Journal of Clinical & Biomedical Research

Research Article



Antifungi Pattern of Candida Species Isolated From the Children Diapers in Obafemi Awolowo University Teaching Hospital Complex, Nigeria

Olaniran O^{1*}, Olorunmola F O², Afolabi O O³, Adenekan P N⁴ Hassan-Olajokun R E⁵, Olaniran O O⁶, Oyetokeo O⁷, Awoyeni E A⁸. Oladosu S A⁹

1,5,8 Departments of Medical Microbiology and Parasitology, Obafemi Awolowo University Ile- Ife

^{4,7}Department of Medical Microbiology and Parasitology, Obafemi Awolowo University Teaching Hospital complex, Ile- Ife

²Drug Product and Research Unit, Faculty of Pharmacy, Obafemi Awolowo University Ile Ife

⁶Department of Nursing sciences, Obafemi Awolowo University Teaching Hospital complex, Ile- Ife

9Department of Pathology, Health Center, Obafemi Awolowo University Ile Ife

³Department of Dermatology, Obafemi Awolowo University Teaching Hospital complex, Ile- Ife

ABSTRACT

Candidiasis is by far the most common type of yeast infection, these fungi live on all surfaces of our bodies, under certain conditions, they can become so numerous to cause infections, particularly in warm and moist areas, typical affected areas in babies include the mouth and diaper areas, an in vitro antifungal evaluation study was carried out on 48 strains of Candida species isolated from children diapers using disc diffusion method with five different anti fungi drug such as Nystatin (50mcg), Amphotericin-B (50mcg). Fluconazole (10mcg), Miconazole (30mcg) and Viroconazole (1mcg), Candida albican 11 (22.9), Candida krusei 23 (47.9), Candida tropicalis 1 (2.1), and Candida glabrata 13 (27.1). Miconazole had the highest overall sensitivity 100.0% and the least Fluconazole 12.5 %. Fluconazole had the highest overall resistant 87.5 % and the least Miconazole 4.2 % in Sensitivity within the drugs, Nystatin: C. krusei had the highest 48.7 % and the least 2.6 %, Amphotericin B: C. krusei had the highest 48.7 % and the least C. tropicalis 2.6 %, Miconazole: C. krusei had the highest 45.7 % and the least C. tropicalis 2.2 %, Voriconazole: C krusei had the highest 47.4 % and the least C. albican 21.1% Fluconazole: C. glabrata had the highest 50.0 % and the least C. krusei 16.7, in Sensitivity within Organisms: Candida albican: Miconazole had the highest sensitivity 100.0 % and the least Fluonazole 18.2%. C. krusei: Nystatin and Amphotericin B had 82.6% each, voriconazole 78.3%, and the least Fluonazole 4.3 %. C. tropicalis: Nystatin, Amphotericin B and miconazole had 100.0 each. C. glabrata: miconazole had 100.0 % and the least Fluconazole 23.1 %, in Resistance within drugs, Nystatin: C. krusei had the highest resistance 44.4 %, the least C. glabrata 22.2 %, Amphotericin B: C. krusei 44.4 %, the least C. albican 22.2 %, Miconazole: C. krusei 100.0 %, voriconazole: C. krusei 50.0 %, the least, 10.0% for both C. tropicalis and C. glabrata. Fluconazole: C. krusei 52.4 %, then the least C. tropicalis 2.4 %, in Resistance within organisms, in C. albican; fluconazole had the highest 81.8 %, Nystatin and Voriconazole 27.3 % each, C. krusei: Fluconazole had 95.7 % voriconazole 21.7 % while both Amphotericin B and Nystatin had 17.4 % each. C. tropicalis: Fluconazole and Voriconazole had 100.0 %, C. glabrata: Fluconazole had 76. % and the least 7.7 %. In conclusion, in this study, Miconazole which had the highest overall sensitivity to different Candida species is therefore recommended as the most suitable medication for the treatment of candidiasis.

