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Abstract

Introduction: Due to the epidemiological panorama of candidiasis caused by Candida tropicalis and the marked resistance generated towards azoles, it is necessary to deepen the knowledge of virulence and drug resistance mechanisms. Objective: To synthesize the virulence factors of Candida spp. and the molecular mechanisms of azole resistance expressed by Candida tropicalis. Materials and methods: The bibliographical search were conducted in the PubMed database and manuscripts were selected according to the critical analysis criteria proposed by the PRISMA instrument. The guiding question for the search was: What are the virulence factors of Candida spp, and the azole resistance mechanisms expressed by the species C. tropicalis? The results were organized into two categories: Virulence factors of Candida spp and molecular mechanisms of resistance to azoles. Results: The virulence factors of Candida spp. are represented by toxin and enzyme production, biofilm formation, environmental modification. filamentation, and hyphal growth. The mechanisms of resistance to azoles expressed by *C. tropicalis* are mainly determined by overexpression of the ERG11 and MDR1 genes and by mutations in the ERG11 gene. Conclusion: Virulence factors are similar among Candida species and the molecular mechanisms of resistance to azoles expressed by C. tropicalis fundamentally result in decreased affinity for the pharmacological target and lower intracellular concentration of the drug.

Key words: *Candida tropicalis*, Virulence Factors, Drug Resistance, Azoles, Antifungals (Source: MeSH).

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Factores de virulencia de Candida spp y mecanismos moleculares de resistencia a los azoles expresados por Candida tropicalis

Resumen

Introducción: Debido al panorama epidemiológico de la candidiasis producida por *Candida tropicalis* y la marcada resistencia generada hacia los azoles, se hace necesario profundizar en el conocimiento de la virulencia y mecanismos de resistencia a fármacos. Objetivo: Sintetizar los factores de virulencia de *Candida* spp. y los mecanismos moleculares de resistencia a azoles expresados por *Candida tropicalis*. Materiales y métodos:

Se realizó una búsqueda bibliográfica en la base de datos Pubmed y los manuscritos fueron seleccionados según los criterios de análisis crítico propuestos por el instrumento PRISMA. La pregunta orientadora de la búsqueda fue: ¿Cuáles son los factores de virulencia de Candida spp y los mecanismos de resistencia

a los azoles expresados por la especie C. tropicalis? y los resultados se organizaron en dos categorías: Factores de virulencia de Candida spp y mecanismos moleculares de resistencia a azoles. Resultados: Los factores de virulencia de *Candida* spp. están representados por la producción de toxinas y enzimas, la formación de biopelículas, la modificación del medio ambiente, la filamentación y el crecimiento hifal; por otro lado, los mecanismos de resistencia a los azoles expresados por C. tropicalis están determinados principalmente por la sobreexpresión de los genes ERG11 y MDR1 y por mutaciones en el gen ERG11. Conclusiones: Los factores de virulencia son similares entre las distintas especies de Candida v los mecanismos moleculares de resistencia a los azoles expresados por C. tropicalis se traducen fundamentalmente en una menor afinidad por la diana farmacológica y una menor concentración intracelular del fármaco.

Palabras clave: Candida tropicalis, Factores de virulencia, Resistencia a medicamentos, Azoles, Antifúngicos (Fuente: DeCS, BIREME)

Introduction

The incidence of life-threatening fungal infections caused by Candida species has increased significantly in recent decades, currently ranking fourth among causes of sepsis [1,2]. Notably, C. tropicalis has become an important health care-associated fungus, particularly in intensive care units, likely due to the immunodeficiency of patients, use of invasive biomedical equipment, prolonged antibiotic therapy, recent surgeries and crosscontamination, which also poses a significant risk [3-5]. C. tropicalis is frequently isolated from the bloodstream and urinary tract, especially in cancer patients, those undergoing bone marrow transplants, and individuals with acute leukemia, neutropenia, or receiving antineoplastic therapy [2,6].

The prevalence of non-albicans *Candida* species varies by geographic location. *C. tropicalis* is the second most frequently isolated species in Asia and Latin America, while in the United States, its prevalence as a sepsis-causing agent, ranges between 2-24% and in India, *C. tropicalis* is the most common cause of candidemia, with isolation in 67-90% of cases [7-11]. The Group for the Control of Antimicrobial Resistance in Bogotá (Grupo para el Control de la Resistecia a los Antimicrobianos, GREBO) conducted a study in eight hospitals between 2001 and 2002 found that of 1,194 fungal isolates, *C. albicans* was the most common (57%) followed by *C. tropicalis* (14%) [12].

C. tropicalis is a diploid yeast of the family Ascomycota, class Hemiascomycetes. It forms spherical to ovoid blastoconidia and pseudohyphae in branched chains (13). Its genome is 14.6 Mb, with 6258 protein-coding genes and a guanine-cytosine content of 33.1%. Even though the exact number of chromosomes is uncertain, Doi et al. reported 12 chromosomes per cell [13,14]. Although *C. tropicalis* primarily reproduces asexually, it can reproduce parasexually under stress conditions [14,15]. Current pharmacological treatments for *Candida* infections include polyenes, azoles, and echinocandins [16]. Azoles, such as fluconazole and voriconazole, are fungistatic and inhibit the synthesis of ergosterol by binding to the heme group of enzymes like 14-alpha demethylase, which prevents fungal growth [17,18].

The increasing prevalence of candidemia, its impact on mortality, and the increase in drugresistance strains require a review of resistance mechanisms, especially to azoles due to their frequent use [19,20]. Common resistance mechanisms include mutations in the *ERG11* gene, which encodes 14-alpha demethylase, and overexpression of genes that produce efflux pumps (ABC and MFS transporters) that reduce intracellular concentrations of azoles [21,22].

In this context, the objective of this review is to provide a comprehensive and up-to-date overview of the factors contributing to the pathogenicity of *Candida* spp. and how *C. tropicalis* develops resistance to azoles.

Materials and Methods

A review was conducted with the following guiding question for the search: What are the virulence factors of *Candida* spp. and the azole resistance mechanisms expressed by *C. tropicalis* species? The search was conducted in the PubMed database. The search terms used were *Candida tropicalis*, Virulence Factors, Resistant, Azoles (DeCS) // *Candida tropicalis*, Virulence Factors, Resistant, Azoles (MeSH). These terms were combined with the Boolean

operator "AND" in "all fields". A filter was applied to find studies between 2013 and 2022. The search operations were (*Candida tropicalis*) AND virulence factors and (azole resistance) AND *Candida tropicalis*.

The search was conducted in June 2018 and repeated in December 2022 to include other updated studies on the corresponding topic, obtaining a total of 587 studies (168 on virulence mechanisms of Candida spp and 419 on resistance mechanisms to azoles expressed by Candida tropicalis). Articles that included in the title or abstract mechanisms of virulence by Candida spp and/or resistance to azoles expressed mainly by the C. tropicalis species directly became eligible, and those that included frequency or prevalence of virulence of any Candida species and/or resistance to any drug from the azole group by any Candida species were included for further review and, if related and relevant, were included in the eligible list. Critical reading analysis and quality assessment of studies was performed according to the elements proposed by the PRISMA reports [23].

Two sections of results were established based on the findings. The first section corresponds to virulence mechanisms, and the second addresses the molecular elements conferring resistance to azoles in C. tropicalis. The inclusion criteria for the selected manuscripts specifically, that they were, addressed virulence mechanisms of Candida spp. and/or azoles resistance, with a particular attention to C. tropicalis. Furthermore, only manuscripts available in the PubMed database were included according to the criteria established for each phase of the search. Manuscripts only presenting epidemiological data on Candida spp. infections, without addressing virulence mechanisms and/or azoles resistance. particularly in *C. tropicalis*, were excluded.

