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 2250mg of mesalazine and 50mg 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 80mg. After 5 weeks, when the dose of prednisolone had decreased to 30mg, he developed high fever and abdominal colic pain. In his stool examination, Clostridium 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

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Bibliography

Fig. 1 a 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. a Colonoscopic imaging in the transverse colon revealed cotton wool-like plaques on a background of inflamed mucosa. b The lesions seemed to be an aggregation of filaments when magnified (under narrow-band imaging).

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