium assessment on fungal strains**

121 The positive culture rate of the fungal strains after 6 days 98/98 (100%) with the FastFung  
122 medium. Moreover, each inoculum dilution yielded a positive culture with the FastFung  
123 medium. Among each fungal strain assayed on the FastFung medium, growth was visualized in  
124 57/98 (58%) of the cultures after 24 hour of incubation and in 67/98 (68%) after 48 h of  
125 incubation. In contrast, the Sabouraud medium allowed the growth of 93/98 (95%) of the fungal  
126 strains, and in particular, *Candida zeylanoides*, *Cryptococcus diffluens*, *Cryptococcus*  
127 *uniguttulatus*, *Malassezia furfur* and *Torulaspora pretoriensis* did not grow (Table 1). Among  
128 bacterial strains inoculated onto the FastFung medium plates, 20/20 (100%) bacterial strains  
129 were effectively inhibited and did not grew on the FastFung medium (Table 2). In contrast, only  
130 4/20 (20%) of the bacterial strains were inhibited and did not grow on the Sabouraud medium  
131 (Table 2).

132

### 133 **FastFung medium assessment on prospective routine clinical samples**

134 There was no discrepancy between the two media regarding the positive culture rate. All the  
135 tested were culture positive samples grew on both Sabouraud and FastFung culture media (Table

136 3). *Candida albicans*, *Candida tropicalis* and *Candida parapsilosis* were the most frequently  
137 isolated fungal species. *Candida albicans* was the most frequent isolated species, regardless of  
138 the clinical sample type and the culture medium. *Candida albicans* and *Candida tropicalis* were  
139 relatively more frequently isolated from urinary samples. *Candida tropicalis* and *Candida*  
140 *parapsilosis* were relatively more frequently isolated from bronchial aspiration samples. After  
141 only 24 hours of incubation the number of fungal CFU was higher on the FastFung medium than  
142 on the Sabouraud medium (Figure 1). Moreover, several filamentous fungi contaminations  
143 occurred on Sabouraud but not on FastFung medium (data not shown).

144

#### 145 **FastFung medium stability**

146 Neither the quality of growth of the six fungal strains nor the inhibition bacterial strains and  
147 filamentous fungi was altered when the culture medium had been stored at 4°C for 4 weeks (data  
148 not shown).

149

#### 150 **DISCUSSION**

151 Overall the FastFung medium proved more efficient than the Sabouraud medium for the rapid  
152 isolation of fungi and inhibition of bacteria and filamentous fungi contaminants from the clinical  
153 samples tested. Each of the 98 fungal strains tested grew on the FastFung medium, whereas only  
154 67 grew on Sabouraud. A number of fastidious fungi, such as the lipid dependent *Malassezia*  
155 spp. yeast, require the specific culture media for their growth (14;15). The addition of specific  
156 components, such as oleic acid, considerably extended the spectra of culturable fungi as  
157 described previously (20). In addition, and although both two culture media contain  
158 antibacterials, the FastFung medium more efficiently inhibited bacterial growth than the  
159 Sabouraud medium.



160 Studies comparing the efficiency of different fungal culture media are scarce. To our knowledge,  
161 we report the first study that compares a new fungal culture medium with a reference culture  
162 medium commonly used for the isolation and culture of fungal species. One strengths of this  
163 study is the large number of bacterial and fungal strains assessed, which were all identified by  
164 MALDI TOF mass spectrometry and DNA sequence analysis (19).

165 When compared to the Sabouraud medium on routine clinical samples, FastFung medium  
166 displayed a higher fungal colonies count after 48 hours of culture (Figure1) a lower number of  
167 commonly encountered culture contamination (10;21). The FastFung medium proved stable for 4  
168 weeks. Using this versatile culture medium in the clinical laboratory would advantageously  
169 avoid using various fungal culture media for the isolation of fastidious fungi and offers great  
170 opportunities in clinical microbiology and culturomics studies when associated with MALDI  
171 TOF mass spectrometry identification based on comprehensive fungal reference spectra  
172 databases.

173 In conclusion, implementing the FastFung medium in the routine clinical mycology laboratory  
174 workflow would advantageously reduce the time to fungal growth and makes unnecessary the  
175 use of Sabouraud and other complementary culture media for fungal isolation. Further  
176 prospective evaluation of the use of the FastFung medium for fungal isolation in the clinical  
177 laboratory is warranted.