In addition, manuscripts of experimental studies focused on the evaluation of changes

in virulence factors, resistance to azoles, and experiments with drugs or substances with antifungal potential which did not include specific molecular elements that explain the general mechanisms of resistance of *C. tropicalis* to azoles, were also excluded. Similarly,

manuscripts of experimental studies with azoles that were not related to the resistance mechanisms specifically expressed by C. tropicalis to these antifungals were excluded (see Figure 1).

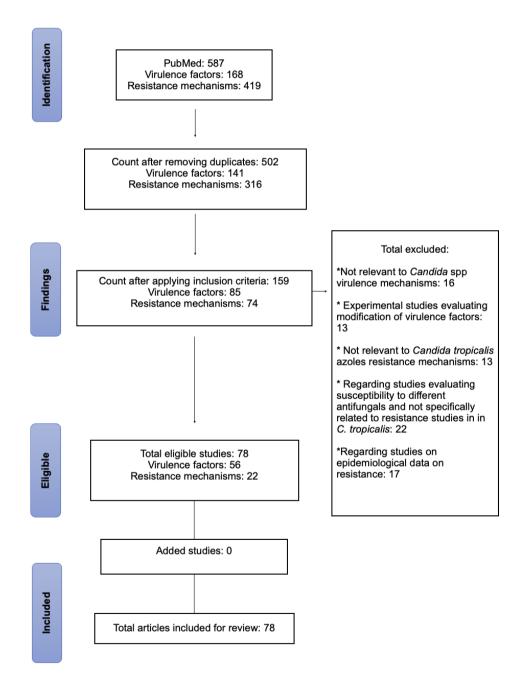


Figure 1. Review process of articles-studies based on the PRISMA method

Results and Discussion

Virulence factors contributing to the pathogenicity of *C. tropicalis* (Table 1)

Table 1. Virulence factors of *Candida* spp.

Virulence factor	Generated effect
Toxin Production [24-27] Production of toxic substances produced by <i>Candida</i> spp. that confer pathogenic character to the microorganism and avoid the immune response of the host.	The mechanisms of the humoral immune response are altered and can even induce the lysis of necrotic cells, thus affecting the immune response capacity to control <i>Candida</i> spp. infection.
Detection and regulation of pH [28-31] Production and/or use of short-chain carboxylic acids, as a product of the metabolism of sugar by <i>Candida</i> spp. Generation and extrusion of ammonia, as a product of amino acid degradation. This is an exclusive virulence mechanism of <i>C. albicans</i> . No information on species other than <i>Candida-albicans</i> is found in the literature.	Carboxylic acids such as acetate and lactate are used by <i>Candida</i> to survive, since in some environmental niches where it colonizes and infects, they are often the only source of carbon and, of course, an adaptive alternative to nutrient restriction for the fungus.
	The acidic environment generated by the production of carboxylic acids causes: • Irritation and inflammation of the mucosa where <i>Candida</i> spp is found. • It prevents the colonization of commensal microorganisms and favors that of aciduric microorganisms. • The enzymes released in the acidic environment by <i>Candida</i> spp, cleave IgA secreted by the host and facilitate its adherence to the tissue. <i>Candida</i> spp secretes phospholipase, a lytic enzyme that destroys host cell membranes. Specifically, <i>C. albicans</i> can detect the pH of the medium and adapt using two beta-glucosidase proteins (Phr1 and Phr2) of the cell wall. Phr1 is expressed in alkaline and neutral media and Phr2 in acidic media. It can also
	alkalize the extracellular pH and auto-induce the formation of hyphae, through a process in which the fungus absorbs amino acids in the absence of glucose (starvation), degrades them and exports the resulting ammonia, which alkalizes the medium and induces the formation of hyphae.

Metabolic flexibility [29,32]

Modification of the energy production pathway, from glycolysis to gluconeogenesis, and activation of the glyoxylate cycle, is described as a particular virulence mechanism of *C. albicans*. No information on species other than *C. albicans* is found in the literature.

When *C. albicans* is phagocytosed by macrophages and neutrophils, the nutritional environment of the fungus is restricted in glucose. Therefore, as a survival factor, glycolysis is inactivated, and the energy-yielding pathway is induced instead of mediated by gluconeogenesis and the glyoxylate cycle. On the other hand, lipids and amino acids begin to serve as an energy source within the phagocytes.

Response to environmental stress [29,33,34]

Heat shock, osmotic, oxidative, and nitrosative stress responses detected and transmitted by mitogen-activated protein kinase (MAP) pathways through sequential phosphorylation are characteristic of *C. albicans*. No information related to *non-albicans* species is found in the literature.

The heat shock response is mediated by heat shock proteins, which prevent the unfolding and aggregation of proteins harmful to the fungus and cause its death. They also play other roles in morphological plasticity and biofilm formation.

The response to osmotic stress occurs through the formation and intracellular accumulation of solute glycerol through the action of glycerol-3-phosphatase and glycerol-3-phosphate dehydrogenase. Glycerol counteracts water loss of the fungus. Oxidative stress generated by peroxide, superoxide anions, and hydroxyl radicals substantially affects the life of the fungus. Therefore, *C. albicans* activates detoxification and survival mechanisms mediated by catalase and superoxide dismutase.

Neutrophils produce reactive nitrogen species that induce nitrosative stress in the phagocytosed fungus, generaring biological processes that promote the activation of the flavohemoglobin-related protein Yhb1, whose function is to detoxify *Candida* spp from the action of reactive nitrogen species.

Filamentation [13,29,30,32,35-40]

Morphological plasticity consists in the modification of the yeast form to the form of pseudohyphae and hyphae.

pH > 7, starvation, presence of serum or N-acetylglucosamine, physiological temperature, and CO₂, among others, promote a process of transition and adaptive morphological change, by which the fungus changes from its yeast-like state to one of pseudo-hyphae and hyphae. It has been proposed that a greater capacity for filamentation (morphological plasticity) is associated with more efficient biofilm formation and, on the other hand, the formation of hyphae within phagocytes favor escape by mechanical forces.

Enzyme production [6,13,24,29,37,38,41-71]

Hydrolases:

Proteases, phospholipases, and lipases.

Others:

Hemolysin

Coagulase

Enolase

Phytases

Hydrolytic enzymes degrade host cell membranes, allowing tissue invasion and spread of infections.

When yeasts are phagocytosed, the pH within the vacuole favors the activation of proteases (aspartyl proteases), which promote adhesion, tissue damage, active penetration into the host cell, and affect the immune response by destroying immunoglobulins, cytokines, complement factors, collagen, keratin, and mucin. Proteases are also described as molecules that provide nutrients for fungal survival.

Phospholipases alter the host cell membrane and promote *Candida* spp invasion. Lipases promote fungal cell survival in macrophages and mitigate the inflammatory response of the host.

Hemolysin uses the iron contained in host hemoglobin and activates complement to opsonize the surface of red blood cells, destroying them and facilitating the invasion of hyphae in systemic candidiasis. Coagulase binds to plasma fibrinogen and initiates a series of reactions that cause coagulation. It is a recognized virulence factor for *C. albicans* and *C. tropicalis*.

Enolase is a cytosolic enzyme involved in several functions. However, the most important function conferring pathogenicity to *Candida* spp is unclear. It has been proposed that *C. albicans* enolase increases the ability to cross human brain endothelial cells and, through interaction with extracellular matrix proteins, laminin and fibronectin, mediates adhesion. In addition, enolase has been found in biofilms, suggesting its participation in the formation of their structure.

