

0316 Oral yeast profile in nasopharyngeal carcinoma patients following adjuvant chemotherapy

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Nasopharyngeal carcinoma (NPC) is common in southern Chinese. Radiotherapy (RT) is effective in the control of early-stage NPC but the response is poorer in advanced disease. Adjuvant chemotherapy has been advocated to manage advanced cases. However, the use of additional chemotherapy may expose patients to a greater risk of oral candidal infections. Objective: To compare the oral yeast profile in NPC patients receiving RT only (RTO) and radiotherapy plus chemotherapy (RTCH) before RT, then 2-months and 6-months after RT. Methods: 39 patients receiving RTO and 36 receiving RTCH were recruited prior to treatment. Selective culture of oral rinse samples was carried out to isolate, quantify and speciate yeast recovery using API kits. Wilcoxon signed ranks, McNemar, Mann-Whitney and Chi-square tests were used to compare changes over time and between groups. Results: At baseline, both groups exhibited no statistical difference in oral candidiasis (RTO: 10.3%; RTCH: 5.6%), oral yeast colonization (RTO: 23.1%; RTCH: 19.4%) or mean yeast counts (RTO: 290±208 cfu; RTCH: 49±39 cfu). At 2-month recall, both groups presented with a significant increase ($p < 0.01$) in oral candidiasis (RTO: 25.6%; RTCH: 38.9%), oral yeast colonization (RTO: 64.1%; RTCH: 44.4%) and mean yeast counts (RTO: 4145±2149 cfu; RTCH: 1169±317 cfu). No significant differences were found between the two groups. 38% (RTO) and 25% (RTCH) of subjects were infected with non-*C. albicans* yeasts. No significant changes were found between 2- and 6-month recall and no significant differences in yeast profile were observed between the two groups at 6-month evaluation. Conclusion: Adjuvant chemotherapy did not affect the oral yeast profile in the short-term after treatment for NPC. Non-*C. albicans* yeasts appeared to play a significant role in oral candidal infection in NPC patients. Supported by CRCG-HKU

[Seq #65 - Candida](#)

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