Cotton wool-like plaques due to Candida in ulcerative colitis

A 62-year-old man with a long history of ulcerative colitis and who was taking 2250 mg of mesalazine and 50 mg of azathioprine daily, developed intermittent abdominal pain and prolonged diarrhea. After 5 weeks of treatment with prednisolone, he developed high fever and abdominal colic pain. He was referred to our hospital with a suspicion of exacerbated ulcerative colitis. A physical examination revealed a man in acute distress with mild tenderness to palpation in the mid abdomen. Oral prednisolone was prescribed at a dose that was to be gradually decreased from 80 mg. After 5 weeks, when the dose of prednisolone had decreased to 30 mg, he developed high fever and abdominal colic pain. In his stool examination, high fever and abdominal colic pain. A colonscopic imaging in the transverse colon revealed cotton wool-like plaques on a background of inflamed mucosa. The lesions seemed to be an aggregation of filaments when magnified (under narrow-band imaging).

The lesions seemed to be an aggregation of filaments when magnified (Fig. 1 a). The lesions seemed to be an aggregation of filaments when magnified (Fig. 1 b). Samples were collected which led to the diagnosis of candidiasis (Fig. 2). Intravenous antifungal medication was administered, and the whitish plaques and inflammation disappeared within 2 months.

Acute infectious colitis mimics ulcerative colitis with the presence of diffuse lesions or focal colitis, thus necessitating a differential diagnosis [1]. In ulcerative colitis, C. difficile and CMV infections are common while other infections such as Salmonella, Campylobacter, and Listeria monocytogenes have also have been reported [2,3]. There are some reports describing candidiasis of the digestive tract in immunocompromised hosts [4], however, candidiasis in patients with ulcerative colitis has rarely been reported [5]. Patients with ulcerative colitis undergoing treatment with steroids or immunosuppressive agents, and who develop prolonged diarrhea or high fever, should undergo colonoscopy to evaluate whether this is due to a relapse of ulcerative colitis or to infection.

References

Bibliography
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