An 82-year-old man without a medical history of underlying diseases, smoking, drinking alcohol or taking non-steroidal anti-inflammatory drugs, was referred due to epigastric pain. Endoscopic examination revealed ulcerous lesions with thick exudates in the fornix (Picture 1) and corpus (Picture 2) and severe atrophic gastritis of the stomach. The biopsy specimen revealed numerous Candida forms (Picture 3). Helicobacter pylori (H. pylori) infection was confirmed by 13C urea breath test. Antifungal therapy with a proton pump inhibitor was started and the ulcers were healed completely.

While esophageal Candidiasis is common in the gastrointestinal tract, Candida-associated gastric ulcer is rare (1). In this case, co-existence of H. pylori with Candida is suggested to be a causative factor of ulcer. Candida fungi in elderly patients with severe atrophic gastritis resulting in hypochlorhydria could contribute to the development of fungal colonization (2). When a characteristic finding of ulcer with thick exudates is encountered on endoscopy, Candida infection should be considered.

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References