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*, 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 (under narrow-band imaging). A colonoscopic 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 (Fig. 1b).

Fig. 1a A 62-year-old man with a long history of ulcerative colitis developed intermittent abdominal pain and prolonged diarrhea. After 5 weeks of treatment with prednisolone, he developed high fever and abdominal colic pain. 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. The lesions seemed to be an aggregation of filaments when magnified.

Fig. 1b Colonoscopic 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.

Fig. 2 On microscopic imaging, numerous *Candida* fungi were seen in the sample.