

ORIGINAL RESEARCH

Use of Chromogenic agar for Identification of Candida species from urine samples in a tertiary care hospital of North India**¹Priyanka Sharma, ²Namgail Zangmo, ³Rajni Bharti, ⁴Shashi Sudhan Sharma**¹Lecturer, ²Post Graduate, ³Senior Resident, ⁴Professor & Head, Department of Microbiology, GMC, Jammu, Jammu and Kashmir, India**Corresponding author**

Rajni Bharti

Senior Resident, Department of Microbiology, GMC, Jammu, Jammu and Kashmir, India

Email: drrajnidigra@gmail.com

Received: 06 September, 2022

Accepted: 11 October, 2022

Abstract**Background:** Candida species have emerged as the most opportunistic pathogens to cause UTI (Urinary Tract Infection).**Aim:** To explore the usefulness of Chromogenic medium in speciating clinical isolates of Candida and to determine their antifungal susceptibility.**Methodology:** A total of 100 Candida species were isolated from urine sample. Speciation of Candida was done based on the growth on Chromogenic medium and other methods like formation of Germ Tube Test.**Results:** Among the 100 clinical Candida isolates, only 24% of the Candida isolates were identified as Candida albicans and the rest were non albicans Candida species. 22% Candida parapsilosis (22/100), 28% Candida krusei (28/100), 26% Candida tropicalis (26/100). Among the non albicans species Candida krusei was the commonest isolate followed by C. tropicalis and C. parapsilosis.**Conclusion:** CHROM Agar can be used for rapid identification of most commonly isolated Candida species from urine samples. This will be useful to initiate appropriate antifungal therapy thereby reducing morbidity and mortality.**Keywords:** CHROM agar, Candida species, Non albicans Candida, UTI.**Introduction**

Over one hundred and fifty million people worldwide experience an episode of candiduria yearly¹. Candiduria is known as the most frequent nosocomial fungal infection worldwide. Candida albicans is the most common cause of nosocomial fungal urinary tract infections². The risk factors include urinary tract instrumentation, surgical procedures, antibiotic use, advanced age, female gender, intensive care unit (ICU) admission, immunosuppressive therapy, and prolonged hospitalization³. There has been a shift in the causative species of Candida from past few years from albicans to non albicans like Candida tropicalis, Candida glabrata, Candida krusei, and Candida parapsilosis⁴. Candiduria caused by Non-albicans Candida is a marker for a serious underlying illness⁵. Currently, antifungal drug resistance is now on the rise. An increase in the number of Candida species resistant to antifungal drugs has been recognized worldwide; C. tropicalis and C. parapsilosis are both generally susceptible to azoles, whereas C. glabrata and C. krusei are intrinsically more resistant to antifungal agents, particularly to Fluconazole⁶.

Therefore, this study was done to determine the prevalence of *Candida* isolates obtained from urine samples in cases of diagnosed urinary tract infections.

Material and methods

A total of 100 *Candida* isolated over a period of 6 months from clean-voided mid stream urine was sent to the Microbiology laboratory from different clinical units of a tertiary care hospital. Sample was processed according to the established departmental protocols. Every white colour colony on UTI Chrome agar was subjected to the Gram staining and germ tube test. All isolates were further inoculated on *Candida* CHROM agar for the species identification based on color change.