Phytase hydrolyzes phytate, a component rich in inorganic phosphorus and myoinositol, essential nutrients for *C. albicans*. In addition, phytase is known to be essential for carrying out the process of cell filamentation, adhesion, and invasion: especially penetration of human epithelium.

Adhesion and biofilm formation [13,29,36,38,50,55,58-61,64-78]

Biofilms are structures formed by a community of microorganisms adhering to solid surfaces of either biotic or abiotic nature. Their consolidation requires several processes: adhesion, colonization, growth, cell proliferation and, finally, the formation of pseudohyphae and/or hyphae, which will result in the formation of exopolymeric extracellular matrix, that protects the fungus and facilitates its pathogenesis.

Adhesion is one of the main virulence mechanisms of *Candida* spp. and occurs in two stages: primary adhesion between yeast and surfaces, generally through non-specific hydrophobic interactions (the cell wall of Candida spp contains hydrophobic proteins that tend to adhere to plastic materials and host proteins such as laminin, fibrinogen, and fibronectin; and the second stage refers to the specific adhesion that occurs by the interaction between the biotic surface, host cells or other microorganisms and specific adhesins. The most representative adhesins are those of agglutinin-like sequence, which are part of a family of glycoproteins located on the surface of the yeast cell wall. Biofilm forms in two phases: in the first phase the fungal blastospores adhere to an inert or living surface and recruit new planktonic cells. In the second phase, hyphae and pseudohyphae are formed and the extracellular polymeric matrix, rich in carbohydrates and proteins, is synthesized. The biofilm limits contact with antifungal drugs, cells, and molecules of the host immune response.

Molecular Mechanisms of azole resistance

Azoles are drugs frequently used to treat infections caused by Candida spp., due to their low cost, oral availability and good pharmacological safety profile in terms of low toxicity. However, the intrinsic and developed resistance of fungi to this therapeutic alternative has been widely described [79]. The main resistance mechanisms expressed by Candida spp. include point mutations in the ERG11 gene, which encodes proteins that catalyze the 14-alpha-demethylation of lanosterol leading to the biosynthesis of ergosterol, a key component of the fungal membrane. The ERG11 mutation results in decreased affinity of the azole for the enzyme 14-alphademethylase (pharmacological target) and alters the direct ligand-receptor relationship,

which implies a reduction in the effectiveness of fluconazole for infection control [80,81]. Another associated resistance mechanism is related to the overexpression of genes encoding the ATP-binding cassette (ABC) and major facilitator (MF) pumps, which are recognized as antifungal pumping systems or permeability barriers, since they remove part of the active ingredient from the interior of the fungal cell, limiting its pharmacological effectiveness. ABC transporters are encoded by CDR (Candida Drug Resistance) genes and MF transporters are encoded by MDR (Multidrug Resistance) genes [82-84]. Finally, as a resistance mechanism, Candida spp. develops alternative pathways to keep the celtoxic intermediate productsional, which are not interrupted by the action of azoles, and which are not susceptible to the accumulation of intermediate products toxic to the fungus [85].

Table 2 summarizes the azole resistance mechanisms expressed by *C. tropicalis*, as documented in the literature.

Table 2. Molecular mechanisms of azole resistance expressed by *C. tropicalis*

Resistance mechanism	The functional basis of resistance
Modifications in the expression and/or mutations in the ERG gene	
Overexpression of the <i>ERG11</i> gene in resistant strains and <i>ERG11</i> gene mutations [86,87-103]: * A339T mutation * C461T mutation * A395T Mutation (Y132F substitution in <i>ERG11p</i>) * V125A mutation * Y257H mutation * T224C mutation * G464S mutation * T24C mutation * G263A mutation * S154F Mutation * G464D substitutions Overexpression of <i>ERG1</i> , <i>ERG2</i> , <i>ERG3</i> [97]	The genes <i>ERG1</i> and <i>ERG7</i> , <i>ERG24</i> , <i>ERG25</i> , <i>ERG26</i> , <i>ERG27</i> , <i>ERG6</i> , <i>ERG2</i> , <i>ERG3</i> , <i>ERG5</i> , <i>ERG4</i> and especially <i>ERG11</i> , regulate the synthesis of ergosterol. Overexpression and mutations of the <i>ERG11</i> gene, as described in the literature, constitute one of the most studied resistance mechanisms. The functional basis of resistance is attributed to a decrease in the affinity of the azoles for the pharmacological target lanosterol 14 alpha demethylase enzyme and, consequently, the drug-target relationship and inhibitory activity of the enzyme are altered, with consequent drug resistance. Overexpression of <i>ERG1</i> , <i>ERG2</i> , and <i>ERG3</i> genes has been found in resistant strains in other studies. However, a significantly higher expression in resistant strains of <i>C. tropicalis</i> was first identified in the study by Paul S, et al (2022) [95]. The functional basis of resistance generated by overexpression of <i>ERG1</i> and <i>ERG2</i> , is not exactly known.
ERG3 gene mutations [96,104] * S258F mutation * C773T mutation * A334G mutation	The <i>ERG3</i> gene encodes for the enzyme C-5 sterol desaturase, and its mutation causes the inactivation of this enzyme, which favors the detoxification of the fungal cell of toxic intermediates generated in the ergosterol biosynthesis pathway in the presence of azole-inhibitory drugs on the lanosterol 14α -demethylase enzyme and the function of the C-5 sterol desaturase enzyme on 14α -demethylated products. This confers pharmacological resistance. These toxic products are called 14 alpha-methyl sterols, especially 14α -methyl fecosterol.



Modifications in expression and/or mutations in the <i>CDR</i> gene		
Overexpression of the <i>CDR1</i> gene in strains resistant, non-sensitive, or less sensitive to fluconazole [88-90,94,97,105].	The <i>CDR</i> gene encodes drug extrusion pumps of the ABC (ATP-Binding cassette) transporters superfamily. The functional basis of the resistance generated by the overexpression of <i>CDR</i> genes is an increased efflux of azoles from the interior of the fungal cell to the outside, with the consequent decrease in the concentrations of drug available to carry out its function.	
Overexpression of <i>CDR</i> 2 and/or <i>CDR</i> 3 genes in resistant strains [97,106].		
Modifications in the expression and/or mutations in the <i>MDR</i> gene		
Overexpression of the <i>MDR1</i> gene in resistant, non-sensitive, or less sensitive strains to fluconazole [88-90,92,94,107,108].	The <i>MDR</i> gene encodes drug extrusion pumps of the MF (Major Facilitators) transporter superfamily. The functional basis of the resistance generated by the overexpression of <i>MDR</i> genes consists of an increased efflux of azoles from the interior of the fungal cell to the exterior, with a consequent decrease in the drug concentrations available to carry out its function.	
ERG11 transcription factor		
Overexpression of the <i>UPC2</i> gene in resistant strains [86,89,97,106,107].	The <i>UPC2</i> gene regulates the expression of the <i>ERG11</i> gene and overexpression of <i>UPC2</i> increases the expression of <i>ERG11</i> .	
Transcriptional activator of CDR1		
Overexpression of the <i>TAC1</i> gene in resistant strains [89,97,106].	The <i>TAC1</i> gene regulates the expression of the <i>CDR1</i> gene and overexpression of <i>TAC1</i> increases the expression of <i>CDR1</i> .	
Modifications in the expression of the <i>MKC1</i> gene		
Overexpression of the <i>MKC1</i> gene in resistant strains [97].	The <i>MKC1</i> gene encodes for mitogen-activated protein kinase involved in cell wall synthesis and morphological transition: filamentation. A possible mechanism of <i>C. tropicalis</i> resistance to azoles, based on overexpression of the <i>MKC1</i> gene in resistant strains, has been described in the study by Paul S, et al. (2022) [95]. However, the functional basis of the resistance conferred to <i>C. tropicalis</i> is not described.	

