

Distribution and Virulence of *Candida parapsilosis* Complex Oral Isolates from Immunocompetent Subjects with and without Gingival-Periodontal Disease

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Abstract

The *Candida parapsilosis* complex comprises three genetically related species: *Candida parapsilosis* sensu stricto, *Candida orthopsilosis* and *Candida metapsilosis*. During the last decade, *Candida parapsilosis* sensu stricto has become the second most commonly isolated yeast from patients with blood stream invasive fungal infections, following *Candida albicans*. Despite its clinical significance, little is known about its distribution and behavior in oral cavity niches. Given this background, we intended to perform a molecular characterization of 38 isolates of the *Candida parapsilosis* complex collected from oral cavities of immunocompetent patients with and without gingival-periodontal disease, with the aim of determining its distribution and establishing a correlation with clinical data. Besides, we assessed the virulence of the strains by examining the *in vitro* biofilm-forming capacity in two different culture media: YPD and RPMI 1640. Being more frequently isolated from oral cavities with pathological conditions, 89.5% of the strains were reconfirmed to be *Candida parapsilosis* sensu stricto. More than 70% of the *Candida parapsilosis* sensu stricto strains showed biofilm-forming capacity in both culture media, reflecting a statistically significant association between biofilm-forming capacity and the clinical conditions of the subjects from whom the strains were isolated. Among the three complex species, *Candida parapsilosis* sensu stricto is a normal commensal in the oral cavity, being more frequently recovered in inflammatory conditions. Gingival-periodontal disease may be a factor triggering overgrowth and virulence of *Candida parapsilosis* sensu stricto commensal strains.

Keywords: *Candida parapsilosis*; *Candida albicans*; *Candida orthopsilosis*; *Candida metapsilosis*

Introduction

Within the healthy population, 40 - 50% of subjects carry species of the genus *Candida* in their saliva and oral mucosa [1,2]; certain local and systemic conditions may turn this ecological niche into a site likely to trigger yeast overgrowth [3], *Candida albicans* being the most frequently recovered species from immunocompetent and immunocompromised subjects [3,4]. Other species less frequently isolated, which have been recovered from periodontal environments and the oral mucosa, are the following: *C. parapsilosis*, *C. dubliniensis*, *C. tropicalis* and *C. guilliermondii*, among others [5,6]. However, over the last ten years, some studies have found an increase in the non-*albicans* *Candida* (NAC) recovery frequency in oral mucosa: from 10% in 1996 to 15.4% in 2015, in the case of *C. parapsilosis* [1]. Among the local and/or systemic factors associated with the higher distribution of *Candida* species in the oral cavity, we could mention the use

of prosthetic devices [6], being elderly [8], being an oncological patient undergoing chemotherapy or radiotherapy [9,10], being a diabetic patient with poor metabolic control [5], being a man using anabolic androgenic steroids [11] or a woman using oral contraceptives [12].

Of all the NAC species, during the last few years, *Candida parapsilosis* has become an emerging nosocomial pathogen [13], stimulating interest among the medical community. *Candida parapsilosis* constitutes a complex comprising three species (*Candida parapsilosis sensu stricto*, *Candida orthopsilosis* and *Candida metapsilosis*) which are phenotypically indistinguishable but genetically heterogeneous, called *Candida parapsilosis* complex. According to literature, *C. parapsilosis sensu stricto* is the most prevalent species in different human ecological niches, either in healthy or diseased subjects; it is also the most pathogenic species and the one most commonly recovered from adults and preterm neonates suffering from an invasive infection [14,15].

So far, reports have indicated that *C. parapsilosis* y *C. dubliniensis* are the *Candida* species most frequently detected in oral niches after *C. albicans* [2,6]. Nevertheless, the epidemiology and behavior of the *C. parapsilosis* complex given different conditions of the oral cavity are still unknown. For that reason, the aim of this study was to evaluate the distribution and virulence of a collection of *C. parapsilosis* complex oral isolates from immunocompetent patients with or without a diagnosis of gingival-periodontal disease, in order to find which of the complex species is more prevalent in the oral cavity and determine whether oral inflammatory conditions affect the colonization and virulence of any of these three species.

Various methods adopted to assess *Candida* biofilm formation have been reported to date [16]. In this study, we examined the biofilm-forming capacity of a subgroup of 28 clinical isolates identified as *C. parapsilosis sensu stricto* through molecular techniques, applying the crystal violet staining assay. This method is considered to be the most effective to determine biofilm biomass formation given that it includes metabolically active and inactive cells, and the extracellular matrix component [16,17].

