

Non-Albicans Candida in Neonatal Candidemia

Over a period of four years, 1647 suspected septicemic neonates were subjected for microbiological analysis; cultures were positive in 781 (89.1%) cases for aerobic bacteria and 96 (10.9%) for Candida species. Among Candida species, *Candida tropicalis* 39 (40.6%) was the predominant organism followed by *Candida albicans* 22 (22.4%), *Candida guilliermondii* 17 (17.7%), *Candida drusei* 14 (14.5%) and *Candida parapsilosis* 04 (4.0%).

Candidemia in neonates is most commonly due to *Candida albicans*, but our study demonstrated that only 22.4% of isolates were *Candida albicans*. Our finding agrees with previous study(1), that candidemia is mainly

by non-albicans candida rather than *Candida albicans*.

The study emphasizes the changing pattern of Candida species and their importance in blood stream infection in neonates.

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Management of Traumatic Hemobilia with Embolization

Hemobilia is an uncommon but serious complication caused by a communication between the hepatic arterial circulation and the bile ducts(1). We report a 5-year-old child with hemobilia treated with arteria gel foam embolization, a management strategy widely reported in adults.

This boy presented with recurrent hematemesis for 3 months and epigastric pain for initial 1 month. This was preceded by a blunt abdominal trauma following a road traffic accident. There was no history of jaundice. Child was managed non-operatively

elsewhere with 2 units of blood transfusion. On examination, he had pallor (hemoglobin 8 g/dL) and hepatomegaly.

CECT abdomen done 1 month after trauma revealed a hematoma in the segment VIII of the right lobe of the liver. Upper GI endoscopy was normal and ERCP done at the time of admission was also normal. On sixth day of hospitalization he developed an episode of hematemesis associated with abdominal pain. Emergency upper GI endoscopy revealed blood clots coming out of duodenal papilla. Patient underwent emergency celiac axis angiography via femoral route. The catheter was then super selectively advanced into the hepatic artery. DSA showed an aneurysm and leak from the