Discussion

Research on virulence factors in Candida spp. has focused primarily on C. albicans compared to other species, possibly due to its epidemiological predominance as a causative agent of infections within this genus [12]. C. albicans has been extensively used as a model to study the mechanisms that facilitate colonization, persistence, and pathogenicity in human hosts. Studies have reported virulence mechanisms such as the ability to produce toxins, regulate intracellular pH, metabolically adapt to different environments, respond to environmental stress, and develop structures like biofilms and filamentous forms. Overall, virulence in Candida spp. is a multifaceted characteristic involving a series of complex biological processes that enable these fungi to survive in the host, evade immune responses, and resist antifungal treatments [13].

Despite these advances, there is an urgent need to expand research towards other Candida species to better understand the particularities of each virulence mechanism and their variations between species. This is crucial for advancing the development of more effective therapeutic strategies against fungal infections. Similarities among Candida species regarding toxin production, pH regulation, filamentation, enzyme production, adhesion, and biofilm formation have been identified. Among the virulence mechanisms, biofilm formation and morphological plasticity are probably the most representative and studied, being biologically robust. However, it would be highly beneficial to advance in applicative research that explores alternatives for pharmacological intervention, new therapeutic targets, and the development of antifungals capable of overcoming the pathogenicity and resistance mechanisms of Candida spp., through more precisely targeted therapeutic interventions [24-32, 35-71].

Regarding some virulence mechanisms, there is insufficient information for species other than

albicans or no mechanisms have been reported in the literature related to specific adaptations such as ammonia generation in pH regulation, energy acquisition through gluconeogenesis and glyoxylate cycle activation instead of glycolysis as a metabolic flexibility process. The same lack of information occurs regarding responses to environmental stress mediated by heat shock proteins, intracellular glycerol formation. detoxification mechanisms activated by catalase and superoxide dismutase activity, and activation of proteins that detoxify reactive nitrogen species, depending on the type of environmental stress (thermal, osmotic, oxidative, and/or nitrosative) [31-34]. This lack of information in literature constitutes a significant opportunity for research, both at the basic and applied levels, which would allow for a detailed comparative analysis of the virulence factors differentiated by species of Candida. A deeper understanding of these cellular and molecular aspects could reveal new therapeutic alternatives and innovative strategies to combat these infections and counteract the growing resistance to antifungal drugs.

Moreover, resistance to azoles in *C. tropicalis* represents a significant challenge in treating fungal infections, given the widespread use of these antifungals due to their relatively low cost and acceptable safety profile. Documentation of intrinsic and acquired resistance in this species highlights the complexity of the mechanisms that favor this phenomenon, including point mutations in the *ERG11* gene, overexpression of genes related to ergosterol synthesis, and increased activity of efflux pumps, specifically those encoded by *CDR* and *MDR*, belonging to the ABC and MFS families, respectively [87-108].

The current problematic scenario invites the academic and scientific community to urgently develop new therapeutic strategies and diagnostic methods to address resistance to azoles in *C. tropicalis*. Based on the literature

reviewed in this manuscript, the authors believe that future resistance research should focus on several key areas: first, to understand in detail the molecular mechanisms leading to resistance, including the identification of new mutations in key genes such as *ERG11* and others related to ergosterol synthesis; second, to explore how alternative pathways for maintaining cell membrane integrity could be intercepted or inhibited by new antifungal agents; and third, to improve the early detection of resistance through the development of rapid and accurate diagnostic methods that allow timely adjustment of treatment.

Conclusions

Virulence factors have been identified especially in *C. albicans*, whose role in other species requires further study. To know the virulence

mechanisms of *Candida* spp. is essential not only for understanding their pathogenicity, but also because they can be considered promising pharmacological targets for infection control and future effective alternatives for addressing the resistance phenomenon.

Resistance to azoles generated by *C. tropicalis* is primarily attributed to overexpression or mutations of the *ERG11* gene, which modifies the binding of the drugs to the molecular target of action, and to positive regulation of the *MDR1* gene, a mechanism that causes a decrease in effective intracellular concentrations of azoles. However, studies are required to help establish more precisely the molecular mechanisms responsible for resistance, as well as the functional-biological basis that determines it, in order to provide new evidence that should be considered in terms of pharmacological efficacy in the control of resistant candidiasis.

References

- 1. Arendrup MC. *Candida* and Candidaemia. Susceptibility and epidemiology. Dan Med J. 2013;60(11):B4698. https://pubmed.ncbi.nlm.nih.gov/24192246/
- 2. Kaur, H., Singh, S., Rudramurthy, S. M., Ghosh, A. K., Jayashree, M., Narayana, Y., ... & Chakrabarti, A. (2020). Candidaemia in a tertiary care centre of developing country: Monitoring possible change in spectrum of agents and antifungal susceptibility. Indian journal of medical microbiology, 38(1), 109-116. https:// 10.4103/ijmm.IJMM_20_112
- 3. Barac A, Cevik M, Colovic N, Lekovic D, Stevanovic G, Micic J, et al. Investigation of a healthcare-associated *Candida tropicalis* candidiasis cluster in a hematology unit and a systematic review of nosocomial outbreaks. Mycoses. 2020;63(4):326-33. https://doi.org/10.1111/myc.13048
- 4. León CP de, Ernesto L. Infecciones en huéspedes inmunocomprometidos. Rev Méd Hered. 2013;24(2):156-61
- 5. Chakraborty M, Banu H, Gupta MK. Epidemiology and Antifungal Susceptibility of *Candida* Species Causing Blood Stream Infections: An Eastern India Perspective. J Assoc Physicians India. 2021;69(8):11-2. https://pubmed.ncbi.nlm.nih.gov/34472809/
- Treviño-Rangel R de J, Bodden-Mendoza BA, Montoya AM, Villanueva-Lozano H, Elizondo-Zertuche M, Robledo-Leal E, et al. Phenotypical characterization, and molecular identification of clinical isolates of *Candida tropicalis*. Rev Iberoam Micol. 2018;35(1):17-21. https://doi.org/10.1016/j. riam.2017.05.002
- 7. Falagas ME, Roussos N, Vardakas KZ. Relative frequency of albicans and the various non-albicans Candida spp among candidemia isolates from inpatients in various parts of the world: a systematic review. Int J Infect Dis IJID Off Publ Int Soc Infect Dis. noviembre de 2010;14(11):e954-966. https://doi.org/10.1016/j.ijid.2010.04.006
- 8. Tan TY, Hsu LY, Alejandria MM, Chaiwarith R, Chinniah T, Chayakulkeeree M, et al. Antifungal susceptibility of invasive Candida bloodstream isolates from the Asia-Pacific region. Med Mycol. 2016;54(5):471-7. https://doi.org/10.1093/mmy/myv114
- 9. Motoa G, Muñoz JS, Oñate J, Pallares CJ, Hernández C, Villegas MV. Epidemiology of *Candida* isolates from Intensive Care Units in Colombia from 2010 to 2013. Rev Iberoam Micol. 2017;34(1):17-22. https://doi.org/10.1016/j.riam.2016.02.006
- 10. Chander J, Singla N, Sidhu SK, Gombar S. Epidemiology of *Candida* bloodstream infections: experience of a tertiary care center in North India. J Infect Dev Ctries. 16 de septiembre de 2013;7(9):670-5. https://doi.org/10.3855/jidc.2623
- 11. Verma AK, Prasad KN, Singh M, Dixit AK, Ayyagari A. Candidaemia in patients of a tertiary health care hospital from north India. Indian J Med Res. marzo de 2003;117:122-8. https://pubmed.ncbi.nlm.nih.gov/14575178/
- 12. Cortés, J. A., Reyes, P., Gómez, C., Buitrago, G., & Leal, A. L. (2011). Fungal bloodstream infections in tertiary care hospitals in Colombia. Revista iberoamericana de micologia, 28(2), 74-78. https://doi.org/:10.1016/j.riam.2010.12.002
- 13. Zuza-Alves DL, Silva-Rocha WP, Chaves GM. An Update on *Candida tropicalis* Based on Basic and Clinical Approaches. Front Microbiol. 2017;8:1927. https://doi.org/10.3389/fmicb.2017.01927
- 14. Xu J. Is Natural Population of *Candida tropicalis* Sexual, Parasexual, and/or Asexual? Front Cell Infect Microbiol. 2021;11:751676. https://doi.org/10.3389/fcimb.2021.751676
- 15. Seervai RNH, Jones SK, Hirakawa MP, Porman AM, Bennett RJ. Parasexuality and ploidy change in *Candida tropicalis*. Eukaryot Cell. diciembre de 2013;12(12):1629-40. https://doi.org/10.1128/EC.00128-13
- 16. Oliveira JS de, Pereira VS, Castelo-Branco D de SCM, Cordeiro R de A, Sidrim JJC, Brilhante RSN, et al. The yeast, the antifungal, and the wardrobe: a journey into antifungal resistance mechanisms of *Candida tropicalis*. Can J Microbiol. 2020;66(6):377-88. https://doi.org/10.1139/cjm-2019-0531

