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Ulcerated Gastric Injury Caused by the Association of Candida Sp and Helicobacter Pylori in an Immunocompetent Patient

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Introduction

Among the rare forms of gastritis associated with infections by specific agents, candidiasis appears as the most frequent, when considering fungal microorganisms. After the advent of the acquired immunodeficiency syndrome (SIDA), so-called opportunistic infections have become more and more frequent, although they remain rare entities when observed in patients without compromising the immune system.

Keywords: Candidiasis; Gastric ulcer; Mycoses; Fluconazole; Helicobacter Pylori

Objective

The aim of the present study is to report the case of a 58-year-old female patient, brown in color, who came to the gastroenterology clinic with dyspeptic complaints whose diagnostic investigation revealed that it was an active gastric ulcer, in which it was evident the association between Candida sp. and Helicobacter pylori.

Case Report

M.L.S.L., female, 58 years old, domestic, born in Maceió – AL - Brazil, visited the gastroenterology clinic with dyspeptic complaints that had been bothering her for approximately two months. On physical examination, the patient was in good general condition, eupneic, normal colored, CF 130/90 mmHg. The abdomen was distended and painful on palpation of the upper floor. At the time, an upper digestive endoscopy was requested, which showed extensive ulcerated lesion in the antrum. The histopathological study of

material obtained by biopsy revealed that it was an active ulcer, with a bottom consisting of granulation tissue covered by necrotic and fibrino-leukocyte material, containing numerous spores and fungi hyphae compatible with Candida sp. The staining for Helicobacter pylori by the Giemsa method revealed a small amount of bacilli in the most preserved areas. Upon return, a new interrogation did not reveal the use of immunosuppressants and additional tests were also requested that did not identify comorbidities. The drugs used for the treatment were: Fluconazole 100mg / day for 10 days, Amoxicillin, Clarithromycin and Pantoprazole, in the usual doses of the standard regimen. A posterior endoscopic examination, carried out ninety days after the end of treatment, revealed complete remission of the lesion. Once the success of the instituted therapy was verified, the patient was discharged from the clinic without complaints.

Conclusion

It is important to emphasize that the reported case draws attention to the need to consider agents called opportunites, such as candidiasis, even in the case of immunocompetent patients.

Acknowledgement

None.

Conflict of Interest

No conflict of interest.

References

1. Carvalho MMCM (2013) Peptic ulcer: Etiopathogenesis, diagnosis, clinical aspects, and treatment. Porto (PT): Fernando Pessoa University.
2. Toneto MG, Oliveira FJM, Lopes MHI (2011) Historical evolution of peptic ulcer: from etiology to treatment. *Scientia Medica*.
3. Malfertheiner P, Chan FKL, McColl, KEL (2009) Peptic ulcer disease. *Lancet* 374: 1449-1461.