Materials and Methods

In order to accomplish the stated objectives, a retrospective, cross-sectional, comparative study was designed. A collection of 38 oral isolates of the *C. parapsilosis* complex, defined through conventional phenotypic methods (CHROMagar *Candida* differential chromogenic medium [Becton-Dickinson] and micromorphology), from immunocompetent adult patients (aged 18 - 65) was analyzed; these subjects were non-smokers who had not used antimicrobials six months before sampling, with or without prosthetic devices, with or without a diagnosis of gingival-periodontal disease, adopting the criteria established during the last American Academy of Periodontology meeting for the diagnosis of periodontal disease and conditions, published in the Annals of Periodontology (1999) [19] Samples were collected in a previous research study by a dentist screened for that purpose. The isolates were stored in glycerol at -20°C, at the Microbiology, Parasitology and Immunology Institute (IMPAM) Mycology Center, School of Medicine, University of Buenos Aires (UBA).

Strains and media: Besides the 38 isolates of the *C. parapsilosis* complex from different areas of the oral cavity (cheek, tongue, palate) and subgingival niches, the ATCC strains *Candida parapsilosis sensu stricto* (ATCC® 22019™), *Candida orthopsilosis* (ATCC® 96139™) and *Candida metapsilosis* (ATCC® 96144™) were used as positive controls for each PCR assay. The stored strains were reactivated with Brain-Heart-Infusion (BHI) Broth (Merck) at 37°C. The biofilm assay was conducted in two culture media: YPD supplemented with chloramphenicol and RPMI 1640 supplemented with L-glutamine (Life Technologies).

Species identification: Cryopreserved isolates were cultivated in Sabouraud agar for 24 hours at 28°C and then in YPD broth for 18 hours at 37°C. DNA extraction was performed with the Qiagen column kit (QIAamp DNA Blood Mini Kit). A PCR assay optimization was performed with specific primers derived from sequences of the ITS1-5.8SrRNA-ITS2 region (Table 1), according to a study conducted by Asadzadeh., *et al* [19]. The results were validated using Sanger sequencing, for which we employed an end-point PCR with ITS 1 and ITS 4 panfungal primers to amplify and sequence the ITS 1-ITS 4 region of the 28S ribosomal RNA gene, as described by White., *et al* [20]. Amplified fragments were purified using the QIAquick PCR Purification Kit (Qiagen) and sequenced using the ABI Prism 3730XL DNA Analyzer (Applied Biosystems, Bs. As.-Argentina), with primers ITS 1 and ITS 4. The sequences found were analyzed with the BLAST (Ba-

Local Alignment Search Tool) sequence comparison algorithm (<http://www.ncbi.nlm.nih.gov/BLAST>). For the phylogenetic analysis, we employed BioEdit, a sequence alignment editor, and MEGA 06, a multiple sequence alignment program, as well as a neighbor joining algorithm. The phylogenetic tree was built with sequences from ATCC *C. parapsilosis*, *C. orthopsilosis* and *C. metapsilosis* reference strains, as well as with sequences chosen randomly from those resulting positive for the PCR assay with specific primers.

Primer	Target gene	Direction	Species specificity	Sequence	Amplification size
CPAF	ITS 1	Forward	<i>C. parapsilosis</i>	TTTGCTTTGGTAGCCTTCTA	379pb
CPAR	ITS 2	Reverse		GAGGTCTGAATTTGGAAGAAGT	
CORF	ITS 1	Forward	<i>C. orthopsilosis</i>	TTTGGTGGCCACGGCCT	367pb
CORR	ITS 2	Reverse		TGAGGTCTGAATTTGGAAGAATT	
CMEF	ITS 1	Forward	<i>C. metapsilosis</i>	TTTGGTGGCCACGGCT	374pb
CMER	ITS 2	Reverse		GAGGTCTGAATTTGGAAGAATGT	

Table 1: Primers that were used for the rapid identification at the species level of the *C. parapsilosis* complex. Source: Asadzadeh M., et al. (2009) [20].

In vitro virulence analysis: We studied the biofilm-forming capacity of 28 strains by means of biomass biofilm quantification through crystal violet staining; for this purpose, strains were grown on two culture media: YPD (supplemented with antibiotic) and RPMI 1640 (supplemented with L-glutamine) using 96-well microtiter plates (Nunc™ or Techno Plastic Products AG ninety six-well polystyrene microtiter plates, catalog number 167008). Each strain was analyzed in 8 replicates.

The protocol used to measure biofilm biomass with crystal violet staining in RPMI and YPD media was the one described by Treviño Rangel., et al. (2015) [16].