- 17. Parra L, Cárdenas J. Mecanismos de resistencia a fluconazol expresados por *Candida glabrata*: una situación para considerar en la terapéutica. Investig En Enferm Imagen Desarro. 2020;22. https://doi.org/10.11144/Javeriana.ie22.mrfe
- 18. Nocua-Báez LC, Uribe-Jerez P, Tarazona-Guaranga L, Robles R, Cortés JA, Nocua-Báez LC, et al. Azoles de antes y ahora: una revisión. Rev Chil Infectol. 2020;37(3):219-30. http://dx.doi.org/10.4067/s0716-10182020000300219
- 19. Pahwa N, Kumar R, Nirkhiwale S, Bandi A. Species distribution and drug susceptibility of *Candida* in clinical isolates from a tertiary care center at Indore. Indian J Med Microbiol. marzo de 2014;32(1):44-8. https://doi.org/10.4103/0255-0857.124300
- 20. Pappas PG, Kauffman CA, Andes DR, Clancy CJ, Marr KA, Ostrosky-Zeichner L, et al. Clinical Practice Guideline for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America. Clin Infect Dis Off Publ Infect Dis Soc Am. 15 de febrero de 2016;62(4):e1-50. https://doi.org/10.1093/cid/civ933
- 21. Carvalho VO, Okay TS, Melhem MSC, Szeszs MW, Negro GMB del. The new mutation L321F in «*Candida albicans*» ERG11 gene may be associated with fluconazole resistance. Rev Iberoam Micol. 2013;30(3):209-12. https://doi.org/10.1016/j.riam.2013.01.001
- 22. Prasad R, Banerjee A, Khandelwal NK, Dhamgaye S. The ABCs of *Candida albicans* Multidrug Transporter Cdr1. Eukaryot Cell. diciembre de 2015;14(12):1154-64. https://doi.org/10.1128/EC.00137-15
- 23. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. BMJ. 2009;339:b2535. https://doi.org/10.1136/bmj.b2535
- 24. Lim SJ, Mohamad Ali MS, Sabri S, Muhd Noor ND, Salleh AB, Oslan SN. Opportunistic yeast pathogen *Candida spp*.: Secreted and membrane-bound virulence factors. Med Mycol. 2021;59(12):1127-44. https://doi.org/10.1093/mmy/myab053
- 25. Richardson JP, Brown R, Kichik N, Lee S, Priest E, Mogavero S, et al. Candidalysins Are a New Family of Cytolytic Fungal Peptide Toxins. mBio. 2022;13(1):e0351021. https://doi.org/10.1128/mbio.03510-21
- 26. Naglik JR, Gaffen SL, Hube B. Candidalysin: discovery and function in *Candida albicans* infections. Curr Opin Microbiol. 2019;52:100-9. https://doi.org/10.1016/j.mib.2019.06.002
- 27. König A, Hube B, Kasper L. The Dual Function of the Fungal Toxin Candidalysin during *Candida albicans*-Macrophage Interaction and Virulence. Toxins. 2020;12(8):469. https://doi.org/10.3390/toxins12080469
- 28. Batista JM, Birman EG, Cury AE. Susceptibility to antifungal drugs of *Candida albicans* strains isolated from patients with denture stomatitis. Rev Odontol Universidade São Paulo. diciembre de 1999;13(4):343-8. https://doi.org/10.1590/S0103-06631999000400005
- 29. Mayer FL, Wilson D, Hube B. *Candida albicans* pathogenicity mechanisms. Virulence. 2013;4(2):119-28. https://doi.org/10.4161/viru.22913
- 30. Gonçalves B, Azevedo N, Osório H, Henriques M, Silva S. Revealing *Candida glabrata* biofilm matrix proteome: global characterization and pH response. Biochem J. 2021;478(4):961-74
- 31. https://doi.org/10.1042/BCJ20200844
- 32. Alves R, Sousa-Silva M, Vieira D, Soares P, Chebaro Y, Lorenz MC, et al. Carboxylic Acid Transporters in *Candida* Pathogenesis. mBio. 2020;11(3):e00156-20. https://doi.org/10.1128/mBio.00156-20
- 33. Kämmer P, McNamara S, Wolf T, Conrad T, Allert S, Gerwien F, et al. Survival Strategies of Pathogenic *Candida* Species in Human Blood Show Independent and Specific Adaptations. mBio. 2020;11(5):e02435-20. https://doi.org/10.1128/mBio.02435-20
- 34. Allert S, Schulz D, Kämmer P, Großmann P, Wolf T, Schäuble S, et al. From environmental adaptation to host survival: Attributes that mediate pathogenicity of *Candida auris*. Virulence. 2022;13(1):191-214. https://doi.org/10.1080/21505594.2022.2026037

