Mycotic (Fungal) infections in Blood malignancy patients

Essay

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by

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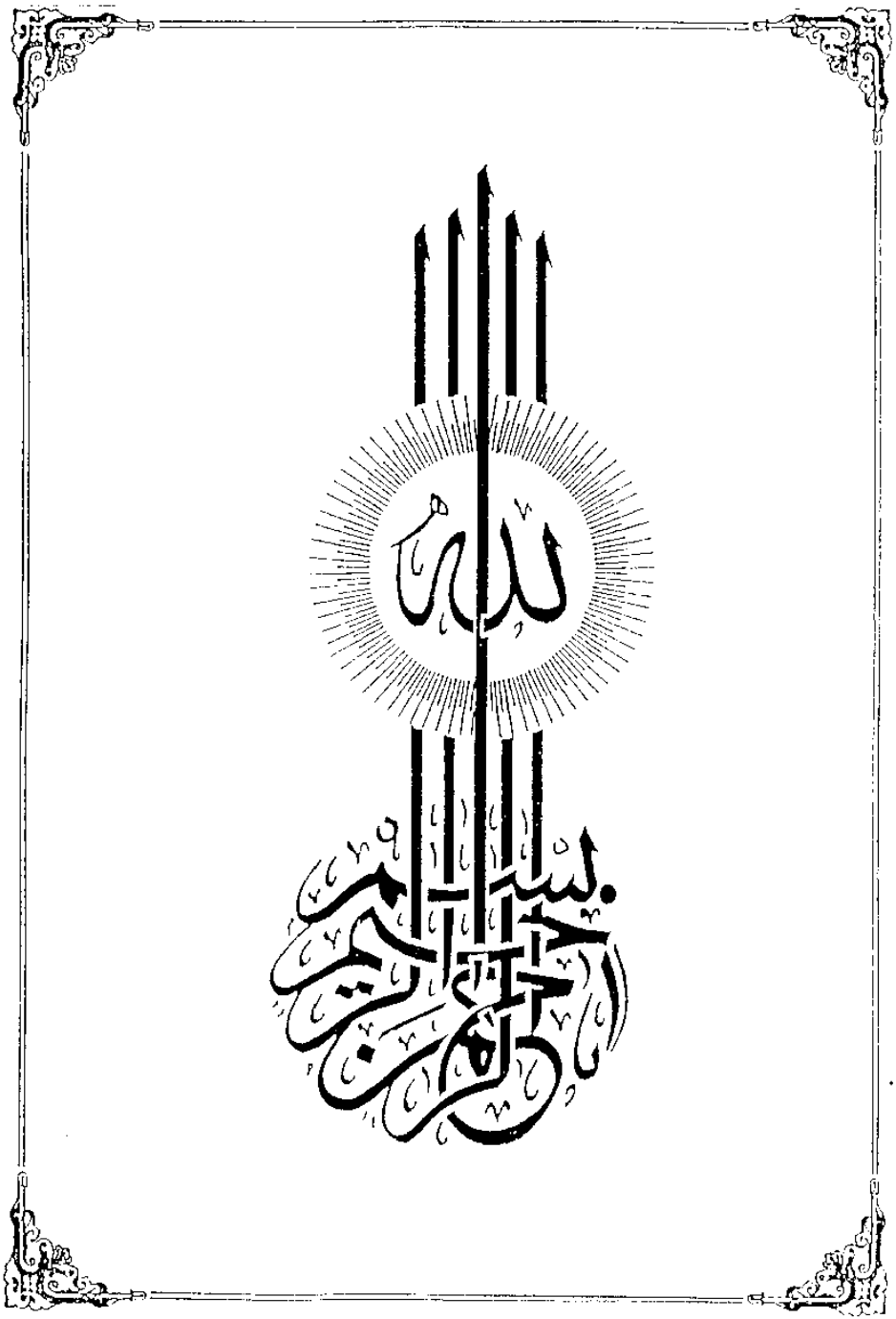


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Introduction And Aim of The Work


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Invasive fungal infections are increasing in incidence and they represent ajor health problem and a major source of morbidity and mortality in ents with Blood malignancies. *(Lortholary et al., 1997).*

Patients with haematologic malignancies and a history of an invasive gal infections are at high risk of suffering reactivation of the infection ng subsequent chemotherapy *(Marti.no et al., 1997)*, those with acute emia represent a group that has the greatest risk of deep fungal infections ch are responsible for 40% or more of the deaths at some institutions *(Kalin ., 1996).*

The two most common opportunistic fungal infections are candida and rgillus groups, studies proved that most candidal infections are endogenous cquired from one's own flora *(Antrum , 1996)* . Candida infections include eminated candidiasis, oral and esophageal infections, focal hepatic ctions, peritoneal, urinary tract infections and wound infections *(Zervos, 5)* . As for the Aspergillus group it may cause primary cutaneous rgillosis, pulmonary mycoses, invasive mold sinusitis, invasive oral rgillosis and oesteomyelitis in the jaws of children with blood gnancies. *(Hovi et al., 1996; Myoken et al., 1996; Iwen et al., 1997).*

At the present no standard general recommendation for primary ungal prophylaxis can be proposed for immunodefinciency host. *tholary et al., 1997).*

n of The Work

The aim of this study is to enlighten the different epidemiologies and ogenesis of the fungal infections and the different ways of prophylaxis and ment in patients with blood malignancies; also to emphasize the necessity entifying, the early clinical feature of fungal infections and to show the rtance of the role of doctors in the management of the blood malignancies nts.


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Chapter 1

Human Mycosis