*Corresponding author

Olaniran Olarinde, Department of Medical Microbiology and Parasitology O.A.U Ile-Ife. E-mail: olarinde.olaniran@yahoo.com

Received: December 02, 2020; Accepted: December 10, 2020; Published: December 17, 2020

Keywords: Antifungal, Candida species, Children, Diaper

Introduction

Disposable diapers were first produced in the 1940s, but were initially considered to be luxury items. It was not until the 1960s that they began to be used on a mass scale. By then, diapers were made with layers of cellulose, which made them more absorbent and resistant. (Ward et al, 2000, [1] Wolf R et al, 2000 [2]. However, they can also cause diaper dermatitis, also known as diaper rash, which can be associated with different infections, especially *Candida* infections.

Klunk, et al, 2014 [3] The origin of these yeasts is directly related to the intestinal flora, and they have been isolated in children with oral and esophageal candidiasis (thrush). The clinical symptoms in these cases are more severe because the yeasts are excreted in the feces. (Hoppe et al., 1997 [4] Campbell et al., 1988 [5] Adalat et al., 2007 [6] Tüzün et al., 2015) [7] *Candida* infections commonly occur in warm moist body areas, such as underarms. Usually our skin effectively blocks yeast, but any breakdown or cuts in the skin may allow this organism to penetrate. A series of factors favor *Candida* infection in the diaper area. They are mostly acidophilic yeasts that

Citation: Olaniran Olarinde, et al (2020) Antifungi Pattern of Candida Species Isolated From the Children Diapers in Obafemi Awolowo University Teaching Hospital Complex, Nigeria. Journal of Clinical & Biomedical Research. SRC/JCBR-119.DOI: https://doi.org/10.47363/JCBR/2020(2)119.

thrive at skin pH, which is around 5.5, or 6.0 in newborns (owing to vernix caseosa and amniotic fluid), tending to normalize in a few days (Brook I,1992 [8] Hoppe J.E 1997 Ferrazzini, et al. 2003) [9] C. albican and other yeasts provide examples of perfect adaptation to pH changes, which is controlled by two genes: PHR2, which is activated in acidic environments and is deactivated when pH increases, and PHR1, which does the opposite, i.e. is activated at a high pH (neutral and basic levels) De Bernardis et al, 1998 [10] Another proven factor in developing fungi (yeasts and dermatophytes) is CO, levels, which are higher in the occlusive environment of standard disposable diapers and barely detectable in breathable diapers (Odio and Friedlander 2000 [11] Allen and King 1978 [12] Akin et al, 2001) [13] The primary treatment for *Candida* diaper rash involves antifungal topical treatment and decreasing moisture in the diaper area. Nystatin (Mycostatin), Clotrimazole (Lotrimin), and Miconazole (Micatin, Monistat-Derm) are topical over-the-counter (nonprescription) treatments of equal strength for treating Candida diaper dermatitis. Occasionally, other prescription antifungal creams, such as ketoconazole (Nizoral cream) and econazole (Spectazole) may be necessary. This research is aimed at knowing the sensitivity and resistivity patterns of some selected antifungal drugs on the isolated Candida species from the diaper rash.

Materials and Methods

Study area: The study was conducted at the Obafemi Awolowo University Teaching Hospital Complex (OAUTHC), Ile-Ife, southwest of Nigeria. This is a 600 bedded hospital that serves as referral center to about 5 neighboring states of the country.

Study population: A total of forty-eight (48) isolated species of Candida from the children diapers attending Dermatology Clinic of the OAUTHC Ile-Ife were used in this study. The study was

conducted between September and December2018.

Identification of the Candida Species

The Identification of the Candida species were carried out by plating each Candida species on the prepared Hi Chrome Candida Differential Agar (M1297A) in a Petri dish and incubated for 12 hours. After incubation, the organisms come up with the colour specific for each species as indicated by the Manufacturer to give (11 *Candida albican, 23 Candida krusei, 1 Candida tropicalis* and 13 *Candida glabrata*). There are no competing interests. The results were analyzed using SPSS package.

Anti-Fungi Sensitivity

An in vitro evaluation study was performed using Disc diffusion method and five different anti fungi drug such as Nystatin (SD 271-1VL, 50mcg), Amphotericin-B (SD 270- 1VL, 50mcg). Fluconazole (SD 114- 1VL, 10mcg), Miconazole (SD 273- 1VL, 30mcg) and Viroconazole (SD 277- 1VL, 1mcg) were used.