- 35. Cuéllar-Cruz M, López-Romero E, Ruiz-Baca E, Zazueta-Sandoval R. Differential response of *Candida albicans* and *Candida glabr*ata to oxidative and nitrosative stresses. Curr Microbiol. 2014;69(5):733-9. https://doi.org/10.1007/s00284-014-0651-3
- 36. Connolly LA, Riccombeni A, Grózer Z, Holland LM, Lynch DB, Andes DR, et al. The APSES transcription factor Efg1 is a global regulator that controls morphogenesis and biofilm formation in *Candida parapsilosis*. Mol Microbiol. octubre de 2013;90(1):36-53. https://doi.org/10.1111/mmi.12345
- 37. Galán-Ladero MÁ, Blanco-Blanco MT, Fernández-Calderón MC, Lucio L, Gutiérrez-Martín Y, Blanco MT, et al. *Candida tropicalis* biofilm formation and expression levels of the CTRG ALS-like genes in sessile cells. Yeast. 2019;36(2):107-15. https://doi.org/10.1002/yea.3370
- 38. Jiang C, Li Z, Zhang L, Tian Y, Dong D, Peng Y. Significance of hyphae formation in virulence of *Candida tropicalis* and transcriptomic analysis of hyphal cells. Microbiol Res. 2016;192:65-72. https://doi.org/10.1016/j.micres.2016.06.003
- 39. Chen J, Hu N, Xu H, Liu Q, Yu X, Zhang Y, et al. Molecular Epidemiology, Antifungal Susceptibility, and Virulence Evaluation of *Candida* Isolates Causing Invasive Infection in a Tertiary Care Teaching Hospital. Front Cell Infect Microbiol. 2021;11:721439. https://doi.org/10.3389/fcimb.2021.721439
- 40. Moralez ATP, França EJG, Furlaneto-Maia L, Quesada RMB, Furlaneto MC. Phenotypic switching in *Candida tropicalis*: association with modification of putative virulence attributes and antifungal drug sensitivity. Med Mycol. 2014;52(1):106-14. https://doi.org/10.3109/13693786.2013.825822
- 41. Lew SQ, Lin CH. N-acetylglucosamine-mediated morphological transition in *Candida albicans* and *Candida tropicalis*. Curr Genet. 2021;67(2):249-54. https://doi.org/10.1007/s00294-020-01138-z
- 42. Kumar R, Saraswat D, Tati S, Edgerton M. Novel Aggregation Properties of *Candida albicans* Secreted Aspartyl Proteinase Sap6 Mediate Virulence in Oral Candidiasis. Infect Immun. 7 de enero de 2015;83(7):2614-26. https://doi.org/10.1128/IAI.00282-15
- 43. Bader O. Looking into the virulence of *Candida parapsilosis*. Virulence. 15 de mayo de 2014;5(4):457-9. https://doi.org/10.4161/viru.28955
- 44. Chin VK, Foong KJ, Maha A, Rusliza B, Norhafizah M, Ng KP, et al. *Candida albicans* isolates from a Malaysian hospital exhibit more potent phospholipase and hemolysin activities than non-albicans *Candida* isolates. Trop Biomed. diciembre de 2013;30(4):654-62. https://pubmed.ncbi.nlm.nih. gov/24522136/
- 45. Rossoni RD, Barbosa JO, Vilela SFG, Jorge AOC, Junqueira JC. Comparison of the hemolytic activity between *C. albicans* and *non-albicans Candida* species. Braz Oral Res. 2013;27(6):484-9. https://doi.org/10.1590/S1806-83242013000600007
- 46. Noori M, Dakhili M, Sepahvand A, Davari N. Evaluation of esterase and hemolysin activities of different *Candida* species isolated from vulvovaginitis cases in Lorestan Province, Iran. Curr Med Mycol. 2017;3(4):1-5. https://doi.org/10.29252/cmm.3.4.1
- 47. Amani D, Emira N, Ismail T, Jamel E, Dominique S, Rosa DC, et al. Extracellular enzymes and adhesive properties of medically important *Candida spp.* strains from landfill leachate. Microb Pathog. 2018;116:328-34. https://doi.org/10.1016/j.micpath.2018.01.042
- 48. Silva RC, Padovan ACB, Pimenta DC, Ferreira RC, da Silva CV, Briones MRS. Extracellular enolase of *Candida albicans* is involved in colonization of mammalian intestinal epithelium. Front Cell Infect Microbiol. 2014;4:66. https://doi.org/10.3389/fcimb.2014.00066
- 49. Tsang PWK, Fong WP, Samaranayake LP. *Candida albicans* orf19.3727 encodes phytase activity and is essential for human tissue damage. PloS One. 2017;12(12):e0189219. https://doi.org/10.1371/journal.pone.0189219
- 50. Sharma Y, Chumber SK, Kaur M. Studying the Prevalence, Species Distribution, and Detection of In vitro Production of Phospholipase from *Candida* Isolated from Cases of Invasive Candidiasis. J Glob Infect Dis. 2017;9(1):8-11. https://doi.org/10.4103/0974-777X.199995
- 51. Udayalaxmi J, Shenoy N. Comparison Between Biofilm Production, Phospholipase and Haemolytic Activity of Different Species of *Candida* Isolated from Dental Caries Lesions in Children. J Clin Diagn Res JCDR. 2016;10(4):DC21-23. https://doi.org/10.7860/JCDR/2016/17019.7643

- 52. Riceto ÉB de M, Menezes R de P, Penatti MPA, Pedroso RDS. Enzymatic and hemolytic activity in different *Candida* species. Rev Iberoam Micol. 2015;32(2):79-82. https://doi.org/10.1016/j.riam.2013.11.003
- 53. Ramos L de S, Barbedo LS, Braga-Silva LA, dos Santos ALS, Pinto MR, Sgarbi DB da G. Protease, and phospholipase activities of *Candida spp.* isolated from cutaneous candidiasis. Rev Iberoam Micol. 2015;32(2):122-5. https://doi.org/10.1016/j.riam.2014.01.003
- 54. Furlaneto MC, Góes HP, Perini HF, Dos Santos RC, Furlaneto-Maia L. How much do we know about hemolytic capability of pathogenic *Candida* species? Folia Microbiol (Praha). 2018;63(4):405-12. https://doi.org/10.1007/s12223-018-0584-5
- 55. Erum R, Samad F, Khan A, Kazmi SU. A comparative study on production of extracellular hydrolytic enzymes of *Candida* species isolated from patients with surgical site infection and from healthy individuals and their co-relation with antifungal drug resistance. BMC Microbiol. 2020;20(1):368. https://doi.org/10.1186/s12866-020-02045-6
- 56. Mello VG, Escudeiro H, Weckwerth ACVB, Andrade MI, Fusaro AE, de Moraes EB, et al. Virulence Factors and Antifungal Susceptibility in *Candida* Species Isolated from Dermatomycosis Patients. Mycopathologia. 2021;186(1):71-80. https://doi.org/10.1007/s11046-020-00509-x
- 57. Patel PN, Sah P, Chandrashekar C, Vidyasagar S, Venkata Rao J, Tiwari M, et al. Oral Candidal speciation, virulence and antifungal susceptibility in type 2 diabetes mellitus. Diabetes Res Clin Pract. 2017;125:10-9. https://doi.org/10.1016/j.diabres.2017.01.001
- 58. 57 Brilhante RSN, Bittencourt PV, Castelo-Branco D de SCM, de Oliveira JS, Alencar LP de, Cordeiro R de A, et al. Trends in antifungal susceptibility and virulence of *Candida spp.* from the nasolacrimal duct of horses. Med Mycol. 2016;54(2):147-54. https://doi.org/10.1093/mmy/myv090
- 59. Seneviratne CJ, Rajan S, Wong SSW, Tsang DNC, Lai CKC, Samaranayake LP, et al. Antifungal Susceptibility in Serum and Virulence Determinants of *Candida* Bloodstream Isolates from Hong Kong. Front Microbiol. 2016;7:216. https://doi.org/10.3389/fmicb.2016.00216
- 60. Singh DP, Kumar Verma R, Sarswat S, Saraswat S. *Non-Candida albicans Candida* species: virulence factors and species identification in India. Curr Med Mycol. 2021;7(2):8-13. https://doi.org/10.18502/cmm.7.2.7032
- 61. El-Kholy MA, Helaly GF, El Ghazzawi EF, El-Sawaf G, Shawky SM. Virulence Factors and Antifungal Susceptibility Profile of *C. tropicalis* Isolated from Various Clinical Specimens in Alexandria, Egypt. J Fungi. 2021;7(5):351. https://doi.org/10.3390/jof7050351
- 62. Deorukhkar SC, Saini S, Mathew S. Virulence Factors Contributing to Pathogenicity of *Candida tropicalis* and Its Antifungal Susceptibility Profile. Int J Microbiol. 2014;2014:e456878. https://doi.org/10.1155/2014/456878
- 63. Yu S, Li W, Che J, Bian F, Lu J, Wu Y. Study on virulence factors of *Candida tropicalis* isolated from clinical samples. Zhonghua liu xing bing xue za zhi. 2015;36(10):1162-6. https://pubmed.ncbi.nlm. nih.gov/26837366/
- 64. Rapala-Kozik M, Bochenska O, Zajac D, Karkowska-Kuleta J, Gogol M, Zawrotniak M, et al. Extracellular proteinases of *Candida* species pathogenic yeasts. Mol Oral Microbiol. 2018;33(2):113-24.https://doi.org/10.1111/omi.12206
- 65. Alenzi FQB. Virulence factors of *Candida* species isolated from patients with urinary tract infection and obstructive uropathy. Pak J Med Sci. 2016;32(1):143-6. https://doi.org/10.12669/pjms.321.8559
- 66. Negri M, Silva S, Capoci IRG, Azeredo J, Henriques M. *Candida tropicalis* Biofilms: Biomass, Metabolic Activity and Secreted Aspartyl Proteinase Production. Mycopathologia. 2016;181(3-4):217-24. https://doi.org/10.1007/s11046-015-9964-4
- 67. Zuza-Alves DL, de Medeiros SSTQ, de Souza LBFC, Silva-Rocha WP, Francisco EC, de Araújo MCB, et al. Evaluation of Virulence Factors In vitro, Resistance to Osmotic Stress and Antifungal Susceptibility of *Candida tropicalis* Isolated from the Coastal Environment of Northeast Brazil. Front Microbiol. 2016;7:1783. https://doi.org/10.3389/fmicb.2016.01783

