

Aim Caspofungin is used as the echinocandin of choice when treating *Candida* infections on NICU within our Trust. This study reviewed the effect of caspofungin on liver function tests (LFTs) in babies receiving doses of 25–50 mg/m² daily. The manufacturers of caspofungin currently state that there is limited safety data for its use in this patient group at a dose of 25 mg/m².¹

Method A retrospective review using data accessed via the Trust's blood results database included a review of LFTs for all babies who had received treatment with intravenous caspofungin on NICU over a three year period. Babies were identified using data supplied by the pharmacy production unit who manufacture caspofungin prefilled syringes for use in the Trust and from the pharmacy dispensing database. All data sets were analysed using patients notes to determine doses, duration and indication for therapy. The review included all routine LFTs including ALT, GGT, ALP and albumin. These were assessed over the time period from the day preceeding treatment with caspofungin through to fourteen days post the end of the treatment course.

All babies have been included in this review including preterm and low birth weight infants and those who had pre-existing liver impairment prior to initiation of caspofungin. In these latter cases any further rise in LFTs was evaluated.

Results A total of 18 babies have been included in this review. One baby has been excluded from the results due to only receiving two treatment doses of capsfungin and LFTs not being recorded.

Of the remaining 17 babies, 47% (n=8) had no significant change in their LFTs as a result of caspofungin therapy. The results for the remaining 53% (n=9) babies demonstrated an increase in one or more of the parameters reviewed. On further analysis 78% (n=7) of these babies demonstrated a transient rise in one or more their LFTs which returned to baseline within two weeks of stopping caspofungin therapy. The remaining two babies in this group, with initial increases in LFTs, could not be followed up to determine whether this was transient in nature, as one baby died during treatment (death not related to caspofungin therapy) and one was transferred from the NICU and follow-up was not possible.

Conclusion In the babies included in this small review, we found caspofungin to be well tolerated and any initial increase in liver function tests to be transient in nature.

REFERENCE

- 1 Summary of Product Characteristics for Caspofungin. Accessed via www.medicines.org.uk July 2014.

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EXPERIENCE OF THE EFFECTS OF CASPOFUNGIN ON LIVER FUNCTION TESTS IN NEONATES

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