Results

In an in vitro evaluation study carried Out on 48 strains of Candida isolated from children diapers, *Candida albican* 11 (22.9), *Candida krusei* 23 (47.9), *Candida tropicalis* 1 (2.1), and *Candida glabrata* 13 (27.1).

Miconazole had the highest overall sensitivity 46 (100.0) followed by Nystatin and amphotericin B 39 (81.3) each, Voriconazole 38 (79.2) and Fluconazole 6(12.5). Table 1.

Fluconazole had the highest overall resistant 42 (87.5), Voriconazole 10(20.8) Nystatin and Amphotericin B 9(18.8) each and Miconazole 2(4.2) figure 1.

Table 1: General antifungal sensitivity pattern	of Candida species isolated from children diaper
Tuble If Other a and again benshiring pattern	or ennurun speeres isonaten in ennuren unaper

Ogranisms	Frequency (%)	Nystatin (Sens) %	Amphotericin B (Sens) %	Miconazole (Sens) %	Voriconazole (Sens) %	Fluconazole (Sens) %
Candida albican	11.0 (22.9)	8.0 (16.7)	9.0 (18.8)	11.0 (22.9)	8.0 (21.1)	2.0 (4.2)
Candida Krusei	23.0 (47.9)	19.0 (39.6)	19.0 (39.6)	21.0 (43.8)	18.0 (47.4)	1.0 (2.1)
Candida tropicalis	1.0 (2.1)	1.0 (2.1)	1.0 (2.1)	1.0 (2.1)	0.0 (0)	0.0 (0.0)
Candida glabrata	13.0 (27.1)	11.0 (22.9)	10.0 (20.8)	0.0 (0.0)	12.0 (35.0)	3.0 (6.3)
Total	48.0 (100)	39 (81.3)	39.0 (81.3)	46.0 (100)	38.0 (79.2)	6.0 (12.5)

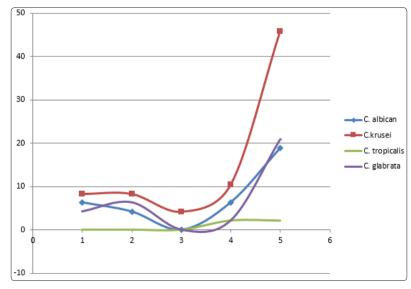


Figure 1: General antifungal percentage resistant pattern of Candida species isolated from children diaper

Citation: Olaniran Olarinde, et al (2020) Antifungi Pattern of Candida Species Isolated From the Children Diapers in Obafemi Awolowo University Teaching Hospital Complex, Nigeria. Journal of Clinical & Biomedical Research. SRC/JCBR-119.DOI: https://doi.org/10.47363/JCBR/2020(2)119.

Sensitivity within the drugs:

Nystatin: *C. krusei* had the highest 48.7%, *C. glabrata* 28.2%, and the least 2.6% Amphotericin B: *C. krusei* had the highest 48.7%, *C. glabrata* 25.6% and the least *C. tropicalis* 2.6% Miconazole: *C. krusei* had the highest 45.7%, *C. glabrata* 28.3%, and the least *C. tropicalis* 2.2% Voriconazole: *C krusei* had the highest 47.4%, *C. glabrata* 13.6% and the least *C. albican* 21.1% Fluconazole: *C. glabrata* had the highest (50.0%, *C. albican* 33.3%, and the least *C. krusei* 16.7%. Table 2

Table 2: Sensitivity pattern of Candida species isolated from children diaper and the percentage within the Antifungal drugs used

Ogranisms	Frequency (%)	Nystatin (Sens) %	Amphotericin B (Sens) %	Miconazole (Sens) %	Voriconazole (Sens) %	Fluconazole (Sens) %
Candida albican	11 (22.9)	8.0 (20.5)	9.0 (23.1)	11.0 (23.9)	8.0 (21.1)	2.0 (33.3)
Candida Krusei	23 (47.9)	19.0 (48.7)	19.0 (48.7)	21.0 (45.7)	18.0 (47.4)	1.0 (16.7)
Candida tropicalis	1 (2.1)	1.0(2.6)	1.0 (2.6)	1.0 (2.2)	0.0 (0)	0.0 (0)
Candida glabrata	13 (27.1)	11.0 (28.2)	10.0 (25.6)	13.0 (28.3)	12.0 (31.6)	3.0 (50.0)
Total	48 (100)	39.0 (100)	39.0 (100)	46.0 (100)	38.0 (100)	6.0 (100)