- 68. Udayalaxmi null, Jacob S, D'Souza D. Comparison Between Virulence Factors of *Candida albicans* and Non-Albicans Species of *Candida* Isolated from Genitourinary Tract. J Clin Diagn Res JCDR. 2014;8(11):DC15-17. https://doi.org/10.7860/JCDR/2014/10121.5137
- 69. Nouraei H, Pakshir K, ZareShahrabadi Z, Zomorodian K. High detection of virulence factors by *Candida* species isolated from bloodstream of patients with candidemia. Microb Pathog. 2020;149:104574. https://doi.org/10.1016/j.micpath.2020.104574
- 70. Vieira de Melo AP, Zuza-Alves DL, da Silva-Rocha WP, Ferreira Canário de Souza LB, Francisco EC, Salles de Azevedo Melo A, et al. Virulence factors of *Candida spp.* obtained from blood cultures of patients with candidemia attended at tertiary hospitals in Northeast Brazil. J Mycol Medicale. 2019;29(2):132-9. https://doi.org/10.1016/j.mycmed.2019.02.002
- 71. Atalay MA, Koc AN, Demir G, Sav H. Investigation of possible virulence factors in *Candida* strains isolated from blood cultures. Niger J Clin Pract. 2015;18(1):52-5. https://doi.org/10.4103/1119-3077.146979
- 72. Tellapragada C, Eshwara VK, Johar R, Shaw T, Malik N, Bhat PV, et al. Antifungal susceptibility patterns, in vitro production of virulence factors, and evaluation of diagnostic modalities for the speciation of pathogenic *Candida* from bloodstream infections and vulvovaginal candidiasis. J Pathog. 2014:2014:142864. https://doi.org/10.1155/2014/142864
- 73. Nobile CJ, Johnson AD. *Candida albicans* Biofilms and Human Disease. Annu Rev Microbiol. 2015;69:71-92. https://doi.org/10.1146/annurev-micro-091014-104330
- 74. Gulati M, Nobile CJ. *Candida albicans* biofilms: development, regulation, and molecular mechanisms. Microbes Infect Inst Pasteur. 2016;18(5):310-21. https://doi.org/10.1016/j.micinf.2016.01.002
- 75. Sasani E, Khodavaisy S, Rezaie S, Salehi M, Yadegari MH. The relationship between biofilm formation and mortality in patients with *Candida tropicalis* candidemia. Microb Pathog. 2021;155:104889. https://doi.org/10.1016/j.micpath.2021.104889
- 76. Sriphannam C, Nuanmuang N, Saengsawang K, Amornthipayawong D, Kummasook A. Anti-fungal susceptibility, and virulence factors of *Candida spp*. isolated from blood cultures. J Mycol Médicale. 2019;29(4):325-30. https://doi.org/10.1016/j.mycmed.2019.08.001
- 77. Yu SB, Li WG, Liu XS, Che J, Lu JX, Wu Y. The Activities of Adhesion and Biofilm Formation by *Candida tropicalis* Clinical Isolates Display Significant Correlation with Its Multilocus Sequence Typing. Mycopathologia. 2017;182(5-6):459-69. https://doi.org/10.1007/s11046-017-0111-2
- 78. Leerahakan P, Matangkasombut O, Tarapan S, Lam-Ubol A. Biofilm formation of *Candida* isolates from xerostomic post-radiotherapy head and neck cancer patients. Arch Oral Biol. 2022;142:105495. https://doi.org/10.1007/s11046-017-0111-2
- 79. Pannanusorn S, Fernandez V, Römling U. Prevalence of biofilm formation in clinical isolates of *Candida* species causing bloodstream infection. Mycoses. 2013;56(3):264-72. https://doi.org/10.1111/myc.12014
- 80. Whaley SG, Berkow EL, Rybak JM, Nishimoto AT, Barker KS, Rogers PD. Azole Antifungal Resistance in *Candida albicans* and Emerging *Non-albicans Candida* Species. Front Microbiol. 2017;7:2173. https://doi.org/10.3389/fmicb.2016.02173
- 81. Flowers SA, Colón B, Whaley SG, Schuler MA, Rogers PD. Contribution of Clinically Derived Mutations in ERG11 to Azole Resistance in *Candida albicans*. Antimicrob Agents Chemother. 2015;59(1):450-60. https://doi.org/10.1128/AAC.03470-14
- 82. López-Ávila K, Dzul-Rosado KR, Lugo-Caballero C, Arias-León JJ, Zavala-Castro JE. Mecanismos de resistencia antifúngica de los azoles en *Candida albicans*. Una revisión. Rev Bioméd. Doi:
- 83. Bloise E, Ortiga-Carvalho TM, Reis FM, Lye SJ, Gibb W, Matthews SG. ATP-binding cassette transporters in reproduction: a new frontier. Hum Reprod Update. abril de 2016;22(2):164-81. https://doi.org/10.1093/humupd/dmv049
- 84. Morales-Pérez M, García-Milian AJ, Morales-Pérez M, García-Milian AJ. Papel de la superfamilia ABC en la resistencia farmacológica. Horiz Sanit. 2017;16(2):93-101. https://doi.org/10.19136/hs.v16i2.1469

