**Objectives**

To describe the epidemiology and the minimum inhibitory concentrations (MICs) of intra-abdominal *Candida* isolations from patients with abdominal sepsis from Hospital Medica Sur in Mexico City.

**Materials & Methods:**

A cross-sectional, prospective, descriptive and observational study conducted from January to December 2024. Molds were growth onto Sabouraud dextrose agar; identification was performed by matrix-assisted laser desorption ionization time-of-flight mass spectrometry (MALDI-TOF MS). Minimum inhibitory concentration (MIC) were tested by colorimetric broth microdilution (Fungifast® AFG), this method determine susceptibility of amphotericin B, flucytosine, fluconazole and two concentrations of itraconazole. The epidemiological cutoff values were related to CLSI AST 2020.

**Results**

A total of 30 isolations from 20 patient samples were identified, however, we eliminated six isolates because lacking of susceptibility test. At the end we included 24 isolations. *Candida albicans* was the most prevalent yeast (43%), followed by *Nakaseomyces glabrata* (30%), *Candida tropicalis* (13.3%), *Pichia kudriavzevii* (10%), and *Meyerozyma guillermondii* (3.3%).

*C. albicans* presented a high MICs for amphotericin B (>8 µg/mL) in 36%. Reduced susceptibility to itraconazole (4 µg/mL) was observed in 64%. One isolate was susceptible to 5-fluorocytosine (MIC <2 µg/mL).

*N. glabrata* demonstrated non-wildtype susceptibility to amphotericin B (MIC 8 µg/mL) in 40%, while 60% showed resistance to fluconazole (MIC >8 µg/mL). All of the isolations of *N. glabrata* exhibited reduced susceptibility to itraconazole (MIC 64 µg/mL). All three *P. kudriavzevii* isolates showed a consistent resistance profile, with non-wildtype susceptibility to amphotericin B and intermediate susceptibility to azoles. As *P. kudriavzevii* is intrinsically resistant to fluconazole, these findings align with expected susceptibility patterns. Among the four *C. tropicalis* isolates, 75% showed high MICs to amphotericin B and 50% exhibited resistance to fluconazole and itraconazole. The single *Meyerozyma* *guillermondii* isolate demonstrated intermediate susceptibility to fluconazole (MIC 64 µg/mL) and itraconazole (MIC 4 µg/mL).

**Conclusions**

Most of intra-abdominal *Candida* species have high MICs to azole, and some of them also high MICs to amphotericin B. Surveillance programs are needed in order to identify species distributions and antifungal susceptibility patterns of these intra-abdominal infectious yeast in Mexico.