

Clinical Image

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Epigastric pain and difficulty swallowing in a haemodialysis patient

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Clinical image description

A 57-year-old man was admitted due to progressive epigastric pain and difficulty swallowing for 5 days. He had a history of type 2 diabetes mellitus and end-stage renal disease with regular haemodialysis maintenance. His family history was unremarkable. He had not received corticosteroids or other immunosuppressant medications. The patient had used proton pump inhibitors (20 mg/d omeprazole) for 2 months due to acid regurgitation. Oesophagogastroduodenoscopy revealed white, linear, mucosal, and plaque-like lesions on the oesophagus (Fig-

ure 1A). No oropharyngeal or gastroduodenal lesions were noted. The diagnosis of oesophageal candidiasis was made based on the typical endoscopic findings, which was confirmed by a pathology of oesophageal biopsy tissue that was positive for *Candida albicans*. A serologic test for human immunodeficiency virus was negative. Intravenous antifungal therapy was started in the patient, his epigastric pain was reduced within 1 week after initiated therapy. A follow-up endoscopy was performed 14 days after the initiation of antifungal therapy, which revealed an obvious improvement (Figure 1B).

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The incidence of oesophageal candidiasis is 0.32% to 5.2% in the general population. The risk factors for oesophageal candidiasis include early or late age, use of proton pump inhibitors, smoking, an immunocompromised state and long-term treatment with antibiotics or corticosteroids [1,2]. Oesophageal candidiasis usually responds well to systemic antifungal therapy. Differential diagnoses, such as herpes simplex virus, cytomegalovirus, pill-induced oesophagitis, eosinophilic oesophagitis, radioactive oesophagitis, gastroesophageal reflux disease, and other types of oesophageal mucosa inflammation, should be considered in clinical practice [1-3].

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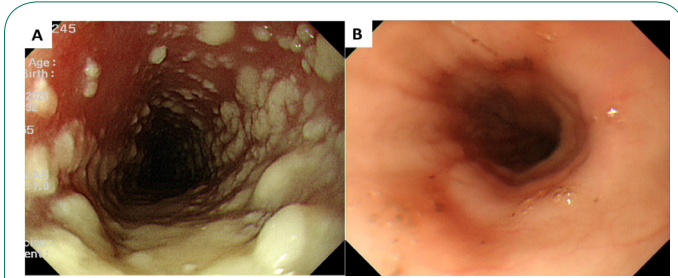


Figure 1: (1A) Oesophagogastroduodenoscopy revealed white, linear, mucosal, and plaque-like lesions on the oesophagus. **(1B)** Oesophagogastroduodenoscopy revealed an obvious improvement.