Results

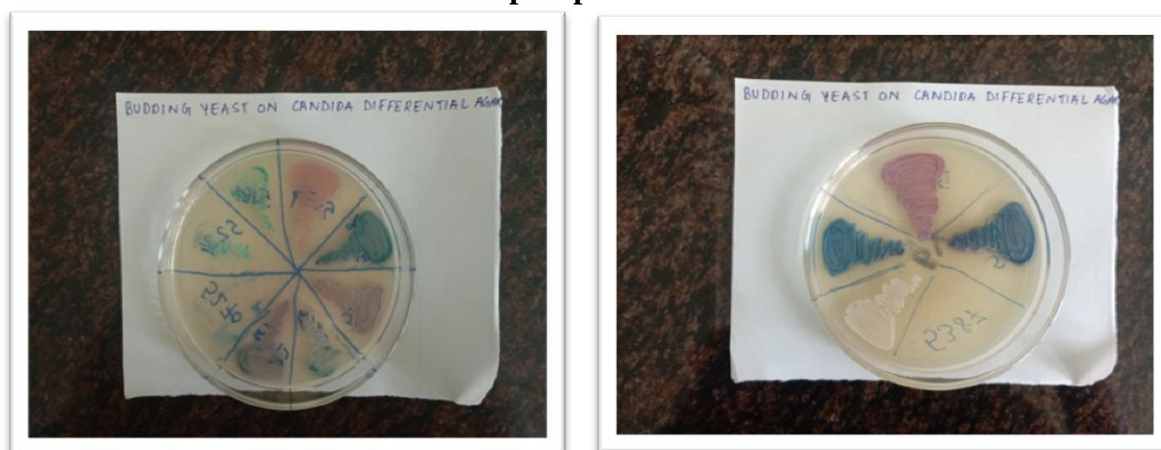
A total of 100 *Candida* species was isolated from urine. Distribution of *Candida* species is shown in table 1. *Candida albicans* isolates were 24% (24/100). Other *Candida* species isolated were; 22% *Candida parapsilosis* (22/100), 28% *Candida krusei* (28/100), 26% *Candida tropicalis* (26/100). The overall prevalence of non *albicans* *Candida* species 76% (fig.1).

Table1. Total number of *Candida* species obtained from urine.

<i>Candida</i> species	Total number(100)
<i>Candida albicans</i>	24(24%)
<i>Candida parapsilosis</i>	22(22%)
<i>Candida krusei</i>	28(28%)
<i>Candida tropicalis</i>	26(26%)

Fig1. Above figure shows:

- 1. Green colored colonies of *Candida albicans*,**
- 2. Blue colonies of *Candida tropicalis*,**
- 3. Pinkish to purplish colored colonies of *Candida krusei*,**
- 4. Cream colored colonies of *Candida parapsilosis*.**



Discussions

There have been an increase in number of opportunistic infections caused by yeast particularly in immune compromised patients (Kangogo et al., 2011)⁷. *Candida* species accounts for 80% of infections. In view of antifungal resistance being reported, identification of *Candida* species and their antifungal susceptibility pattern, is necessary to decide on the on the choice of antifungal drugs⁸. The detection and identification of *Candida* requires easy cost

effective methods that are easy to perform. We recovered 100 samples from urine over a period of 3 months. 23/75 The *Candida albicans* was 24 in number (24%). The other *Candida* species isolated were *Candida parapsilosis* (22%), *Candida krusei* (28%), and *Candida tropicalis* (26%). Our study shows that non *albicans* were in majority (76%) which is similar to the studies of Yashavanth R *et al* (69.7%)⁹ and in the study of Dharmeshwari T *et al*¹⁰ and Iman *et al*¹¹, where 70% were non *albicans* compared to 30% of *Candida albicans*. Among non *albicans*, *Candida tropicalis* is most common^{12,13} while we observed *C. krusei* as most common.

For the diagnosis of *Candida* infection, there are various tests that can be employed but for the easy and rapid identification, we have a differential media like Chrome agar which allows the presumptive differentiation of yeasts. It contains various substrates for the enzymes of yeast species. It has been demonstrated that β -N-Acetylgalactosaminidase which was produced by *Candida albicans* enables the chromogenic substrates into the medium and the isolates to be incorporated into the medium and the isolates of these species were seen as green colored colonies (Shawn *et al*¹⁴, 2009; Mine Yucesoy *et al*¹⁵, 2003). The germ tube test, which is the commonest test employed and gives rapid results, is not very accurate as more than 5% *Candida albicans* can be negative. Some non *albicans* species like *Candida tropicalis* and *Candida parapsilosis* are occasionally germ tube positive¹⁶. In our study we speciated 24% of *Candida* as *albicans* based on the color change on CHROM agar but only 66% of *Candida* were positive for germ tube test. CHROM agar *Candida albicans* (24%) produced green colonies and *Candida tropicalis* (26%) produced blue colonies in our study. Rudrappa P *et al*¹⁷ reported 40% of non *albicans* as *Candida tropicalis*. Rudrappa, P *et al*¹⁷ also observed 23% of cream colored colonies as *Candida parapsilosis* which is similar to our study (22%). In our study, *Candida krusei* (28%) produced pinkish to purplish colored colonies while in the study of Rudrappa P *et al*¹⁷, none of the isolate was positive for *krusei*.