178

179

180

181 **Acknowledgements**

182 This work is dedicated to the memory of Marcel Sy (PhD student died on 15 September 2016);

183 Marcel Sy has made a substantial contribution to this work.

184

185 **Ethical Approval**

186 Not required

187

188 **Funding information**

189 This work was supported by the French Government under the «Investissements d’avenir »

190 (Investments for the Future) program managed by the Agence Nationale de la Recherche (ANR,

191 fr: National Agency for Research), (reference: Méditerranée Infection 10-IAHU-03)

192 This work was supported by Région Provence-Alpes-Côte d’Azur and European funding FEDER

193 (fonds européen de développement régional) PRIMMI ((Plateformes de Recherche et

194 d’Innovation Mutualisées Méditerranée Infection).

195

196 **References**

197

198

(1) Praneenararat S. Fungal infection of the colon. *Clin Exp Gastroenterol* 2014; 7:415-426.

199

200

201

202

(2) . Botnaru V, Rusu D, Haidarlî I, Munteanu O, Corlateanu A. Criptococoză--infecție fungică frecventă a imunocompromisului [Cryptococcosis--a common fungal infection in immunosuppressed patient]. *Pneumologia*. 2014;63(3):156, 159-63. Romanian. PMID: 25420290.

203

204

(3) Rodriguez ZC, Ramos MG. *Acromonium* species associated fungemia: a novel pathogen in the immunosuppressed patient. *Bol Asoc Med P R* 2014; 106(3):29-31.

205

206

(4) Gouba N, Drancourt M. Digestive tract mycobiota: a source of infection. *Med Mal Infect* 2015; 45(1-2):9-16.

207

208

209

(5) Chen Y, Chen Z, Guo R, Chen N, Lu H, Huang S et al. Correlation between gastrointestinal fungi and varying degrees of chronic hepatitis B virus infection. *Diagn Microbiol Infect Dis* 2011; 70(4):492-498.

210

211

212

(6) Vidya KM, Rao UK, Nittayananta W, Liu H, Owotade FJ. Oral mycoses and other opportunistic infections in HIV: therapy and emerging problems - a workshop report. *Oral Dis* 2016; 22 Suppl 1:158-165.

213

214

(7) Huffnagle GB, Noverr MC. The emerging world of the fungal microbiome. *Trends Microbiol* 2013; 21(7):334-341.

215

216

(8) Geltner C, Lass-Flörl C. Invasive pulmonary Aspergillosis in organ transplants - Focus on lung transplants. *Respir Investig* 2016; 54(2):76-84.

217

218

219

220

(9) de Oliveira RB, Atobe JH, Souza SA, de Castro Lima Santos DW. Epidemiology of invasive fungal infections in patients with acquired immunodeficiency syndrome at a reference hospital for infectious diseases in Brazil. *Mycopathologia* 2014; 178(1-2):71-78.

221

222

223

(10) Gumral R, Dogen A, Ilkit MM. Comparison of the contamination rates of culture media used for isolation and identification of dermatophytes. *Turk J Med Sci* 2015; 45(3):587-592.

224

225

226

227

(11) Matić Petrović S, Cimbalević M, Radunović M, Kuzmanović Pfićer J, Jotić A, Pucar A. Detection and sampling methods for isolation of *Candida* spp. from oral cavities in diabetics and non-diabetics. *Braz Oral Res*. 2015;29:S1806-83242015000100272. doi: 10.1590/1807-3107BOR-2015.vol29.0077. PMID: 26083092..

228

229

(12) Gouba N, Raoult D, Drancourt M. Plant and fungal diversity in gut microbiota as revealed by molecular and culture investigations. *PLoS One* 2013; 8(3):e59474.

