

Candida esophagitis

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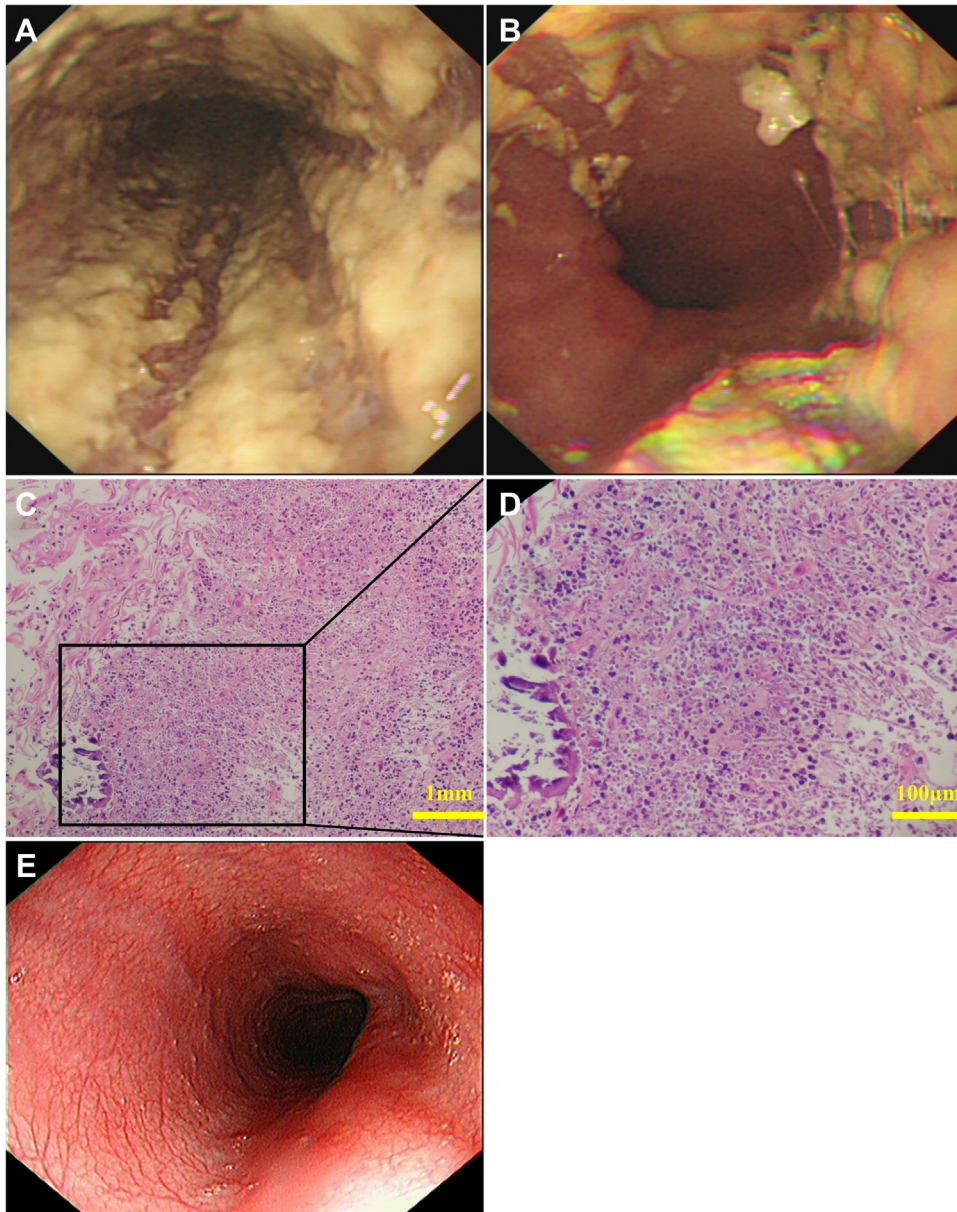


FIGURE 1.

CASE PRESENTATION

A 63-year-old woman presented to the outpatient clinic with a 1-month history of odynophagia and dysphagia. She had not received any immunosuppressant medication, antibiotic and glucocorticoid.

She had no documented past medical history. Physical examination was unremarkable. Esophagogastroduodenoscopy revealed white, linear, plaque-like, mucosal lesions throughout the whole length of the esophagus (Fig. 1A, B). Gastroduodenal and oropharyngeal lesions

were not discovered. Histopathology of mucosa revealed *Candida blastospores* and *pseudohyphae* (Fig. 1C, D). Direct fungal cultures and detection were also positive for *Candida albicans*. Finally, she received the diagnosis of Candida esophagitis according to the typically characteristic endoscopic manifestations and a culture of esophageal brushing samples positive for *Candida albicans*. Human immunodeficiency virus test was negative.

Candida albicans usually grow as oval-shaped budding yeast, pseudohyphae or true septate hyphae, which is a common commensal organism in the oropharyngeal cavity and gastrointestinal tract.¹ Epithelium-invasive filamentous forms are specific diagnostic of Candida esophagitis because yeast may superficially colonize the mucosa without causing clinical disease.² As a common opportunistic infection, Candida esophagitis is rare in normal individuals. It often happens in immunocompromised hosts, such as steroid use, AIDS, poorly-controlled diabetes, malignancy, antibiotic use or mucosal barrier injury.^{2,3} Her pain on swallowing relieved after oral fluconazole was administered for 1 month. At a 6-month follow-up visit, the patient reported no further symptoms of odynophagia with a repeat endoscopy after the completion of antifungal therapy showing a marked reduction in the number and severity of esophageal lesions (Fig. 1E).

ETHICAL STATEMENT

Written informed consent was obtained from the patient for publication of this “GI Image”. Board institutional approval was not required.

SOURCE OF FUNDING

None.

DECLARATION OF COMPETING INTEREST

None.

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