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Detection of Herpes Simplex (HSV) and fungal infections in cancer patients (pts) with chemotherapy related mucositis (M)

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Cancer patients (pts) often develop M, related either to chemotherapy (CT) and/or to local infection. The availability of (HSV) detection by 24-h culture led us to 1) Assess this method among cancer pts with M, 2) Evaluate the interest of its systematic use in clinical practice concomitantly with fungal detection.

Pts and Methods: Pts with grade >= 1 M were tested. Fungal detection was performed using standard Sabouraud-Chloramphenicol culture media (bioMérieuxR), and MRC5 cells (bioMérieuxR) for HSV. All stages of the procedure were standardized.

Results: 55 pts (median age 54 years (17–87), 33 (60%) male, 22 (40%) female) underwent buccal sampling. 42 pts (76%) had solid tumor, 13 haematological malignancy. In 91% of pts, the M occurred after CT; pts with intensive CT were not included. 34 pts (62%) had >=grade 1 neutropenia. Preventive mouth wash (1.4% sodium bicarbonate and chlorhexidine) was commonly used. 17 samples (36%) were positive for Candida (15 C. albicans, 2 C. tropicalis). HSV1 was detected in two samples (3.8%). A contamination of the viral culture occurred in 7 cases (13.5%); quality of sampling improved with time. HSV detection rate appears to be very low in this population. This might be due to the low prevalence of HSV infection in our patients, with respect to the methodology limits (use of mouth wash, serological status for HSV not known, etc.). Systematic sampling for HSV cannot be recommended in this population.