

Esophageal Candidiasis as Post-COVID Presentation

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Keywords

Esophageal candidiasis, COVID-19, Antifungal treatments.

Introduction

Esophageal candidiasis is characterized by white plaques on the mucosa, with an incidence of 0.3 to 5% in general population, with risk factors such as immunosuppression, elderly, chronic use of proton pump inhibitors (PPI), among others [1], so far there is little evidence of the association of COVID-19, therefore, we present the following case.

Case Presentation

Patient who was admitted for pneumonia by COVID-19, requiring management with steroids and antibiotics, in his convalescence with odynophagia and retrosternal pain, an esophagogastroduodenoscopy was performed, showing cotton-wool plaques in the esophagus suggestive of candidiasis, receiving nystatin-fluconazole with resolution of the condition. Now asymptomatic.

Discussion

Esophageal candidiasis is an infection associated with risk factors such as age > 55 years, chronic use of proton pump inhibitors, smokers and immunosuppression. Its diagnosis is clinical, endoscopic and histological; once diagnosed, it should receive antifungal treatment [2] to avoid complications such as necrosis and esophageal stenosis. Given the little known about the disease associated with COVID-19, in this case, immunosuppression and steroid use probably triggered the infectious disease.

References

1. Nassar Y, Eljabbour T, Lee H, et al. Possible risk factors for candida esophagitis in immunocompetent individuals. *Gastroenterology Research*. 2018; 11: 195-199.
2. Pappas PG, Rex JH, Sobel JD, et al. Guidelines for treatment of candidiasis. *Clinical Infectious Diseases*. 2004; 38: 161-189.



Figure 1: Esophageal plaques.



Figure 2: Laryngeal plaques.



Figure 3: Larynx post treatment.



Figure 4: Esophagus post treatment.