- 85. Fuentes M, Hermosilla G, Alburquenque C, Falconer MA, Amaro J, Tapia C. [Characterization of azole resistance mechanisms in Chilean clinical isolates of *Candida albicans*]. Rev Chil Infectologia Organo of Soc Chil Infectologia. octubre de 2014;31(5):511-7. https://doi.org/10.4067/s0716-10182014000500001
- 86. Pristov KE, Ghannoum MA. Resistance of *Candida* to azoles and echinocandins worldwide. Clin Microbiol Infect. 2019;25(7):792-8. https://doi.org/10.1016/j.cmi.2019.03.028
- 87. Sasani E, Yadegari MH, Khodavaisy S, Rezaie S, Salehi M, Getso MI. Virulence Factors and Azole-Resistant Mechanism of *Candida Tropicalis* Isolated from Candidemia. Mycopathologia. 2021;186(6):847-56. https://doi.org/10.1007/s11046-021-00580-y
- 88. Jiang C, Dong D, Yu B, Cai G, Wang X, Ji Y, et al. Mechanisms of azole resistance in 52 clinical isolates of *Candida tropicalis* in China. J Antimicrob Chemother. 2013;68(4):778-85. https://doi.org/10.1093/jac/dks481
- 89. Fan X, Xiao M, Zhang D, Huang JJ, Wang H, Hou X, et al. Molecular mechanisms of azole resistance in *Candida tropicalis* isolates causing invasive candidiasis in China. Clin Microbiol Infect Off Publ Eur Soc Clin Microbiol Infect Dis. 2019;25(7):885-91. https://doi.org/10.1016/j.cmi.2018.11.007
- 90. Paul S, Singh S, Sharma D, Chakrabarti A, Rudramurthy SM, Ghosh AK. Dynamics of in vitro development of azole resistance in *Candida tropicalis*. J Glob Antimicrob Resist. -61. https://doi.org/10.1016/j.jqar.2020.04.018
- 91. Pandey N, Tripathi M, Gupta MK, Tilak R. Overexpression of efflux pump transporter genes and mutations in ERG11 pave the way to fluconazole resistance in *Candida tropicalis*: A study from a North India region. J Glob Antimicrob Resist. 2020;22:374-8. https://doi.org/10.1016/j.jgar.2020.02.010
- 92. Silva MC, Cardozo Bonfim Carbone D, Diniz PF, Freitas Fernandes F, Fuzo CA, Santos Pereira Cardoso Trindade C, et al. Modulation of ERG Genes Expression in Clinical Isolates of *Candida tropicalis* Susceptible and Resistant to Fluconazole and Itraconazole. Mycopathologia. 2020;185(4):675-84. https://doi.org/10.1007/s11046-020-00465-6
- 93. Jin L, Cao Z, Wang Q, Wang Y, Wang X, Chen H, et al. MDR1 overexpression combined with ERG11 mutations induce high-level fluconazole resistance in *Candida tropicalis* clinical isolates. BMC Infect Dis. 2018;18(1):162. https://doi.org/10.1186/s12879-018-3082-0
- 94. El Said M, Badawi H, Gamal D, Salem D, Dahroug H, El-Far A. Detection of ERG11 gene in fluconazole resistant urinary *Candida* isolates. Egypt J Immunol. 2022;29(4):134-4 https://pubmed.ncbi.nlm. nih.gov/36208042/
- 95. Choi MJ, Won EJ, Shin JH, Kim SH, Lee WG, Kim MN, et al. Resistance Mechanisms and Clinical Features of Fluconazole-Nonsusceptible *Candida tropicalis* Isolates Compared with Fluconazole-Less-Susceptible Isolates. Antimicrob Agents Chemother. 2016;60(6):3653-61. https://doi.org/10.1128/AAC.02652-15
- 96. Paul S, Dadwal R, Singh S, Shaw D, Chakrabarti A, Rudramurthy SM, et al. Rapid detection of ERG11 polymorphism associated azole resistance in *Candida tropica*lis. PloS One. 2021;16(1):e0245160. https://doi.org/10.1371/journal.pone.0245160
- 97. Forastiero A, Mesa-Arango AC, Alastruey-Izquierdo A, Alcazar-Fuoli L, Bernal-Martinez L, Pelaez T, et al. *Candida tropicalis* Antifungal Cross-Resistance Is Related to Different Azole Target (Erg11p) Modifications. Antimicrob Agents Chemother. 10 de enero de 2013;57(10):4769-81. https://doi.org/10.1128/AAC.00477-13
- 98. Paul S, Shaw D, Joshi H, Singh S, Chakrabarti A, Rudramurthy SM, et al. Mechanisms of azole antifungal resistance in clinical isolates of *Candida tropicalis*. PloS One. 2022;17(7):e0269721. https://doi.org/10.1371/journal.pone.0269721
- 99. Leepattarakit T, Tulyaprawat O, Ngamskulrungroj P. The Risk Factors and Mechanisms of Azole Resistance of *Candida tropicalis* Blood Isolates in Thailand: A Retrospective Cohort Study. J Fungi. 2022;8(10):983. https://doi.org/10.3390/jof8100983
- 100. Castanheira M, Deshpande LM, Messer SA, Rhomberg PR, Pfaller MA. Analysis of global antifungal surveillance results reveals predominance of Erg11 Y132F alteration among azole-resistant *Candida*

- parapsilosis and Candida tropicalis and country-specific isolate dissemination. Int J Antimicrob Agents. 2020;55(1):105799. https://doi.org/10.1016/j.ijantimicag.2019.09.003
- 101. Keighley C, Gall M, van Hal SJ, Halliday CL, Chai LYA, Chew KL, et al. Whole Genome Sequencing Shows Genetic Diversity, as Well as Clonal Complex and Gene Polymorphisms Associated with Fluconazole Non-Susceptible Isolates of *Candida tropicalis*. J Fungi Basel Switz. 2022;8(9):896. https://doi.org/10.3390/jof8090896
- 102. Benedetti VP, Savi DC, Aluizio R, Adamoski D, Kava V, Galli-Terasawa LV, et al. ERG11 gene polymorphisms and susceptibility to fluconazole in *Candida* isolates from diabetic and kidney transplant patients. Rev Soc Bras Med Trop. 2019;52:e20180473. https://doi.org/10.1590/0037-8682-0473-2018
- 103. Arastehfar A, Hilmioğlu-Polat S, Daneshnia F, Hafez A, Salehi M, Polat F, et al. Recent Increase in the Prevalence of Fluconazole-Non-susceptible *Candida tropicalis* Blood Isolates in Turkey: Clinical Implication of Azole-Non-susceptible and Fluconazole Tolerant Phenotypes and Genotyping. Front Microbiol. 2020;11:587278. https://doi.org/10.3389/fmicb.2020.587278
- 104. Teo JQM, Lee SJY, Tan AL, Lim RSM, Cai Y, Lim TP, et al. Molecular mechanisms of azole resistance in *Candida* bloodstream isolates. BMC Infect Dis. 2019;19(1):63. https://doi.org/10.1186/s12879-019-3672-5
- 105. Eddouzi J, Parker JE, Vale-Silva LA, Coste A, Ischer F, Kelly S, et al. Molecular mechanisms of drug resistance in clinical *Candida* species isolated from Tunisian hospitals. Antimicrob Agents Chemother. 2013;57(7):3182-93. https://doi.org/10.1128/AAC.00555-13
- 106. Astvad KMT, Sanglard D, Delarze E, Hare RK, Arendrup MC. Implications of the EUCAST Trailing Phenomenon in *Candida tropicalis* for the In Vivo Susceptibility in Invertebrate and Murine Models. Antimicrob Agents Chemother. 2018;62(12):e01624-18. https://doi.org/10.1128/aac.01624-18
- 107. Khalifa HO, Watanabe A, Kamei K. Azole and echinocandin resistance mechanisms and genotyping of *Candida tropicalis* in Japan: cross-boundary dissemination and animal-human transmission of *C. tropicalis* infection. Clin Microbiol Infect. 2022;28(2):302.e5-302.e8. https://doi.org/10.1016/j.cmi.2021.10.004
- 108. Jiang C, Ni Q, Dong D, Zhang L, Li Z, Tian Y, et al. The Role of UPC2 Gene in Azole-Resistant *Candida tropicalis*. Mycopathologia. 2016;181(11-12):833-8. https://doi.org/10.1007/s11046-016-0050-3
- 109. You L, Qian W, Yang Q, Mao L, Zhu L, Huang X, et al. ERG11 Gene Mutations and MDR1 Upregulation Confer Pan-Azole Resistance in *Candida tropicalis* Causing Disseminated Candidiasis in an Acute Lymphoblastic Leukemia Patient on Posaconazole Prophylaxis. Antimicrob Agents Chemother. 2017;61(7):e02496-16. https://doi.org/10.1128/AAC.02496-16