**Objectives**: To evaluate the effects of immunotherapy in treating recurrent vulvovaginal candidiasis (RVVC) in patients which are refractory to conventional treatment, identify *Candida* species involved and, verify the efficiency of this treatment in different species.

**Materials & Methods:** Patients with RVVC due to *Candida* spp., referred to the Immunotherapy Center – IMUNOCENTRO, in Passo Fundo (RS, Brazil), were included in the study. The fungal samples collected at the beginning of the treatment were identified by molecular sequencing the ITS region of RNA, and sequences were compared in genomic banks. The patients received immunotherapy for two years, as formulated by Anthygenus laboratory, containing soluble antigens and lysates from: *Nakaseomyces glabratus* (*Candida glabrata*), *Candida tropicalis* and Candida *albicans*. The samples were prepared from lysate of these 3 yeasts and soluble antigens obtained by Heat Shock Protein (HSPs) process. The application was subcutaneous, weekly, with progressive doses of 0.1 mL to 0.5 mL.

**Results**: Of the fifty women with RVVC confirmed by direct mycological examination and molecular identification for *Candida* spp.: The mean age was 34 years with SD 10.37. The majority were married (54%) and completed higher education (70%). 56.0% reported the habit of cleaning the vulva once a day and 74% washed it with regular soap. 98% were sexually active and 60% had pregnancies. In addition, 62% had a diagnosis of rhinitis. A positive skin test for *Candida* was observed in 44% of the patients. Regarding VVC, 54% of the participants had lived with it for more than five years. Most of them (56%) had four to eight episodes per year. In each episode, approximately 58% had up to seven symptoms, with sensitivity being the most common symptom, present in 100% of the cases (Table 1). After undergoing immunotherapy treatment for a period of two years, most patients (62%) showed complete recovery. Another eight patients (16%) reported partial improvement, reducing the number of episodes, while ten (20%) showed no improvement and one (2%) reported worsening of the clinical condition. Species identification was: *Candida albicans* in 25 cases (50%), *Nakaseomyces glabratus* (*Candida glabrata*) in 10 cases (20%), *Candida krusei* and *Candida tropicalis*, in 6 cases each (12%), and *Candida dubliniensis*, in 3 cases (6%). The patients infected with *C. dubliniensis,* reached 100% recovery. The species *Nakaseomyces glabratus* and *C. krusei* were associated with the highest rates of lack of response to treatment, representing 27.3% and 18.2%, respectively, of the cases that did not respond positively to treatment (Graph-1).

**Conclusions**: Immunotherapy has been shown to be an effective strategy for RVVC, with most patients showing improvement after two years of treatment. The response varied according to the *Candida* species, with *C. dubliniensis* being highly sensitive, while *Nakaseomyces glabratus* and *C. krusei* showing greater resistance. These results reinforce the importance of identifying the fungal species before starting treatment, as this can guide a more targeted and effective approach. Immunotherapy is a promising alternative, especially for cases that do not respond to traditional antifungals, contributing to more effective management of RVVC.

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