230

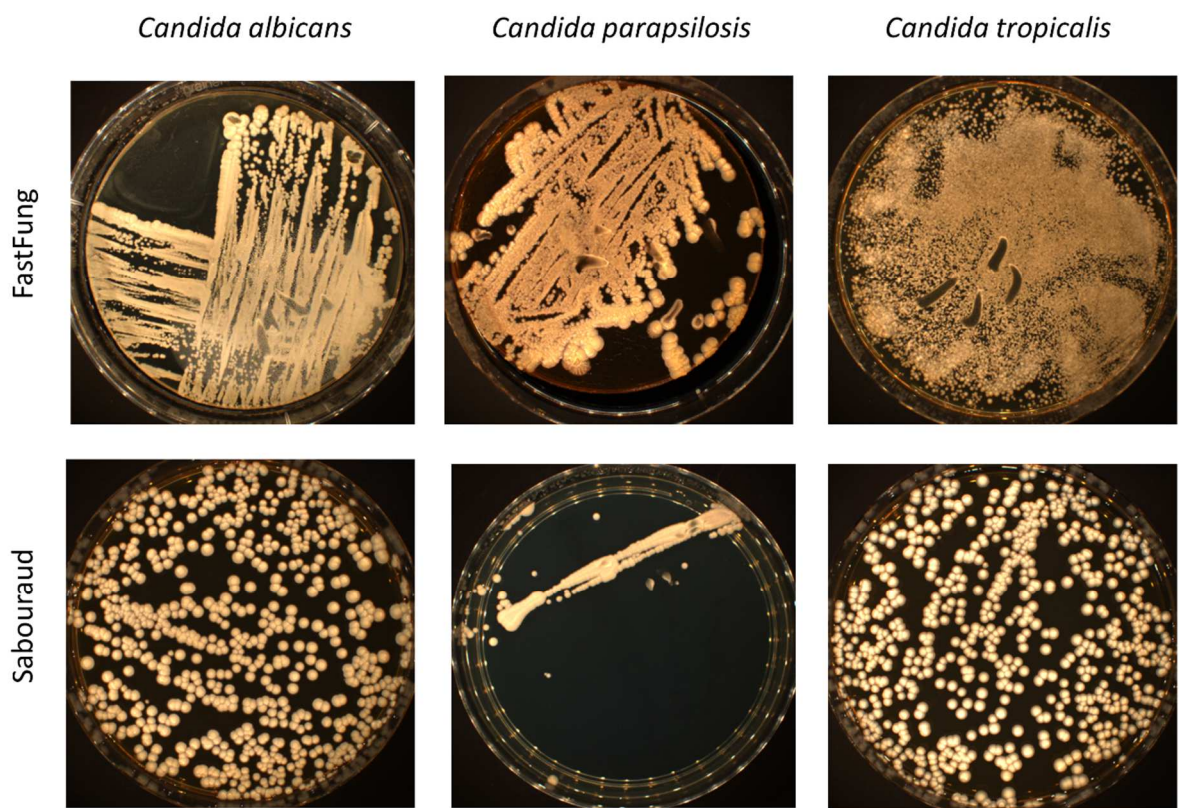
231

(13) Ali S, Malik A, Bhargava R, Shahid M, Fatima N. *Aspergillus* colonization in patients with bronchogenic carcinoma. *Asian Cardiovasc Thorac Ann* 2014; 22(4):460-464.

- 232 (14) Shah A, Koticha A, Ubale M, Wanjare S, Mehta P, Khopkar U. Identification and  
233 speciation of malassezia in patients clinically suspected of having pityriasis versicolor.  
234 Indian J Dermatol 2013; 58(3):239.
- 235 (15) I Ben Salah, F Makni, F Cheikhrouhou, S Neji, H Sellami, A Ayadi, *Malassezia species*:  
236 Pathology, isolation and identification media.. J Mycol Med 2010; 20, 53-60.  
237 doi:10.1016/j.mycmed.2009.11.006.  
238
- 239 (16) Lagier JC, Armougom F, Million M, Hugon P, Pagnier I, Robert C et al. Microbial  
240 culturomics: paradigm shift in the human gut microbiome study. Clin Microbiol Infect  
241 2012; 18(12):1185-1193.
- 242 (17) Lagier JC, Hugon P, Khelaifia S, Fournier PE, La SB, Raoult D. The rebirth of culture in  
243 microbiology through the example of culturomics to study human gut microbiota. Clin  
244 Microbiol Rev 2015; 28(1):237-264.
- 245 (18) Hamad I, Sokhna C, Raoult D, Bittar F. Molecular detection of eukaryotes in a single  
246 human stool sample from Senegal. PLoS One 2012; 7(7):e40888.
- 247 (19) Sow D, Fall B, Ndiaye M, Ba BS, Sylla K, Tine R et al. Usefulness of MALDI-TOF  
248 Mass Spectrometry for Routine Identification of Candida Species in a Resource-Poor  
249 Setting. Mycopathologia 2015; 180(3-4):173-179.
- 250 (20) Mayser P, Haze P, Papavassilis C, Pickel M, Gruender K, Gueho E. Differentiation of  
251 Malassezia species: selectivity of cremophor EL, castor oil and ricinoleic acid for M.  
252 furfur. Br J Dermatol 1997; 137(2):208-213.
- 253 (21) Sharma P, Kumar N, Jain S. Fungal contaminants in cytopathology specimens. Biomed J  
254 2014; 37(1):31-32.
- 255 (22) Neves N, Santos L, Reis C, Sarmiento A. Candida albicans brain abscesses in an injection  
256 drug user patient: a case report. BMC Res Notes 2014; 7:837.  
257  
258

1  
2 **Figure 1.** The FastFung medium displayed higher fungal CFU counts compared to the  
3 Sabouraud medium. Here we show the isolation after 48 hours of incubation of three yeast  
4 species (*Candida albicans*, *C. parapsilosis*, and *C. tropicalis*) from routine clinical samples that  
5 were inoculated in parallel onto both culture media.

