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Massive submucosal esophageal tear from meat impaction in candida esophagitis

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Introduction: Candida species are commensal organisms of different mucous membranes in healthy individuals with the esophagus being a common sight of colonization. Candida esophagitis involves the superficial mucosa and transmural invasive candida infection is rare even in immuno compromised patients. It rarely involves life-threatening complications (i.e. deep esophageal tear, necrosis and perforation).

Case Description: The patient is a 49 year-old male with history of hypertension that presents with a food impaction in his esophagus after eating steak. He tried to relieve the impaction with self-induced vomiting without relief followed by multiple episodes of hematemesis associated with dysphagia, odynophagia and severe chest pain. He reports being in usual state of health prior to that incident; no NSAIDs, alcohol abuse or smoking history; no chronic steroids, PPI, or anticoagulant use. Physical examination: Sclera nonicteric, no oral thrush, no palpable crepitus over chest wall or neck. Abdominal exam was unremarkable. CT chest showed no radiopaque foreign body or pneumomediastinum and an emergent EGD was performed. Patient was admitted under CT surgery and was kept NPO, on IV fluids, IV PPI, IV antibiotics and antifungal. Patient was subsequently diagnosed with HIV.

Discussion: Candida esophagitis is known to occur in immuno compromised hosts but severe complications (i.e., perforation, fistula) with esophageal candidiasis are rare and have been mainly reported in diabetic patients with renal transplantations and patients with hematologic malignancy. Unlike eosinophilic esophagitis, food impaction is not often seen in candida esophagitis. The unique highlights of this case are the absence of any prior classic symptoms of infectious esophagitis (i.e. dysphagia, odynophagia and chest pain) or constitutional symptoms and the extent of esophageal mucosal injury sustained from the food impaction in the setting of esophageal candidiasis.

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