The limitation in this study was that no other method was used to confirm the identity of the *Candida* isolates like the Vitek system and lack of antifungal susceptibility testing in our set up.

Conclusion

Species of *Candida* like *krusei* and *glabrata* are intrinsically resistant to the azoles and now they are emerging as the most frequent opportunistic pathogens, the use of CHROM agar for presumptive identification of *Candida* species is an easy, rapid and reliable method especially *Candida albicans*, *Candida tropicalis*, *Candida krusei* and *Candida parapsilosis*.

References

1. Colombo AL, Guimarães T. Candidúria: uma abordagem clínica e terapêutica. Rev Soc Bras Med Trop 2007; 4: 332-337
2. Behzadi P, Behzadi E, Ranjbar R. Urinary tract infections and *Candida albicans*. Cent Eur J Urol 2015; 68: 96-101.
3. Rodrigues D. Candidúria. Revisão Atual RBPS Fortaleza 2011; 24: 142-150
4. Malini R Capoor, Deepthi Nair, Manorama Deb, Pradeep Kumar Verma, Lakshmi Srivastva and Pushpa Aggarwal. Emergence of Non *albicans* *Candida* species and antifungal resistance in a tertiary care hospital. Jpn J Infect Dis. 2005; 58:344- 348.
5. Lundstorm T, Sobel J. Nosocomial candiduria: A review. Clin Infect Dis 2001; 32: 1602-07.
6. Cowen LE, Sanglard D, Howard SJ, Rogers PD, Perlin DS. Mechanisms of Antifungal Drug Resistance. Cold Spring Harb Perspect Med 2015; 5: a019752.

7. Kangogo MC, Wanyoike MW, Revathi G and Bii CC; Phenotypic characterization of *Candida albicans* from clinical sources in Nairobi, Kenya; *Afr J Health Sci.* 2011; 19:19-23.
8. Kashid RA, Belawadi S, Devi G, Indumati . Incidence of non-candida albicans in patients with urinary tract infection with special reference to speciation and antifungal susceptibility. *Journal of Evolution of Medical and Dental Sciences.*2012; 1(4): 572-77.
9. Yashavanth R. at al., Prevalence of *Candida* Species Among Uropathogens and Their Antifungal Susceptibility Pattern in A Tertiary Care Hospital. *Journal of Clinical and Diagnostic Research.* 2013 Nov, Vol-7(11): 2459-2461.
10. Dharmeswari T *et al.* Use of chromogenic medium for speciation of candida isolated from clinical specimens.*IJCRR.* 2014; 6(1):1-5.
11. Iman KB, Shorouk KEH, Muhmoud M. *Candida* infection associated with urinary catheter in critically ill patients. Identification, antifungal susceptibility and risk factors. *Res.J. of Med & Med sciences.* 2010; 5(1):79-86
12. Chitralkha Saikumar A. Arasi Samyuktha Isolation, Identification and Speciation of *Candida* Species from Various Clinical Specimens in a Tertiary Care Hospital in ChennaiSch *J App Med Sci.*201758F34608.
13. Chakrabarthy A, Reddy TCS, Singhi S. Does Candiduria predict candidaemia? *Ind J of Med Res.* 1997; 106; 513-16.
14. Shawn R, Shawn A, Michael A. Pfaller; Identification of *Candida nivariensis* and *Candida bracarensis* in Global Collection of *Candida glabrata* Isolates: Comparison of the Literature; *Journal of Clinical Microbiology*, Jan. 2009, p.1216-1217
15. Mine Yucesoy; Serhat Marol; Performance of CHRO Magar *Candida* and BIGGY agar for identification of yeast species; *Annals of Clinical Microbiology and Antimicrobials* 2003; 2:8.
16. J.E. Hoppe, P. Frey: Evaluation of six commercial tests and the germ tube test for the presumptive identification of *Candida albicans*. *Eur. J. Clin. Microbiol. Infect. Dis.*1999; 18:188-191.
17. Rudrappa, P.T., S.C. Chandrashekar and Sumana, M.N. 2018. Speciation of *Candida* Isolates from Clinical Samples by using Conventional and Chromagar Method. *Int. J. Curr. Microbiol. App. Sci.* 7(03): 2663-2668. doi: <https://doi.org/10.20546/ijemas.2018.703.307>.