Amphotericin is effective against almost all invasive fungal infections with the following rare exceptions (don’t memorize)
- **Yeast:** Candida lusitaniae (susceptible to fungins),
- **Dimorphic:** Chromoblastomycosis (susceptible to itraconazole)
- **Molds:**
  - A. terreus, an uncommon aspergillus species (susceptible to voriconazole),
  - Scedosporium (effective therapy unclear)
  - Some Fusarium species (effective therapy unclear)

Notes on 1,3 Beta-Glucan:
1. Pneumocystis Carinii (PCP) is a yeast that is not depicted on this chart that will cause an elevated 1,3 beta glucan level
2. Cryptococcus and Mucor species do not express 1,3 beta glucan
3. False positive beta glucan elevations can occur with IVIG, albumin, and beta lactamase inhibitors
4. The precise role of 1,3 beta glucan in the diagnosis of endemic fungal infections is still being investigated. They should be considered as possible etiologies for an elevated 1,3 beta glucan level.

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**Common Clinically Significant Toxicities**

<table>
<thead>
<tr>
<th></th>
<th>-Aoles</th>
<th>-Fungins</th>
<th>Amphotericin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatotoxicity</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Nephrotoxicity</td>
<td></td>
<td></td>
<td>+++</td>
</tr>
<tr>
<td>Cyp450 interactions</td>
<td>++</td>
<td></td>
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</tbody>
</table>