Sensitivity within organisms:

Candida albican: Miconazole had the highest sensitivity 100.0%, Amphotericin B 81.8%, Hystatin and voriconazole 72.7% each and the least Fluonazole 18.2%. **C. krusei:** Nystatin and Amphotericin B had 82.6% each, voriconazole 78.3%, and the least Fluconazole 4.3%. **C. tropicalis:** Nystatin, Amphotericin B and miconazole had 100.0 each. **C. glabrata:** miconazole had 100.0% voriconazole 92.3%, Nystatin 84.6% and the least Fluconazole 23.1%. Table 3.

Table 3: Sensitivity nattern of Candida s	necies isolated from children dia	aper and the percentage within the Organisms
Tuble 5. Sensitivity puttern of Cunuluu s	pecies isolated if one children dia	aper and the percentage within the Organisms

Ogranisms	Frequency (%)	Nystatin (Sens) %	Amphotericin B (Sens) %	Miconazole (Sens) %	Voriconazole (Sens) %	Fluconazole (Sens) %
Candida albican	11 (22.9)	8.0 (72.7)	9.0 (81.8)	11.0 (100.0)	8.0 (72.7)	2.0 (18.2)
Candida Krusei	23 (47.9)	19.0 (82.6)	19.0 (82.6)	21.0 (91.3)	18.0 (78.3)	1.0 (4.3)
Candida tropicalis	1 (2.1)	1.0(100.0)	1.0 (100.0)	1.0 (100.0)	0.0 (0.0)	0.0 (0)
Candida glabrata	13 (27.1)	11.0 (84.6)	10.0 (76.9)	13.0 (100.0)	12.0 (92.3)	3.0 (23.1)
Total	48 (100)	39.0 (81.3)	39.0 (81.3)	46.0 (95.8)	38.0 (79.2)	6.0 (12.5)

Resistance within Drugs

Nystatin: *C. krusei* had the highest resistance 44.4%, *C.albican* 33.3% the least *C. glabrata* 22.2%, Amphotericin B: *C. krusei* 44.4%, C. glabrata 33.3%, then the least *C. albican* 22.2%, **Miconazole:** *C. krusei* 100.0%, **voriconazole:** *C. krusei* 50.0% *C. albican* 30.0%, the least, 10.0% for both *C. tropicalis* and *C. glabrata*. **Fluconazole:** *C. krusei* 52.4%, *C.glabrata* 23.8% then the least *C. tropicalis* 2.4%. Figure 2

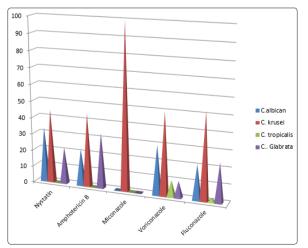


Figure 2: Resistant pattern of Candida species isolated from children diaper in percentage (%) within the Antifungal drugs used

Resistance within Organisms

The highest resistance was seen in **C. albican**; fluconazole 81.8%, Nystatin and Voriconazole 27.3% each, **C. krusei**: Fluconazole had 95.7% voriconazole 21.7% while both Amphotericin B and Nystatin had 17.4% each. **C. tropicalis**: Fluconazole and Voriconazole had 100.0%, **C. glabrata**: Fluconazole had 76.% Amphotericin B 23.1% and the least 7.7%. Figure 3

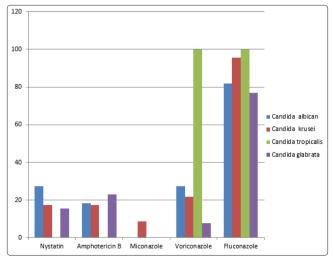


Figure 3: Resistant pattern of Candida species isolated from children diaper in percentage (%) within the Organisms

Citation: Olaniran Olarinde, et al (2020) Antifungi Pattern of Candida Species Isolated From the Children Diapers in Obafemi Awolowo University Teaching Hospital Complex, Nigeria. Journal of Clinical & Biomedical Research. SRC/JCBR-119.DOI: https://doi.org/10.47363/JCBR/2020(2)119.