The amount of biofilm produced by an isolate was categorized according to the classification found in Sanchez L., et al. (2013) [3] and Treviño Rangel., et al. [16]: high producers (≥ 0.41), low producers (0.11-0.40) or non-producers (≤ 0.10), considering that Sánchez., et al. classify the former into strong and moderate biofilm producers (Table 2).

Group	Biofilm formation	OD 595nm	CFU Log ₁₀ cells/ml
I	Not producer	≤ 0.10	$< 0.1 \times 10^8$
II	Weakly producer	0.11 - 0.40	$0.1 - 0.75 \times 10^8$
III	Moderately producer	0.41 - 0.74	$0.76 - 2 \times 10^8$
IV	Strongly producer	≥ 0.75	$> 2 \times 10^8$

Table 2: Based classification of *Candida* spp. biofilm formation.

Statistical analysis: All the data gathered was examined and studied by means of Microsoft Excel 2010 and the InfoStat 2016 statistical software. Mode, mean and standard deviation were used for statistical calculations. A 95 % confidence interval was applied, considering a p value lower than alpha error ($\alpha = < 0.05$) significant. Two tests were done to establish the association among variables: the Fisher Exact Test for qualitative variables, and the Mann-Whitney U test for quantitative variables. Strength of association was measured using prevalence ratio (PR).

Results

Out of the 38 isolates of the *C. parapsilosis* complex from the mouth (oral mucosa and subgingival niches), 34 (89.5%) were reconfirmed to be *C. parapsilosis* sensu stricto (Figure 1), whereas, 4 were not identified as any of the three species of the complex. None of the isolates were identified as *C. orthopsilosis* or *C. metapsilosis*, the two less commonly recovered strains of the complex.

Species	AF	RF	PF	CI _{95%}
<i>C. parapsilosis</i> sensu stricto	34	0,895	89,5%	88,4 - 89,7
<i>C. orthopsilosis</i>	0	0	0	0
<i>C. metapsilosis</i>	0	0	0	0
Otras	4	0,105	10,5%	9,1 - 12,9
Total	38	1	100%	

Table 3: Distribution of species of the *Candida parapsilosis* complex in the analyzed sample.

Mode: *Candida parapsilosis* sensu stricto

Note: AF: Absolute Frequency; RF: Relative Frequency; PF: Percentage Frequency; CI95: 95% Confidence Interval.

Others: *Candida* species different from the *parapsilosis* complex.

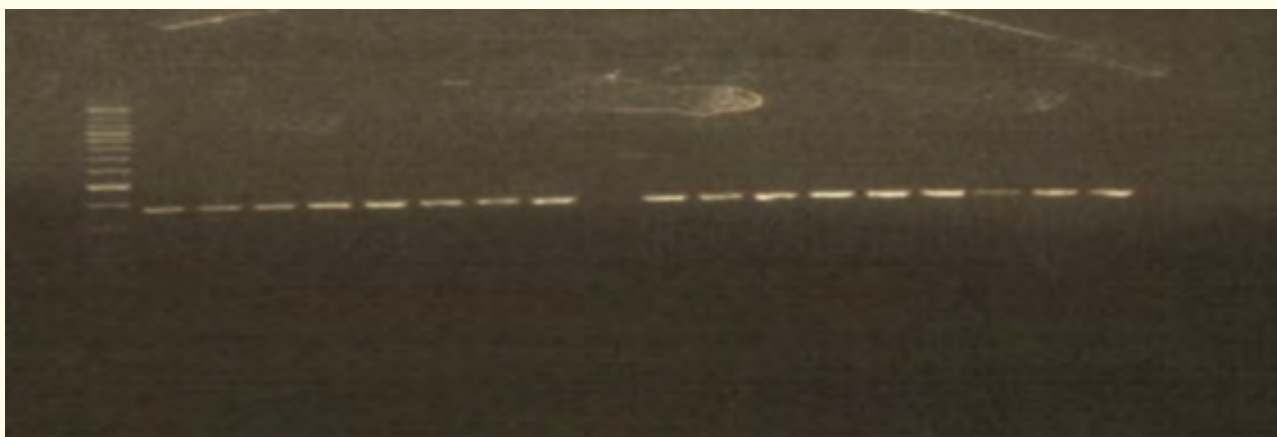


Figure 1: Electrophoretic run of PCR product from 17 samples of various oral cavity niches: A pattern of 379bp banding is observed.

Note: WM: marcador de peso; C+: Positive Control; C-: Negative Control.

PCR results were validated through the phylogenetic analysis of sequences obtained by means of Sanger automated sequencing and analyzed with BioEdit and MEGA 06 programs (Figure 2).