6



7

1 **Table 1:** Culture success rates of 98 pure culture clinical fungal isolates inoculated onto  
 2 Sabouraud and FastFung media.

3

<b>Fungal species</b>	<b>N</b>	<b>Sabouraud</b>	<b>FastFung</b>
<i>Acremonium kiliense</i>	2	100%	100%
<i>Aspergillus flavus</i>	1	100%	100%
<i>Aspergillus niger</i>	5	100%	100%
<i>Aspergillus sydowii</i>	1	100%	100%
<i>Beauveria bassiana</i>	2	100%	100%
<i>Candida albicans</i>	10	100%	100%
<i>Candida glabrata</i>	6	100%	100%
<i>Candida guilliermondii</i>	5	100%	100%
<i>Candida kefyr</i>	4	100%	100%
<i>Candida lusitaniae</i>	3	100%	100%
<i>Candida orthopsilosis</i>	6	100%	100%
<i>Candida parapsilosis</i>	6	100%	100%
<i>Candida tropicalis</i>	6	100%	100%
<i>Candida zeylanoides</i>	1	0%	100%
<i>Candida krusei</i>	3	100%	100%
<i>Clavispora lusitaniae</i>	2	100%	100%
<i>Cryptococcus diffluens</i>	1	0%	100%
<i>Cryptococcus unigutulatus</i>	1	0%	100%
<i>Debaryomyces hansenii</i>	2	100%	100%
<i>Galactomyces geotrichum</i>	1	100%	100%
<i>Isaria farinosa</i>	1	100%	100%
<i>Malassezia furfur</i>	1	0%	100%
<i>Malassezia pachydermatis</i>	1	100%	100%
<i>Mucor circinelloides</i>	1	100%	100%
<i>Mucor velutinosus</i>	1	100%	100%
<i>Penicillium chrysogenum</i>	1	100%	100%
<i>Penicillium glandicola</i>	1	100%	100%
<i>Penicillium dipodomyicola</i>	1	100%	100%
<i>Pichia caribbica</i>	3	100%	100%
<i>Pichia manshurica</i>	1	100%	100%
<i>Rhodotorula mucilaginosa</i>	6	100%	100%
<i>Saccharomyces cerevisiae</i>	6	100%	100%
<i>Trichosporon asahii</i>	4	100%	100%
<i>Preussia minima</i>	1	100%	100%
<i>Torulaspora pretoriensis</i>	1	0%	100%
<b>Total</b>	<b>98</b>	<b>95%</b>	<b>100%</b>

4

1 **Table 2:** Isolation rates of pure bacterial strains inoculated onto Sabouraud and FastFung media.

2

<b>Bacterial strains</b>	<b>N</b>	<b>Sabouraud</b>	<b>FastFung</b>
<i>Acinetobacter baumannii</i>	2	100%	0%
<i>Enterobacter cloacae</i>	2	100%	0%
<i>Enterococcus faecalis</i>	2	100%	0%
<i>Escherichia coli</i>	2	100%	0%
<i>Gardernella vaginalis</i>	2	100%	0%
<i>Haemophilus influenzae</i>	2	100%	0%
<i>Klebsiella oxytoca</i>	2	100%	0%
<i>Klebsiella pneumoniae</i>	2	100%	0%
<i>Proteus mirabilis</i>	1	0%	0%
<i>Pseudomonas aeruginosa</i>	1	0%	0%
<i>Rhizobium radiobacter</i>	1	0%	0%
<i>Staphylococcus aureus</i>	1	0%	0%
<b>Total</b>	<b>20</b>	<b>80%</b>	<b>0%</b>

3

1 **Table 3:** Fungi cultivation rates from various routine clinical samples inoculated onto Sabouraud  
 2 and FastFung media. .

<b>Samples</b>	<b>Species</b>	<b>N</b>	<b>Sabouraud</b>	<b>FastFung</b>
Vaginal	<i>Candida albicans</i>	52	100%	100%
Urines	<i>Candida albicans</i>	70	100%	100%
Urines	<i>Candida tropicalis</i>	15	100%	100%
Swab	<i>Candida albicans</i>	4	100%	100%
Nasopharyngeal aspiration	<i>Candida albicans</i>	4	100%	100%
Bronchial aspiration	<i>Candida tropicalis</i>	2	100%	100%
Bronchial aspiration	<i>Candida parapsilosis</i>	3	100%	100%
Sputum	<i>Candida albicans</i>	6	100%	100%
Pulmonary aspiration	<i>Candida albicans</i>	2	100%	100%
Aortic valve	<i>Candida albicans</i>	2	100%	100%
Biopsy	<i>Candida albicans</i>	1	100%	100%
<b>Total</b>		<b>161</b>	<b>100%</b>	<b>100%</b>

3

4