Wickerhamomyces anomalus: A Rare Fungal Sepsis in Neonates

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To the Editor: Recently, we came across two cases of rare invasive fungal sepsis in our neonatal unit caused by *Wickerhamomyces anomalus* (WA).

The first case was an outborn full-term 2.2 kg female neonate, referred to us on day 4 of life with worsening respiratory distress since 2 h after delivery. The neonate required mechanical ventilation (MV) with other supportive management. Blood culture through BACTEC system grew fungal colonies on Sabouraud agar. Matrix-assisted laser desorption ionization–time of flight mass spectrometry (MALDI-TOF MS) used for species identification confirmed the growth of WA.

The second case was a late-preterm male weighing 2 kg, referred to us at 20 h of life for respiratory distress noted soon after birth. The neonate required MV, surfactant administration, and inotropic support. Blood culture showed similar fungal growth, which, on MALDI-TOF, showed the same species of WA.

Both the cases were outborn, normally delivered, low-birth-weight neonates with uneventful antenatal and perinatal history. Initial presentation was respiratory distress, which progressively increased in severity requiring MV. Sepsis screen was negative. Cerebrospinal fluid examination was normal, and culture was sterile. Both neonates recovered uneventfully after 14 d therapy with amphotericin-B.

WA is an ascomycetes yeast—a free-living form in plants, soil, and other organic matters [1]. It can multiply in varied

and extreme conditions, being resistant to extreme pH, high osmotic pressure, and anaerobic conditions [2]. The clinical presentation of WA can be varied, such as apnea, thrombocytopenia, feeding intolerance, necrotizing enterocolitis, multiorgan failure, and even death [3]. The species is usually sensitive to common antifungals like fluconazole and amphotericin-B [4].

As both the infants were outborn, we could not specify the exact source of infection. Inappropriate asepsis principles could have been the causative factors. Timely diagnosis and intervention with amphotericin-B and other supportive management helped the neonates to make uneventful recovery.

Declarations

Consent to Publish The legal guardians have consented regarding publishing the data.

Conflict of Interest None.

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