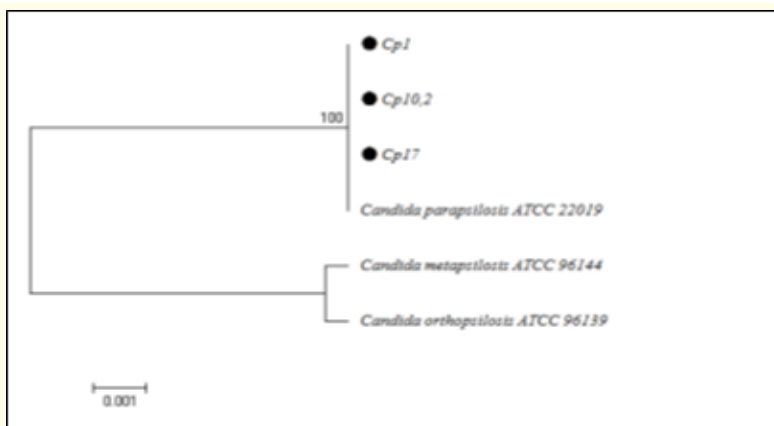


Figure 2: Phylogram constructed with reference strains and 3 unknown strains.

The BLAST analysis of the 5 strains that were negative according to PCR for the three strains in the complex determined the following identification:

Cp36A: 100% identical to *C. albicans*

Cp53.1: 100% identical to *C. albicans*

Cp78/2.2: 100% identical to *C. pararugosa*

Cp78PA: 100% identical to *Kluyveromyces marxianus*

Cp381: 100% identical to *C. albicans*

When comparing the species recovered with the oral condition of patients at the moment of sample collection (according to medical records), we found that the recovery frequency of *Candida parapsilosis* sensu stricto was different for pathological and healthy oral niches. The strength of association resulting from prevalence ratio was 3.9, which means that the probability of recovering *Candida parapsilosis* sensu stricto in gingival-periodontal conditions is four times higher than in healthy ones.

Oral condition	Species		Total N (%)
	<i>C. parapsilosis</i> sensu stricto N (%)	Otras N (%)	
GPD	27 (79)	0	27 (71)
Without GPD	7 (21)	4 (100)	11 (29)
Total N(%)	34 (100)	4 (100)	38 (100)

Table 4: Conditional probabilities according to the presence or absence of GPD.

Note: GPD: gingival-periodontal disease

Fisher's test: 0,36/p = 0,0045

PR: 3.9 (IC95%: 3.1 - 4.7)

In vitro biofilm-forming capacity study

Figure 3 shows that out of all the strains studied (N = 28) in RPMI medium, 92 % (26 strains) had biofilm-forming capacity. Only two strains did not form *in vitro* biofilm in this culture medium. Phenotypic assessment showed that 71 % of the *C. parapsilosis* sensu stricto strains were high biofilm producers.

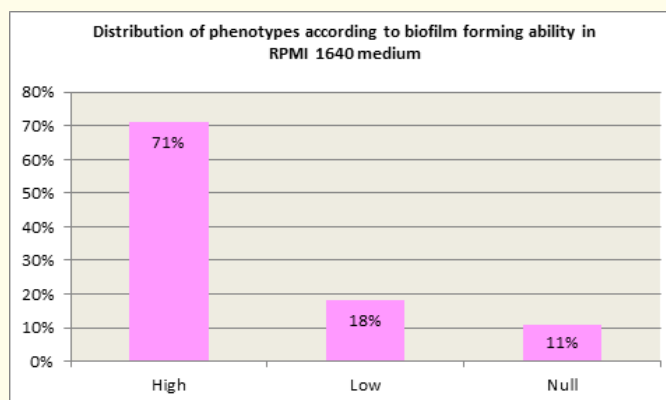


Figure 3: Biofilm forming ability measured in strains grown in RPMI medium.

Figure 4 shows that, in YPD medium, 24 out of the 28 strains analyzed formed *in vitro* biofilm, while 4 strains had no biofilm-forming capacity in this medium. Phenotypic assessment showed that 79 % of the *C. parapsilosis* sensu stricto strains were high biofilm producers. These results are similar to the ones found in the RPMI medium.

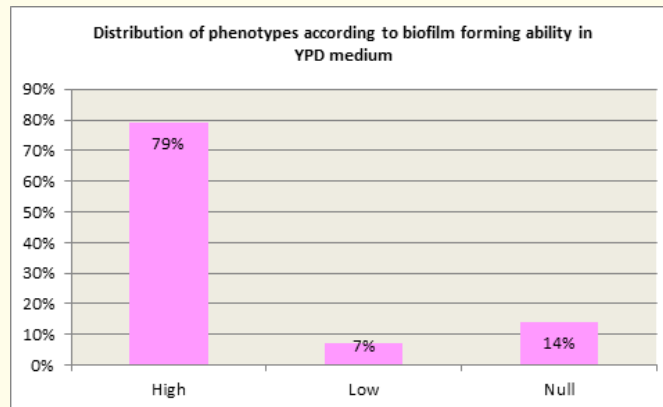


Figure 4: Biofilm forming ability measured in strains grown in YPD medium.

