

(1,3)- β -D-glucan-based diagnosis of invasive *Candida* infection versus culture-based diagnosis in patients with sepsis and with an increased risk of invasive *Candida* infection (CandiSep): Study protocol for a randomized controlled trial.

Bloos F, Held J, Schlattmann P, Brillinger N, Kurzai O, Cornely OA, Thomas-Rüddel D (2018) (1,3)- β -D-glucan-based diagnosis of invasive *Candida* infection versus culture-based diagnosis in patients with sepsis and with an increased risk of invasive *Candida* infection (CandiSep): Study protocol for a randomized controlled trial. *Trials* 19(1), 472.

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Abstract

The time to diagnosis of invasive *Candida* infection (ICI) is often too long to initiate timely antifungal therapy in patients with sepsis. Elevated serum (1,3)- β -D-glucan (BDG) concentrations have a high diagnostic sensitivity for detecting ICI. However, the clinical significance of elevated BDG concentrations is unclear in critically ill patients. The goal of this study is to investigate whether measurement of BDG in patients with sepsis and a high risk for ICI can be used to decrease the time to empiric antifungal therapy and thus, increase survival.

Involved units

[Fungal Septomycosis Oliver Kurzai](#) [Read more](#)

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