



MEMORANDUM

DATE: August 2, 2016

TO: All Physicians, Residents, Clinical Managers, and Clinical Educators at Hamilton Health Sciences and St. Joseph’s Healthcare, Hamilton

FROM: Dr. Marek Smieja, Discipline Director, Microbiology HRLMP
Dr. Deborah Yamamura, Microbiologist, HRLMP

**RE: CHANGES TO MOUTH CULTURE FOR FUNGUS,
EFFECTIVE AUGUST 2, 2016**

Diagnosis of oropharyngeal candidiasis (thrush) is primarily a clinical diagnosis; however, laboratory confirmation by direct examination may be required for more complicated cases. Culture is not required routinely unless azole (fluconazole) resistance is suspected or if a fungus other than Candida is suspected.

To help improve appropriate diagnostic testing, routine culture of the mouth for thrush will **only include a direct examination**. If culture is required, fungal culture should be ordered.

For full information, refer to the Laboratory Test Information Guide on the hospital intranet.

Indication	Specimen	Meditech Order Entry	Laboratory Testing
Confirmation of clinical diagnosis of thrush	Swab or scraping of mouth	CMOU	Direct examination using Calcofluor
Azole (fluconazole) resistance is suspected in recurrent thrush	Swab or scraping of mouth	CMYC with source of mouth	Direct examination using Calcofluor plus fungal culture for yeast
Fungus suspected other than Candida*	Biopsy of tissue	CMYC with source of tissue Provide anatomic location	Direct examination using Calcofluor plus fungal culture for yeast and mould

* If dimorphic fungi (eg histoplasmosis, blastomyces) are suspected, contact the laboratory prior to collection.

Please do not hesitate to contact Dr. D. Yamamura (yamamura@hhsc.ca or Ext 46111) or the mycology laboratory (Ext 46175) for further information