

## **Abstract:**

**Background:** Infection caused by Candida infection pose a major health care threat, mainly due to rising number of immunocompromised patients and widespread use of broad-spectrum antibiotics etc. Invasive fungal infection is a potent killer. Among candida species *Candida albicans* is the one causing most of the human infection, however non- *candida albicans* species are increasingly being recognized in the recent past. Among them *C. glabrata* is considered as the second or third most prevalent cause of candidiasis after *C. albicans* and is considered to have high mortality rate. Most of the times it is resistant to many azole group antifungal agents.

**Case presentation:** A 66-year-old female, with type2 diabetes mellitus and microvascular complications, chronic kidney disease (stage iv) and recent neck of femur fracture which was managed conservatively, presented complaining malaise and intermittent fever for one- week duration. She was bed ridden and was on indwelling catheter. She was managed as for left sided pyelonephritis which was complicated with acute kidney injury and left sided renal abscess formation. Pus culture from the abscess grew candida species. Though patient was initially responding to fluconazole, later she deteriorated and the reference laboratory confirmed presence of *Candida glabrata* in the pus culture, which was azole resistant. Though she was treated with anidulafungin, later patient succumbed to sepsis and acute kidney injury.

**Conclusion:** *Candida glabrata* is an important unrecognized cause of candida urine infection and invasive candidiasis. Prompt recognition is important to prevent mortality. In a patient with chronic kidney disease in a resource poor setting physician have to face major issues in management of such patients.