Objectives: *Nakaseomyces glabratus* (formerly *Candida glabrata*) is an emerging multidrug-resistant yeast associated with high mortality in invasive infections. Echinocandin resistance, though rare in Latin America, poses a significant therapeutic challenge. We report the first confirmed case of echinocandin-resistant *N. glabratus* in Colombia, detailing its clinical, microbiological, and molecular characteristics.
To describe a case of persistent candidemia due to echinocandin-resistant *N. glabratus*, analyze its resistance mechanism, and discuss implications for antifungal stewardship and laboratory detection in resource-limited settings.

Materials and Methods: A 72-year-old woman with diabetes, hypertension, and recurrent UTIs developed septic shock after lithotripsy. Initial urine and blood cultures grew *N. glabratus*. Despite empiric caspofungin, candidemia persisted. Identification and susceptibility testing were performed using VITEK-2® and CLSI broth microdilution. Whole-genome sequencing identified resistance-associated mutations.

Results: The isolate was resistant to caspofungin but susceptible to amphotericin B (MIC: 0.5 µg/mL) and voriconazole (MIC: 0.25 µg/mL). Blood cultures remained positive for 21 days until liposomal amphotericin B was initiated. Genomic analysis revealed an FKS2 hotspot mutation (R655G), a rare mechanism conferring echinocandin resistance Figure 1 The patient improved after catheter removal and targeted therapy.

Conclusion: This case highlights the emergence of echinocandin resistance in Colombia, likely driven by prior antifungal exposure and biofilm formation on indwelling devices. The R655G mutation, though uncommon, reduces glucan synthase susceptibility, leading to therapeutic failure. Automated systems (e.g., VITEK-2®) may miss such resistance, underscoring the need for molecular confirmation in refractory cases.   This is the first report of echinocandin-resistant *N. glabratus* in Colombia, emphasizing the importance of antifungal stewardship, advanced diagnostics, and surveillance. Liposomal amphotericin B remains a salvage option, but resistance detection requires broth microdilution and FKS sequencing in high-risk patients.