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, *Clostridium difficile*, *Pseudomonas aeruginosa*, *Listeria monocytogenes*, and *Candida albicans* were present. Serum *Candida* antigen was also positive. Colonoscopy revealed multiple ulcers, marked granular change, and edema throughout the colon. White plaques as well as cotton wool-like plaques on a background of inflamed mucosa were seen in the transverse colon (Fig. 1a). The lesions seemed to be an aggregation of filaments when magnified (under narrow-band imaging).

Samples were collected which led to the diagnosis of candidiasis (Fig. 1b). 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 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 immuno-compromised 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.

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Competing interests: None

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