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. 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. A stool examination, Clostridium difficile, and some Candida species were present. Serum cytomegalovirus (CMV) 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 (Fig. 1b).

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 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.

References

Corresponding author
Naoki Muguruma, MD, PhD
Department of Gastroenterology and Oncology
The University of Tokushima Graduate School
3-18-15 Kuramoto-cho
Tokushima city 770-8503
Japan
Fax: +81-88-6393235
muguruma.clin.med@gmail.com