Invasive candidiasis

Early diagnosis and treatment follow-up

CE IVD

INVASIVE CANDIDIASIS (CAGTA) IFA IgG (Ref. PCAALG)

Indirect immunofluorescence assay for the diagnosis of invasive candidiasis by means of *Candida albicans* germ tube IgG antibodies* in human serum.

*specific antibodies against antigens located on the cell wall surface of the mycelium of *C.albicans* (known as CAGTA- *Candida albicans* germ tube antibody- in the scientific literature)

Ref. PCAALG 50 tests

Product features:

- Indirect immunofluorescent assay with a **simple and easy to use** protocol.
- **Results in 2 hours.**
- **Discriminates** between **infection and colonization.**
- Allows for **treatment follow-up.**
- **Excellent performance** – high sensitivity and specificity, avoiding false positive results.
- All the necessary reagents are included in the kit.
- Widely recognized in the **scientific literature** as CAGTA (*Candida albicans* germ tube antibody).

Scientific literature support
Access to the bibliographic references of INVASIVE CANDIDIASIS (CAGTA) IFA IgG

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Invasive candidiasis

Early diagnosis and treatment follow-up

Invasive candidiasis (IC) is a disease of fungal etiology which presents an **increasing incidence**, especially affecting immunocompromised patients (transplanted, neutropenic, suffering from AIDS, etc.), long-term hospitalized patients or undergoing extensive surgery, catheterized patients or those following a broad-spectrum antibiotic therapy.

According to the scientific literature, IC has a **significant impact on morbidity and mortality**, with a direct mortality ranging between 15-35% in adults and 10-15% in infants and children. The impact of IC on costs is very high also, as each adult patient episode has been estimated in approximately $40,000. (Del Palacio, A. *et al*. 2009).

Diagnostics difficulties

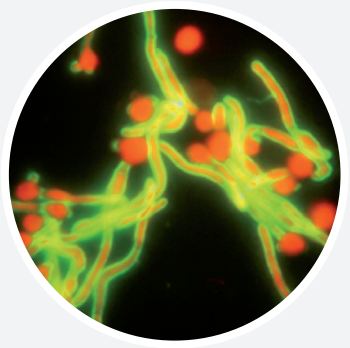
The diagnosis of IC presents serious problems, mainly associated with the **absence of pathognomonic symptoms** of the disease and the difficulty of isolating the fungus in blood culture.

A prompt and accurate diagnosis for the establishment of an early fungal treatment is essential, since **a delay of only 12 hours** is associated with a **significant increase in mortality**.

The techniques so far available in the market have low specificity and sensitivity. Additionally, some of the described protocols present difficulties of realization that make impossible their use in clinical microbiology laboratories.

INVASIVE CANDIDIASIS (CAGTA) IFA IgG allows to detect specific antibodies against antigens of the mycelium phase by means of a previous absorption of samples with *C. albicans* yeasts in order to eliminate other antibodies typical of colonized but not infected patients.

The detection of anti-mycelium antibodies allows for discriminating between infection and colonization. These antibodies are only produced against antigens of the cell wall of *Candida* which are expressed when yeast is in mycelium phase, i.e. when it is infecting the patient.



✓ Early diagnosis

Results in 2 hours with a simple and easy to implement protocol for clinical microbiology laboratories.

✓ Discriminating between infection and colonization

Germ tube antibody detection by prior absorption of samples with yeasts of *C. albicans* to remove non-specific antibodies.

✓ Monitoring of antifungal therapeutic efficacy

These antibodies become negative in patients with good response to antifungal therapy.

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