

DOI: <https://doi.org/10.56936/18290825-2026.20v.2-98>**CLINICAL FEATURES, OUTCOMES AND COMPARATIVE
EVALUATION OF DIAGNOSTIC CRITERIA OF INVASIVE
ASPERGILLOSIS AT A TERTIARY CARE CENTRE:
A RETROSPECTIVE OBSERVATIONAL STUDY****SURKUNDA T S.¹, STANLEY W.¹, ELENJICKAL V.^{2*}, BALLAL A.¹, NAGARAJU S.¹,
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ABSTRACT

Introduction: To compare EORTC/MSGERC and BM-AspICU diagnostic criteria for invasive aspergillosis and analyse clinical, mycological, and radiological features affecting patient outcomes.

Materials and Methods: We conducted a retrospective study on 56 invasive aspergillosis patients who met inclusion criteria (age >18 years and confirmed diagnosis via histopathology, cultures, or galactomannan). Patients were categorized using EORTC/MSGERC and BM-AspICU criteria. Clinical, microbiological, radiological data, and outcomes were analysed.

Results: of 56 patients, 47 had invasive pulmonary aspergillosis, 7 had invasive rhinosinusitis, 1 had disseminated, and 1 had cerebral aspergillosis. Mean age was 51.5 years, with 75% (42) males. *Aspergillus fumigatus* was common species (47.3%) isolated. Computed tomography scans of invasive pulmonary aspergillosis often showed nonspecific infiltrates (31.9%). Voriconazole was most used antifungal (80.4%). Mortality was 23.2% (n=13) in total and in intensive care unit patients with invasive pulmonary aspergillosis was 46.1% (n=12). 75% (9/12) of deceased patients initially classified as pulmonary colonizers by EORTC/MSGERC were reclassified as probable (n=3) or possible (n=6) invasive aspergillosis cases by BM-AspICU, difference was statistically significant (p=0.019). Intensive care unit admission was 55.3% (median stay: 8 days), higher in viral pneumonia (p = 0.003). Univariate analysis of invasive pulmonary aspergillosis patients showed significant mortality correlations with shock (p=0.001), acute kidney injury (p=0.003), invasive mechanical ventilation (p=0.001) and intensive care unit stay (p=0.026). Multivariate analysis identified shock as an independent predictor of mortality.

Conclusion: In our study, BM-AspICU criteria demonstrated a stronger correlation with mortality compared to EORTC/MSGERC criteria. Morbidity and mortality were associated with viral pneumonia, shock, acute kidney injury, invasive mechanical ventilation and intensive care unit stay.

KEYWORDS: Invasive aspergillosis, BM-AspICU criteria, invasive pulmonary aspergillosis.**CITE THIS ARTICLE AS:**

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