

**Title:**

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ACCEPTED MANUSCRIPT

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**The first reported case of colonic infection caused by *Candida glabrata***

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*Dear Editor,*

We present the case of a 56-year-old male with a past history of morbid obesity and bariatric surgery (restrictive and malabsorptive) on daily treatment with esomeprazole. He was admitted to the Intensive Care Unit (ICU) with bloody diarrhea associated with sepsis and multi-organ failure. Colonoscopy revealed multiple deep ulcers 20 cm from the anal margin to the ascending colon (Fig. 1). Biopsies were performed and the histology was consistent with infectious colitis and *Candida glabrata* in the stool culture. Guided antifungal treatment with caspofungina was started. Despite the treatment, he had a torpid outcome, which resulted in a colon perforation and a subsequent bleeding through ileostomy. Finally, the patient died due to hemorrhagic shock; a necropsy was not requested.

**Discussion**

Lower gastrointestinal tract infections caused by *Candida* species are a very rare entity. The reported cases of colonic candidiasis are due to *Candida albicans* and *C. tropicalis*. We present a case of a colonic infection caused by *Candida glabrata*, which to the best of our knowledge is the first documented case in the literature (1). There has been an increase in the isolation of non-albicans species of *Candida* in recent years, the most prominent being *C. glabrata*. This is important as these species are less sensitive

to fluconazole, which is a common first line antifungal agent.

Risk factors for candidemia and invasive candidiasis are central venous catheters, total parenteral nutrition, broad-spectrum antibiotics, immunosuppressive treatment, mucosal colonization by *Candida spp.*, neutropenia, renal failure, prior surgery (particularly abdominal), prolonged ICU admission and gastric acid suppression (4). Our patient had two known risk factors, a history of abdominal surgery and a lower gastric acid secretion as a consequence of surgery and chronic treatment with esomeprazole.

Only limited data is available on colonic candidiasis and colonic involvement appeared in 20% of gastrointestinal candidiasis documented cases. Endoscopy findings reported are ulcerations, plaques, erosions and pseudopolyps. Fever, diarrhea, abdominal pain and rectal bleeding are possible presenting symptoms (1).

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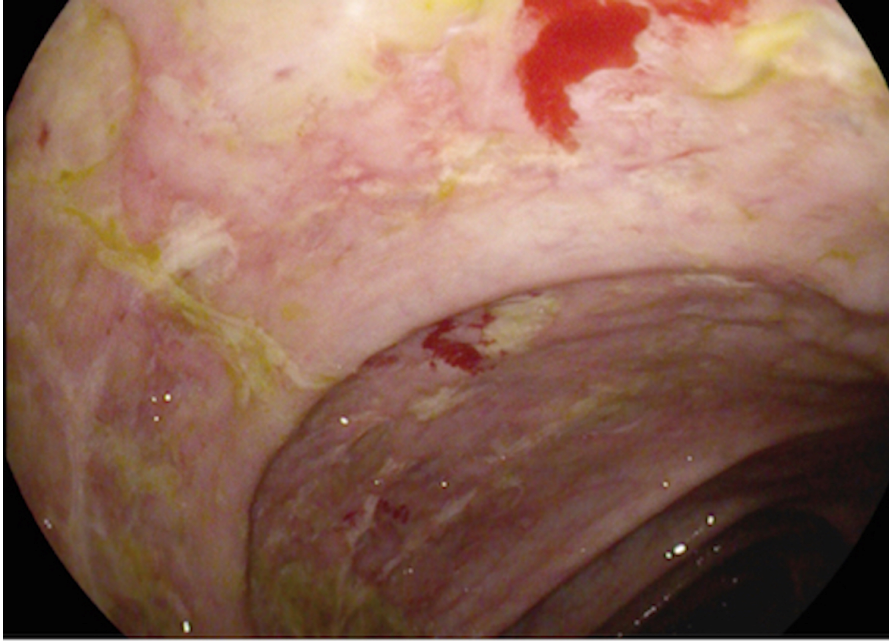


Fig. 1. Lower digestive endoscopy with multiple fibrin ulcers.

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