Figure 5 shows the mean value and the standard deviation of absorbances found in the total number of *C. parapsilosis* sensu stricto strains, according to the oral condition they were isolated from: with and without gingival-periodontal disease, compared in two culture media, YPD and RPMI. Firstly, the chart shows that in both YPD and RPMI media, strains form more biofilm biomass in GPD condition (averageAbs YPD: 1.20 ± 0.90 and averageAbs RPMI: 0.60 ± 0.48); regarding the oral condition without GPD (averageAbs YPD: 0.46 ± 0.53 and averageAbs RPMI: 0.36 ± 0.37). The significance test (Mann-Whitney U test) demonstrated that, according to the comparison of the medians in GPD condition vs. without GPD, *C. parapsilosis* sensu stricto strains from an inflammatory environment are likely to be more virulent than those isolated in non-inflammatory oral conditions (YPD: $p = 0.02$ / RPMI: $p = 0.04$), since in both culture media the probability for the difference between the variables to be a random result is less than 5%. This drives us to accept the alternative hypothesis. However, with YPD medium, the absorbance levels were higher than in RPMI medium (1.02 ± 0.88 ; 0.60 ± 0.45), which means that YPD promotes more biofilm formation as opposed to RPMI 1640 at 24 hours after growth.

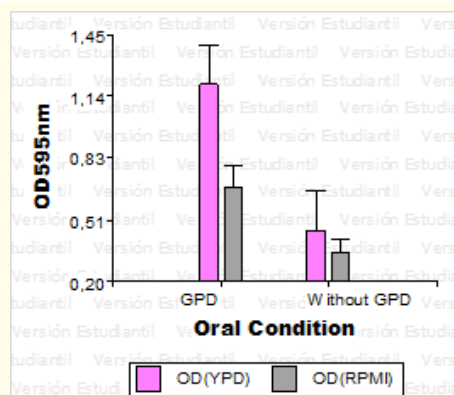


Figure 5: Average of absorbances of solutions crystal violet (Abs CV) obtained from biofilm of 24 hours of strains *C. parapsilosis* sensu stricto in means YPD vs RPMI, analyzed according to buccal condition in which they were isolated.

Test Mann Whitney (YPD) U: 59,50; $p = 0,02$

Test Mann Withney (RPMI)U: 64,50; $p = 0,04$

Discussion

Currently, *Candida parapsilosis* is considered as a nosocomial emerging pathogen [20], and its growing resistance to azoles and echinocandins [21,22] has put it under the spotlight in the last few years. It is a complex of 3 phenotypically indistinguishable species, but, due to their genetic heterogeneity, it is possible to differentiate them only with molecular techniques.

In this complex, *C. parapsilosis* sensu stricto is the species most frequently recovered from clinical isolates of immunocompetent and immunocompromised patients, both in normal and pathological conditions [24-28]. This knowledge has been supported by many studies around the world. However, there are few studies reporting the prevalence and distribution of the species in this complex under healthy and pathological conditions in the mouth. So far, *C. parapsilosis* sensu stricto is known to be the most prevalent species in oral cavity niches under immunocompetent conditions, regardless of the geographical region. This has been reported by studies from the USA [29], Portugal [26], Turkey [30] and China [20]. On the other hand, only one study made in Brazil analyzed the distribution of the species in this complex inside the mouths of immunocompromised HIV-positive patients. *C. metapsilosis* was the most frequently isolated species followed by *C. parapsilosis* sensu stricto, although the difference was not statistically significant, and the sample used was also very slender [13].

In the present study, only *C. parapsilosis* sensu stricto was isolated, showing a prevalence of 89.5 % in all the oral cavity samples. This study determined that *C. parapsilosis* sensu stricto is more likely to be recovered from oral cavities under pathological conditions, which agrees with a Chilean study published in 2008 [2], where a lower yeast prevalence is observed, evidenced in a lower count of colony-forming units (CFU/ml) of *Candida* species among periodontally healthy subjects when compared to individuals with periodontal disease; the difference being statistically significant.

