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Image Article

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Esophageal Candidiasis

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A 57-year-old man presented to the outpatient clinic with a 2-week history of odynophagia (pain on swallowing). His past medical history was a sufferer of asthma of 50 years' duration with twice-daily budesonide inhalation suspension for the treatment of persistent asthma. Physical examination was unremarkable. Gastroscopy revealed white, linear, plaque-like, mucosal lesions on the esophagus (Panel A). No oropharyngeal and gastroduodenal lesions were found. Biopsy of mucosa confirmed *Candida* blastospores and pseudohyphae (Panel B). Direct fungal cultures and detection were also positive for *Candida albicans* and a serologic assay for human immunodeficiency virus was negative. The diagnosis of esophageal candidiasis depended on the typically characteristic endoscopic manifestations and was confirmed by a culture of esophageal brushing samples which was positive for *Candida albicans* [1]. Esophageal candidiasis is considered to be a common opportunistic infection in immunocompromised hosts [2]. Long-term treatment with glucocorticoids is a risk factor in immunocompetent patients [3]. Oral fluconazole was administered for 3 weeks, and his pain on swallowing relieved within 1 month after treatment was initiated. No additional endoscopy was performed after completion of the procedure. At a 1-year follow-up visit, the patient reported no further symptoms of odynophagia.

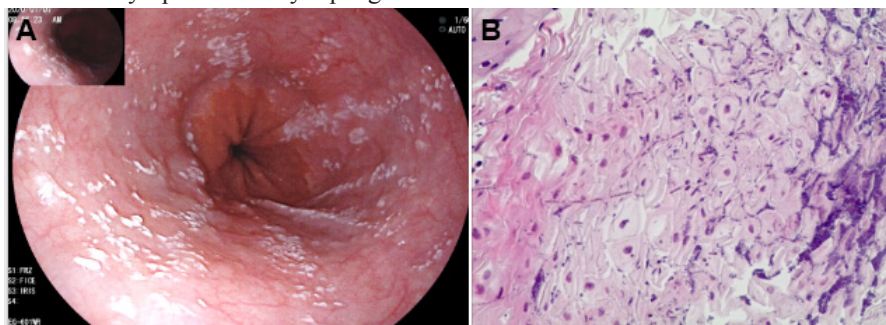


Figure 1: Esophageal candidiasis. (A) Endoscopic appearance of white mucosal plaques in lower esophagus; (B) *Candida* blastospores and pseudohyphae detected by biopsy of mucosa

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this "Images in Clinical Medicine".

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