Introduction

During the last decades the incidence of candidemia in neonatal intensive care units has increased(***Sherertz,et al., 2006)***

Infections due to candidal spp. are the most common invasive fungal infection in hospitalized patients ***(Huang et al., 2007).***

Several investigations have reported a change in the epidemiology of candidemia with arelative decrease in the rates of infection caused by Candida Albicans and ashift toward non-Albicans Candida spp., particularly Candida glabrata, Candida krusei, Candida parapsilosis. And Candida tropicalis ***(Solomon et al.,2007).***

That non albicans Candida spp. accounted 46% of all Candida blood stream infections ***(Berronane et al., 2007).***

Recent studies reported that Candida. Parapsilosis is the most common non-Albicans candidal infections ***(Edmond et al., 2008).***

The known risk factors for candidemia are prematurity, the use of central venous lines, intubation, parentral nutrition, and brood spectrum antibiotics, prolonged hospitalization ***(Davis et al., 2007).***

In addition, in some reports colonization with Candida spp. Was associated with an increased risk for candidaemia, especially in very low birth weight infants ***(Redding et al., 2008).***

In very low birth weight infants. Prevention of fungal colonization by fluconazole prophylaxis has been shown to be effective ***(Arendrup et al., 2008).***

But the recent studies found that there is emergence of fluconazol resistance in some Candida spp ***(Pfaller et al., 2006).***

There is new azoles which showed improved activity against fluconazole-resistant Candida isolates. This may has an important implications in selection of the sutable antifungal agent ***(Sheehan et al., 2007).***