Introduction:
Trichosporon species are fungi found in nature and human normal flora but they can be an opportunistic pathogen, associated with medical devices (biofilm formation), especially in intensive care unit (ICU) patients.

Methods:
After cultivation of urine samples, the identification was based on system Vitek 2, API 20C AUX, API ID 32C (bioMérieux®) and the susceptibility test on Vitek 2 and E test.

Results:
During the last two years, 1/10/2015-30/9/2017, in 2359 ICU patients, 27884 patient days, we detected Trichosporon spp in 31 patients. The minimum stay was 28 days. 24(77,4%) men and 7(22,6%) women. 27/31(87%) strains were T. Asahii and 4(13%) T. mucoides. All patients were exposed to antibiotics, had medical devices and other infections with other multi drug resistant strains. In 10 patients the infection persisted over one month, and 2 patients died during Trichosporon spp. funguria. According to the antifungal susceptibility testing, 3 strains T. Asahii had intermediate sensitivity (MIC:16:I) and 3 strains were resistant (MIC:16:R) to Fluconazole. All strains T. Asahii were sensitive to Amphotericin-B. All T. mucoides were sensitive to Flucytosine. 2/4 (50%). T. mucoides were resistant to voriconazole(MIC:4 R), 2/4(50% R) to Amphotericin-B (MIC:8-16 R), and 1/4(25%) to Fluconazole (MIC:32 R). The echinocandins are not active against Trichosporon spp.. In most patients treatment was administration of voriconazole.

Conclusion:
The Trichosporon spp after 28 days in ICU percentage is 31/2359(1,31%) and the incidence is 31/2788(1.11%). The majority were men. The azole drugs and Amphotericin-B showed activity against Trichosporon spp but recommendations must be based on in vitro susceptibility data and clinical experience and features.