Among clinical *Candida* strains, biofilm formation is variable and depends on the *Candida* species [3]. This fact has already been demonstrated in several studies; it has also been reported that biofilm formation by *Candida parapsilosis* is a key virulence factor in this species, highly dependent on the strain [31,32], an unproven characteristic in other NAC species such as *C. glabrata* and *C. tropicalis* [32]. In our case, from all the clinical *C. parapsilosis* sensu stricto isolates sorted according to biofilm biomass, concurrent results with those from Silva *et al.* [36] and Pannanusorn *et al.* [31] were found, since we identified strains with different biofilm-forming capacity (high, low and nonexistent), where high biofilm-forming capacity strains predominated in both RPMI and YPD media (71% and 79%, respectively). This result also agrees with the findings from Silva, *et al.* given that in the clinical *C. parapsilosis* sensu stricto isolates analyzed by them regarding biofilm-forming capacity, oral isolates were found to be the most common biofilm producers with respect to strains from vaginal and urinary tracts. This characteristic was not observed in other NAC species such as *C. glabrata* y *C. tropicalis* [32].

Our hypothesis is that an oral inflammatory environment caused by overgrowth of periodontal pathogens during gingival-periodontal disease triggers and/or aggravates the virulence of *C. parapsilosis* sensu stricto commensal strains due to inheritable epigenetic changes. This is because the DNA sequence variability between this species strains has proven to be minimal even in isolates from different geographical regions [33]. With respect to this, we found that isolates derived from oral niches with GPD showed a significantly higher biofilm biomass compared to strains isolated in healthy oral conditions. This result was confirmed in two different culture media, RPMI 1640 and YPD, and agrees with reports by Hasan F, *et al.* (2009) [34] and Jain N, *et al.* (2007) [35], who also suggested that the origin and selection of isolates may be an influential factor in this *Candida* species biofilm formation. Furthermore, conversion of *Candida* species from commensalism to parasitism and their overgrowth are usually associated with changes in the intraoral environment such as unhygienic prostheses and xerostomia, or systemic factors such as type 2 diabetes (DM2) and immunodeficiencies. In any case, there are no published data so far about the effect of oral environment conditions on *Candida parapsilosis* pathogenicity. This is the first study to analyze the distribution and behavior of *C. parapsilosis* sensu stricto oral strains regarding the clinical conditions under which they were isolated.

In the biofilm biomass measurement assay, higher absorbance levels were reached with YPD medium as opposed to RPMI medium. This result agrees with those of Tan Y, *et al.* (2016) [36]. Our study showed that YPD and BHI culture media produce larger biofilm quantities and trigger stronger metabolic activity with respect to RPMI, concluding that culture conditions (medium composition, inoculum size, incubation period) affect *in vitro* biofilm formation.

Our study findings are highly relevant, since *C. parapsilosis* sensu stricto is the most prevalent species of the complex in different ecological niches, either in states of immunocompetence or deterioration of the immune system. There is no agreement, however, on whether this is the most virulent species of the complex. On the other hand, there is enough evidence to indicate that this is the second or third most frequently isolated yeast after *Candida albicans* in blood-cultures from candidemia patients in Latin America, Asia and Europe [19,21]. This is an important antecedent given that *C. albicans* and, on a smaller scale, other *Candida* species are reported to be frequently found in adults and children's oral cavities, serving as reservoir for inoculation and infection of any part of the body [3]. When *Candida* enters and invades the host tissues, blood poisoning and systemic infections may occur. These infections are difficult to treat with anti-fungals, which means a high mortality rate (40%) [3]. Consequently, if the oral cavity in pathological conditions is a reservoir triggering *Candida parapsilosis* strains colonization and pathogenicity, such condition is an important risk factor for candidemia or invasive infections by this yeast. In fact, Fanello, *et al.* (2006), in a longitudinal study, showed a significant association between density of the species of the genus *Candida* in the oral cavity and the onset of a nosocomial fungal infection, which may be inside or outside the mouth [37]. Moreover, such condition (GPD) may cause strains from this species to be more active in the tissue injury observed in periodontal disease. Concerning this, a study published in Revista Iberoamericana de Micología (Iberoamerican Journal of Mycology) by Rubio, *et al.* (2012) found *Candida* presence in 35% of samples of supragingival and subgingival plaque, biopsies from periodontal bags and soft tissues, which also shows the presence of filaments invading the connective tissue with relation to anaerobic microorganisms (*Porphyromonas gingivalis*, *Prevotella intermedia* and *Aggregatibacter actinomycetemcomitans*) in patients with periodontitis [38]. The above mentioned facts explain the need for this study.

