

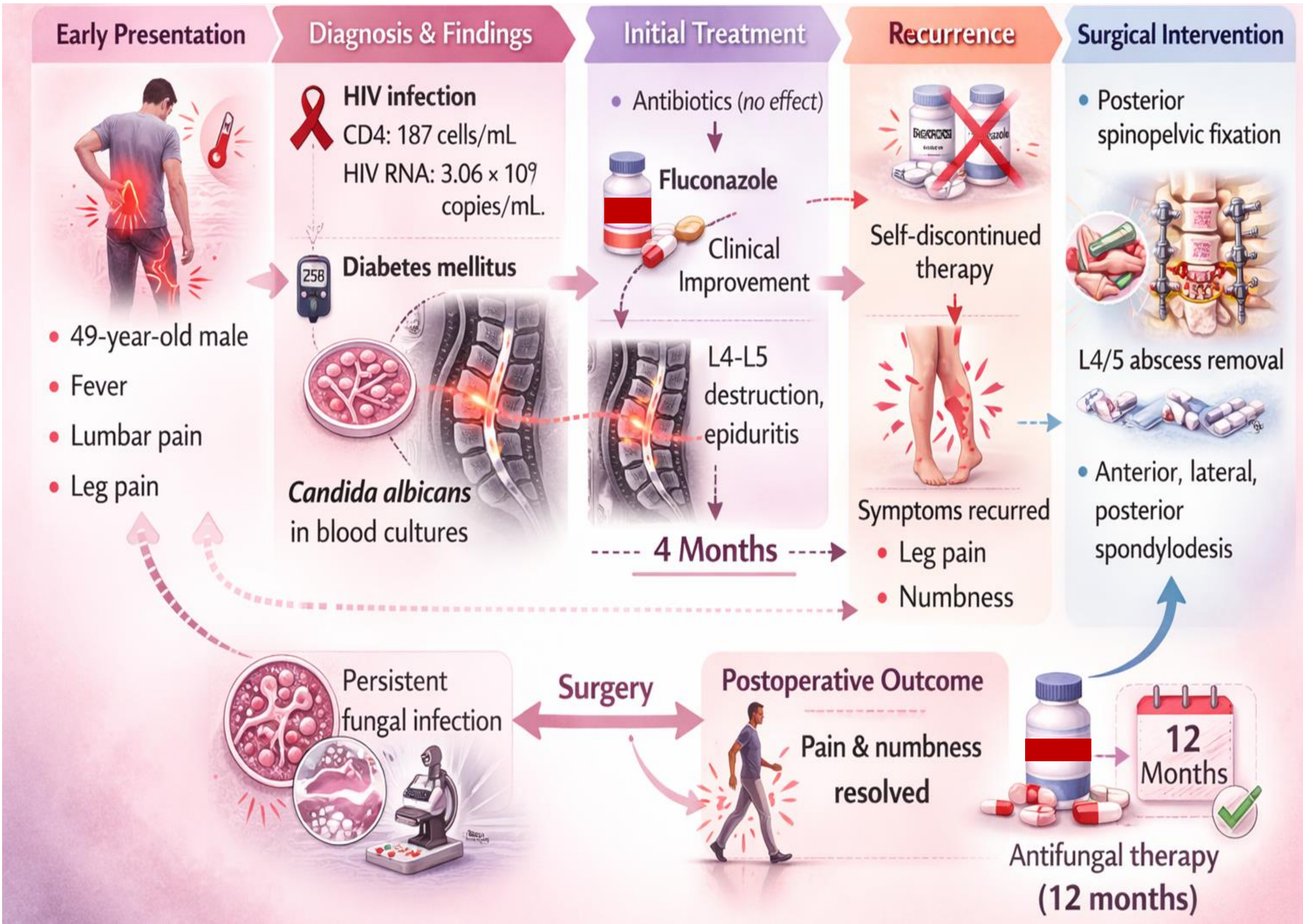
Spondylodiscitis caused by *Candida albicans*: is shorter antifungal therapy sufficient?

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Introduction

Spondylodiscitis is a spinal infection involving the intervertebral disc and adjacent vertebrae. The incidence of fungal infections has been increasing in parallel with the growing number of immunocompromised patients [1].

Case Presentation



Discussion

Patients with spondylodiscitis often have risk factors such as immunosuppression (e.g., HIV), diabetes, chronic kidney disease, or age >50, but cases without risk factors also occur [1]. IDSA recommends treating *Candida* osteomyelitis with fluconazole for 6–12 months, starting IV and continuing orally, as applied in this case [2]. However, studies have shown that prolonged therapy of osteoarticular infections beyond 12 weeks does not improve outcomes, and antibiofilm agents like liposomal amphotericin B or echinocandins show no clear benefit [3]. This case report can be interpreted as a natural experiment illustrating relapse following shortened treatment duration.

Conclusions

Spondylodiscitis caused by *Candida* spp. requires long-term antifungal therapy, especially in immunocompromised patients. Even with surgical intervention, fluconazole remains an effective treatment for *Candida* bone infections.

	<i>Candida albicans</i>
Amphotericin B	S
Flucytosine	S
Fluconazole	S
Itraconazole	S
Micafungin	S
Voriconazole	S

References

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