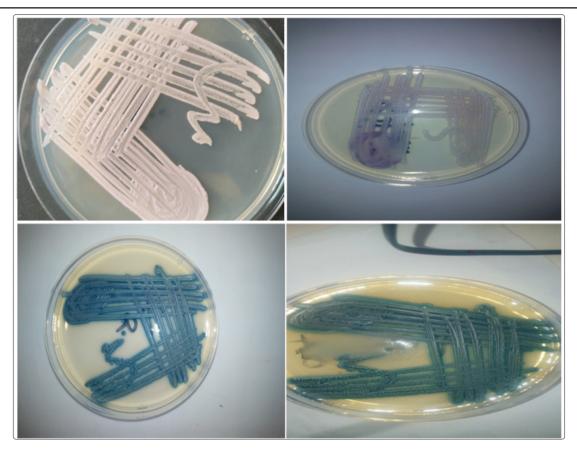


Plate1: Pure culture of *Candida albican* (Green) isolated from Children diaper on Hi Media Chrome Agar (M1297A). **Plate 2:** Pure culture of *Candida tropicalis* (blue) isolated from children diaper on Hi Media Chrome Agar (M1297A). **Plate 3:** Pure culture of *Candida krusei* (purple) isolated from children diaper on Hi Media Chrome Agar (M1297A). **Plate 4:** Pure culture of *Candida krusei* (whitish/creaming) isolated from children diaper on Hi Media Chrome Agar (M1297A).

Discussion

An invitro evaluation study was carried out on 48 strains of Candida spp isolated from children diapers in ile ife, In this study miconazole had the highest overall sensitivity 100.0% and the least was fluconazole 12.5%, this was in conjunctions with the report from world health organization that fluconazole resistance was indeed more common in non Candida albican species and this may pose negative signal since fluconazole was not that expensive and well tolerated medication that is given orally (WHO 2014). C. krusei is more sensitive to Nystatin 48.7% Amphotericin B 48.7%, Miconazole 45.7%, Voriconazole 47.4% while the C. glabrata is more sensitive to fluconazole 50% within the drugs used in the study. Within the organism used, C. albican had the highest sensitivity 100% Amphotericin B 81.8%, Nystatin and Voriconazole 72% and Fluconazole 18.2 %, this was in line with the findings of Jasem et al, 2014 in which the sensitivity to Voriconazole was higher with 94.3% but on the contrary, the sensitivity to Fluconazole 67.9% was more than what we got.

The highest resistance in the study was seen with Fluconazole 87.5 % whereas In the study done by Jasem et al, 2014 it was 35.8% and also, according to the work done by the CDC on the resistivity of the Candida isolates, where 70.0 % resistance was seen with *C. glabrata* and *C. krusei* but in the study it was seen with *C. tropicalis* and *C. krusei*. To all drugs used in the study, C. krusei had the highest resistance of 44.4 % on Nystatin and Amphotericin B, 100 % Miconazole, 50.0 % *C. albican*, 52.4 % fluconazole and 50.0 % Voriconazole. The resistance among the Candida species used was seen with Fluconazole, where *C. albican* had 81 %, *C. krusei* had 95.7 %, *C. tropicalis* had 100%,

and *C. glabrata* had 76 %. The most common cause of candida infection *C. albican* in the study done by Mohamadi et al, 2014 had Nystatin to be 100% sensitive to *C. albican* whereas in the study it was found to be 72.7 % showing that there is increase in the resistivity to the drug.

In conclusion, in this study, over all resistance to different *Candida species*, Miconazole (100.0), Nystatin and amphotericin B (81.3) each, Voriconazole (79.2) and Fluconazole (12.5) which implies that Fluconazole that is commonly used had 87.5 resistance, it is therefore recommended according to the study that Miconazole is the most suitable medication for the treatment of especially diaper rash induce candidiasis. [14-19].