Conclusions

- *C. parapsilosis* sensu stricto is probably the species in the complex which most frequently colonizes oral cavity niches of immunocompetent patients, its recovery being more common in oral inflammatory conditions.
- *C. orthopsilosis* and *C. metapsilosis* seem to be rare colonizing species in oral cavity niches of immunocompetent patients, regardless of their clinical condition.
- Biofilm-forming capacity of the *C. parapsilosis* sensu stricto species depends on the strain. However, conditions in the oral environment may affect or determine this species virulence potential.
- Gingival-periodontal disease may be an oral condition triggering biofilm growth and formation in *Candida parapsilosis* sensu stricto commensal strains.
- YPD medium is more effective and less expensive than RPMI to stimulate biofilm growth at 24 hours.

Conflicts of Interest

The actuators do not have conflicts of interest.

Bibliography

1. Kleininger C., *et al.* "Frequency, Intensity, Species, and Strains of Oral Candida Vary as a Function of Host Age". *Journal of Clinical Microbiology* 34.9 (1996): 2246-2254.
2. Urzua B., *et al.* "Yeast diversity in the oral microbiota of subjects with periodontitis: *Candida albicans* and *Candida dubliniensis* colonize the periodontal pockets". *Medical Mycology* 46.8 (2008): 783-793.
3. Sanchez L., *et al.* "Biofilm formation by oral clinical isolates of *Candida* species". *Archives of Oral Biology* 58.10 (2013): 1318-1326.
4. Thein Z., *et al.* "In vitro biofilm formation of *Candida albicans* and non-*albicans* *Candida* species under dynamic and anaerobic conditions". *Archives of Oral Biology* 52.8 (2007): 761-767.

5. Melton J., *et al.* "Recovery of *Candida dubliniensis* and other *Candida* species from the oral cavity of subjects with periodontitis who had well-controlled and poorly controlled type 2 diabetes: a pilot study". *Special Care in Dentistry* 30.6 (2010): 230-234.
6. Jewtuchowicz V., *et al.* "Subgingival distribution of yeast and their antifungal susceptibility in immunocompetent subjects with and without dental devices". *Acta Odontologica Latinoamericana* 20.1 (2007): 17-22.
7. Yang Y., *et al.* "Characterization of yeasts colonizing in healthy individuals". *Medical Mycology* 49.1 (2011): 103-106.
8. Benito-Cruz B., *et al.* "Oral *Candida* isolates and fluconazole susceptibility patterns in older Mexican women". *Archives of Gerontology and Geriatrics* 65 (2016): 204-210.
9. Jain M., *et al.* "The Oral Carriage of *Candida* in Oral Cancer Patients of Indian Origin Undergoing Radiotherapy and/or Chemotherapy". *Journal of Clinical and Diagnostic Research* 10.2 (2016): ZC17-ZC20.
10. Bulacio L., *et al.* "Oral infections caused by yeasts in patients with head and neck cancer undergoing radiotherapy. Identification of the yeasts and evaluation of their antifungal susceptibility". *Journal of Medical Mycology* 22.4 (2012): 348-353.
11. Brusca M., *et al.* "Anabolic steroids affect human periodontal health and microbiota". *Clinical Oral Investigations* 18.6 (2014): 1579-1586.
12. Brusca M., *et al.* "The Impact of Oral Contraceptives on Women's Periodontal Health and the Subgingival Occurrence of Aggressive Periodontopathogens and *Candida* Species". *Journal of Periodontology* 81.7 (2010): 1010-1018.
13. Moris D., *et al.* "Prevalence and antifungal susceptibility of *Candida parapsilosis* complex isolates collected from oral cavities of HIV-infected individuals". *Journal of Medical Microbiology* 61.12 (2012): 1758-1765.
14. Canton E., *et al.* "Prospective Multicenter Study of the Epidemiology, Molecular Identification, and Antifungal Susceptibility of *Candida parapsilosis*, *Candida orthopsilosis*, and *Candida metapsilosis* Isolated from Patients with Candidemia". *Antimicrobial Agents and Chemotherapy* 55.12 (2011): 5590-5596.
15. Constante C., *et al.* "Different risk factors for candidemia occur for *Candida* species belonging to the *C. parapsilosis* complex". *Medical Mycology* 52.4 (2014): 403-406.
16. Treviño R., *et al.* "Biofilm formation and genetic variability of BCR1 gene in the *Candida parapsilosis* complex". *Revista Iberoamericana de Micología* 32.3 (2015): 180-184.
17. Peeters E., *et al.* "Comparison of multiple methods for quantification of microbial biofilms grown in microtiter plates". *Journal of Microbiological Methods* 72.2 (2008): 157-165.
18. Armitage G. "Development of a classification system for periodontal diseases and conditions". *Annals of Periodontology* 4.1 (1999): 1-6.
19. Asadzadeh M., *et al.* "Rapid molecular differentiation and genotypic heterogeneity among *Candida parapsilosis* and *Candida orthopsilosis* strains isolated from clinical specimens in Kuwait". *Journal of Medical Microbiology* 58.6 (2009): 745-752.
20. Ataide F., *et al.* "Molecular identification and antifungal susceptibility profiles of *Candida parapsilosis* complex species isolated from culture collection of clinical samples". *Revista da Sociedade Brasileira de Medicina Tropical* 48.4 (2015): 454-459.

