

# Antifungal prophylaxis regimens in liver transplant found equal

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(HealthDay)—Antifungal prophylaxis is associated with reductions in invasive fungal infections (IFIs) in liver transplant recipients, according to research published in the December issue of the *American Journal of Transplantation*.

J.D.W. Evans, from Cambridge University in the United Kingdom, and colleagues conducted a comprehensive literature search and identified randomized controlled trials comparing regimens for antifungal prophylaxis in liver transplant recipients. Data were included from 14 studies, with comparisons of fluconazole, liposomal amphotericin B (L-AmB), itraconazole, micafungin, and placebo.

The researchers found that the rate of proven IFI, suspected or proven IFI, and mortality due to IFI were reduced with antifungal prophylaxis

([odds](#) ratios, 0.37, 0.40, and 0.32, respectively) compared to placebo. There was no significant effect observed for all-cause mortality. No significant difference was seen in the risk of adverse events requiring cessation of prophylaxis (odds ratio, 1.11; 95 percent confidence interval, 0.48 to 2.55;  $P = 0.81$ ). In the network meta-analysis, similar reductions were seen in the rate of IFI for fluconazole and L-AmB versus placebo (odds ratios, 0.21 and 0.21, respectively).

"Routine [prophylaxis](#) with fluconazole or L-AmB reduces the incidence of IFI following [liver transplantation](#), and the available evidence suggests that the two are equivalent in efficacy," the authors write.

**More information:** [Abstract](#)  
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