References

- 1. Ward DB, Fleischer AB Jr, Feldman SR, Krowchuk DP (2000) Characterization of diaper dermatitis in the United States. Arch Pediatr Adolesc Med. 154: 943-946.
- 2. Wolf R, Wolf D, Tüzün B, Tüzün Y (2000) Diaper dermatitis Clin Dermatol. 18: 657–660.
- 3. Klunk C, Domingues E, Wiss K (2014) An update on diaper dermatitis Clin Dermatol. 32: 477–487.
- 4. Hoppe JE (1997) Treatment of oropharyngeal candidiasis and candidal diaper dermatitis in neonates and infants: review and reappraisal. Pediatr Infect Dis J. 16: 885–894.
- 5. Campbell RL, Bartlett AV, Sarbaugh FC, Pickering LK (1988) Effects of diaper types on diaper dermatitis associated with diarrhea and antibiotic use in children in day-care centers. Pediatr Dermatol. 5:83–87.
- 6. Adalat S, Wall D, Goodyear H (2007) Diaper dermatitis-

frequency and contributory factors in hospital attending children. Pediatr Dermatol. 24: 483-488.

- Tüzün Y, Wolf R, Bağlam S, Engin B (2015) Diaper (napkin) dermatitis: a fold (intertriginous) dermatosis. Clin Dermatol. 33: 477-482.
- 8. Brook I (1992) Microbiology of secondarily infected diaper dermatitis. Int J Dermatol. 31: 700-702.
- 9. Hoppe JE (1997) Treatment of oropharyngeal candidiasis and candidal diaper dermatitis in neonates and infants: review and reappraisal. Pediatr Infect Dis J. 16: 885-894.
- Ferrazzini G, Kaiser RR, Hirsig-Cheng SK, Wehrli M, Della Casa V, Pohlig G Gonser S, Graf F, Jörg W.(2003) Microbiological aspects of diaper dermatitis. Dermatology. 206: 136–141.
- 11. De Bernardis F, Mühlschlegel FA, Cassone A, Fonzi WA (1998) The pH of the host niche controls gene expression in and virulence of Candida albicans. Infect Immun. 66: 3317-3325.
- Odio M, Friedlander SF (2000) Diaper dermatitis and advances in diaper technology. Curr Opin Pediatr. 12: 342-346.
- 13. Allen AM, King RD (1978) Occlusion, carbon dioxide, and fungal skin infections. Lancet. 18 :360-362.
- 14. Mohamadi J, Motaghi M, Panahi J, Havasian MR, Delpisheh A, Azizian M, Pakzad I (2014) Anti-fungal resistance in

Candida isolated from oral and diaper rash candidiasis in neonates. Bioinformation. 10: 667-670.

- 15. Pfaller MA, Diekema DJ, Gibbs DL, et al (2010) Results from the ARTEMIS DISK global antifungal surveillance study, 1997 to 2007: a 10.5-year analysis of susceptibilities of Candida species to fluco nazole and voriconazole as determined by CLSI standardized disk diffusion. J Clin Microbiol. 48: 1366-1377
- 16. Pfaller MA, Messer SA, Moet GJ, Jones RN, Castanheira M (2011) Candida bloodstream infections: comparison of species distribution and resistance to echinocandin and azole antifungal agents in intensive care unit (ICU) and non-ICU settings in the SENTRY Antimicrobial Surveillance Program (2008–2009) Int J Antimicrob Agents. 38: 65-69
- 17. Yapar N (2014) Epidemiology and risk factors for invasive candidiasis. Ther Clin Risk Manag. 10: 95–105.
- WHO Antimicrobial Resistance: Global Report on Surveillance. 2014. [Accessed June 21, 2017]. Available from: http://www.who.int/drugresistance/documents/ surveillancereport/en/
- 19. White TC, Marr KA, Bowden RA (1998) Clinical, cellular, and molecular factors that contribute to antifungal drug resistance. Clin Microbiol Rev. 11: 382-402.

Copyright: ©2020 Olaniran Olarinde, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.