Ileal mucormycosis: a rare cause of lower gastrointestinal bleeding

Shiran Shetty a, Anith Kumar Mambatta b, Krishnam Raju Penmatsa c, Leelakrishnan Venkatakrishnan a

PSG Institute of Medical Sciences and Research, Coimbatore, Tamilnadu, India

Gastrointestinal mucormycosis is an uncommon opportunistic fungal infection, often seen in immunocompromised patients. Stomach is the most common site involved in gastrointestinal mucormycosis, followed by colon and ileum [1]. Early diagnosis is based on the histological picture, since culture is difficult. Culture is positive in only 30% of surgical specimens and only 52% of autopsy cases [2]. Management of ileal mucormycosis is by antifungal amphotericin B and debridement. Here we present this image for the uncommon clinical presentation of ileal mucormycosis as severe lower gastrointestinal bleeding and its early diagnosis based on histology to treat a condition with high mortality.

A 45-year-old diabetic male presented with breathlessness, abdominal pain and oliguria, and was admitted to the Nephrology Department. General examination showed tachycardia and tachypnea. Systemic examination was normal except for mild abdominal tenderness. His investigations showed leukocytosis and elevated serum creatinine. Blood and urine cultures were sterile. He was managed with antibiotics and hemodialysis for sepsis. Later he developed bleeding per rectum with significant drop in hemoglobin, requiring transfusion. Coagulation profile was normal. Colonoscopy and ileoscopy were done which showed a large ulcer with necrotic base and oozing in the terminal ileum as shown in Fig. 1. Ileal ulcer biopsy was taken which showed ulceration with increased cellularity, necrotic tissue contained broad non septate hyphae exhibiting right angled branching without vascular invasion and was suggestive of mucormycosis as in Fig. 2. He was managed with amphotericin B and hemodialysis. He improved clinically and was discharged with normal renal function tests.

Figure 1 (A, B) A large ulcer with necrotic base and oozing in the terminal ileum

Figure 2 400X Hematoxylin and eosin stain showing necrosis with broad non septate hyphae exhibiting right angled branching

References