

Reference	Number of patients and age	Disease Group	Organism and involved sites	Anti-fungal regimen	Corticosteroid regimen	Clinical outcome(s)
Conter <i>et al</i> , 2007	1 (aged 17 male)	DLBCL. Receiving CYVE (cytarabine, etoposide) chemotherapy. Neuts <0.5x10 ⁹ /L	<i>Candida</i> (positive antibody assay) Liver and spleen involvement.	Treated with amphotericin B. Switched to voriconazole and caspofungin	Oral corticosteroids: 1mg/kg/day started on day 36 of infection	Fevers resolved in 24 hours. Patient went on to complete DHAP chemotherapy
Legrand <i>et al</i> , 2008	10 (6 adults, 4 children)	ALL (6 patients), AML (3 patients), CLL (1 patient)	<i>Candida albicans</i> (6 patients), <i>Geotrichum candidum</i> (1 patient), <i>Saccharomces</i> (1 patient), No-organism isolated (2 patients). Based on radiological appearances: all had liver involvement, 5 had splenic involvement, 5 had lung involvement, 2 had kidney lesions.	Amphotericin B	Oral corticosteroids: 0.5-0.8 mg/kg for adults, 1mg/kg for children	5 patients underwent alloSCT 90 days to 4 years post IFI with neither reactivation nor re-emergence of fungal infection. 6 died due to relapse of leukaemia without evidence of evolving infection. 4 patients still alive 4-9 years after onset.
Saint-Faust <i>et al</i> , 2009	2 (1 male aged 12 and 1 female aged 8)	AML and ALL	<i>Candida</i> Hepatic involvement in both patients.	Amphoterecin B	Prednisolone 1mg/kg	1 underwent consolidation chemotherapy and one underwent alloSCT without re-emergence of infection. Both were well and in remission at time of publication.
Chandesris <i>et al</i> , 2010	1 (male aged 75)	AML (treated with DA)	No organism isolated. Pulmonary, hepatic and splenic lesions.	Caspofungin, switched to Voriconazole	Oral corticosteroids 0.5mg/kg/day increased to 1mg/kg/day and maintained for 1 month before tapering	Symptoms resolved. Antifungal agents were ceased, and splenic lesions replaced by non-evolving sequelae. Clinically well 18 months post.
Chaussade <i>et al</i> , 2012	5 (mean age 34.8)	ALL (3) AML (2)	Digestive tract <i>Candida</i> colonisation (4), positive mannan antigenaemia (2) 4 cases had hepatosplenic lesions.	Multiple antifungals prescribed in each patient due to persistent fever (specific agents not specified).	Mean initial corticosteroid dose 0.6 mg/kg/day (range 0.3-1)	Four alive 3 years after the onset of CDC. One patient underwent successful alloSCT 240 days after CDC. One patient died of relapsed leukaemia.
Bayram <i>et al</i> , 2012	1 (16 month old boy)	ALL	No organism isolated – probable CDC Hepatosplenic involvement.	Fluconazole, voriconazole	Dexamethasone (0.5 mg/kg)	Fever disappeared after 3 days. Patient in remission.
Zajac-Spychala <i>et al</i> , 2016	1 (4 yr old boy)	ALL	Mannan antigenaemia Liver microabscesses.	Voriconazole (8mg/kg BD), amphotericin B (5mg/kg) then switched to caspofungin (50mg/m ²)	Dexamethasone 0.5 mg/kg)	Fever disappeared 3 days after starting steroids, CRP normalised in 10 days, liver abscesses decreased in size at 2 weeks after steroids. Patient completed treatment and is in remission.
Shkalim-Zemer <i>et al</i> , 2018	6 (children aged 9-18, 3 males, 3 females)	ALL (3) DLBCL (1) AML (1) Aplastic anaemia (1)	<i>Candida</i> identified in blood cultures (4), in bronchoalveolar lavage (1), possible CDC by EORTC criteria (1) All 6 had hepatosplenic involvement, 4 had lesions in the kidneys and 3 had lung micronodules.	Amphotericin and voriconazole (1), caspofungin (1), amphotericin and caspofungin (1), voriconazole (2), amphotericin, caspofungin and fluconazole (1)	Oral prednisolone (2mg/kg/day) or IV methylprednisolone equivalent in 2 divided doses.	Symptoms resolved 1-19 days from commencement of corticosteroids. 3 patients achieved complete remission, one died of persistent leukaemia, 2 died of Mucor infection and secondary HLH post allo-SCT.