21. Pfaller M and Diekema D. "Progress in Antifungal Susceptibility Testing of *Candida* spp. by Use of Clinical and Laboratory Standards Institute Broth Microdilution Methods, 2010 to 2012". *Journal of Clinical Microbiology* 50.9 (2012): 2846-2856.
22. Van Asbeck E., *et al.* "Significant differences in drug susceptibility among species in the *Candida parapsilosis* group". *Diagnostic Microbiology and Infectious Disease* 62.1 (2008): 106-109.
23. Tavanti A., *et al.* "*Candida orthopsilosis* and *Candida metapsilosis* spp. nov. to replace *Candida parapsilosis* groups II and III". *Journal of Clinical Microbiology* 43.1 (2005): 284-292.
24. Ge Y., *et al.* "Characterization of the *Candida parapsilosis* complex in East China: species distribution differs among cities". *Medical Mycology* 50.1 (2012): 56-66.
25. Miranda I., *et al.* "Prevalence and antifungal susceptibility patterns of new cryptic species inside the species complexes *Candida parapsilosis* and *Candida glabrata* among blood isolates from a Spanish tertiary hospital". *Journal of Antimicrobial Chemotherapy* 66.10 (2011): 2315-2322.
26. Silva A., *et al.* "Prevalence, Distribution, and Antifungal Susceptibility Profiles of *Candida parapsilosis*, *C. orthopsilosis*, and *C. metapsilosis* in a Tertiary Care Hospital". *Journal of Clinical Microbiology* 47.8 (2009): 2392-2397.
27. Lockhart S., *et al.* "Geographic distribution and antifungal susceptibility of the newly described species *Candida orthopsilosis* and *Candida metapsilosis* in comparison to the closely related species *Candida parapsilosis*". *Journal of Clinical Microbiology* 46.8 (2008): 2659-2664.
28. Banerjee B., *et al.* "Clinico-microbiological study of candidemia in a tertiary care hospital of southern part of India". *Iranian Journal of Microbiology* 7.1 (2015): 55-61.
29. Ghannoum M., *et al.* "Characterization of the Oral Fungal Microbiome (Mycobiome) in Healthy Individuals". *PLoS Pathogens* 6.1 (2010): e1000713.
30. Tosun I., *et al.* "Distribution, virulence attributes and antifungal susceptibility patterns of *Candida parapsilosis* complex strains isolated from clinical samples". *Medical Mycology* 51.5 (2012): 483-492.
31. Pannanusorn S., *et al.* "Characterization of Biofilm Formation and the Role of BCR1 in Clinical Isolates of *Candida parapsilosis*". *Eukaryotic Cell* 13.4 (2014): 438-451.
32. Silva S., *et al.* "Biofilms of non-*Candida albicans* *Candida* species: quantification, structure and matrix composition". *Medical Mycology* 47.7 (2009): 681-689.
33. Tavanti A., *et al.* "Genotypic and phenotypic properties of *Candida parapsilosis sensu strictu* strains isolated from different geographic regions and body sites". *BMC Microbiology* 10 (2010): 203.
34. Hasan F., *et al.* "Biofilm formation in clinical *Candida* isolates and its association with virulence". *Microbes and Infection* 11.8-9 (2009): 753-761.
35. Jain N., *et al.* "Biofilm formation by and antifungal susceptibility of *Candida* isolates from urine". *Applied and Environmental Microbiology* 73.6 (2007): 1697-703.

36. Tan Y, *et al.* "Influence of culture conditions for clinically isolated non-albicans *Candida* biofilm formation". *Journal of Microbiological Methods* 130 (2016): 123-128.
37. Fanello S, *et al.* "Predictive value of oral colonization by *Candida* yeasts for the onset of a nosocomial infection in elderly hospitalized patients". *Journal of Medical Microbiology* 55.2 (2006): 223-228.
38. Rubio N, *et al.* "Fungal invasion of connective tissue in patients with gingival-periodontal disease". *Revista Iberoamericana de Micrología* 32.1 (2015): 20-24.

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