A retrospective-observational study was conducted (2012-2019) about all patients admitted to our Critical Care Burn Unit and had any microbiological isolation by any *Candida* species. We collected: demographic and epidemiological data, severity scores, characteristics of burns, risk factors, organic supports, days of hospital stay and mortality.

**Methods:**

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**Results:**

588 burned patients were admitted. 8 candidaemia were diagnosed: 5 *C. albicans*, 1 *C. parapsilosis*, 1 *C. tropicalis*, 1 *C. glabrata*. 5 patients were colonized by yeasts in their burns. The candidaemia were treated empirically with echinocandins. 84% of the patients the mechanism of the burn was the flame. The medians were: age: 47 years; 6 men; TBSA: 42%; depth, 32%; ABSI: 8, APACHE-II: 18. The average hospital stay in the ICU was 45 ± 9 days. All patients on mechanical ventilation at the time of the diagnosis of candidaemia, and all of them also required norepinephrine for septic shock. All had a central venous catheter, urinary catheter, parenteral nutrition and broad-spectrum antibiotic therapy. 3 patients (38%) died, both with candidaemia due to *C. albicans*.

**Conclusion:**

Although the incidence of candidaemia in our population is very low, almost half of the patients who develop it die during admission for refractory septic shock. TBSA > 30%, multiple colonization by *Candida*, parenteral nutrition, broad spectrum antibiotic therapy, central venous catheter and urinary catheterization continue to be the main risk factors for opportunistic fungal infections.