

INTRODUCTION

- ❖ Oral lesions are easily visualized and often a sign of systemic disease. One such entity, oropharyngeal candidiasis, is a frequent finding in immunocompromised patients.
- ❖ Oropharyngeal candidiasis as a presenting finding in Crohn's disease (CD) is exceedingly rare.
- ❖ We present the case of newly diagnosed CD manifesting with oropharyngeal candidiasis in the absence of any other immunosuppressing conditions.

Crohn's Disease*

Cardinal Symptoms

- Abdominal pain
- Diarrhea (with or without gross bleeding)
- Fatigue

Constitutional signs/symptoms

- Weight loss, Fever
- Growth failure, Anemia
- Recurrent fistulas
- Extraintestinal manifestations

CLINICAL PRESENTATION

- **HPI:** 38-years-old male with no prior medical history who presented to the hospital with 1 week of sore throat, white discoloration of the oral cavity, and odynophagia.
- **ROS:** intermittent abdominal pain, episodic hematochezia, 20lb wt loss
- **PE:** oropharyngeal cavity was coated with white plaques on the buccal mucosa, tongue base, and palate
- **Labs:** leukocytosis of 15,000, CRP of 15 HIV serology, EBV (IgG, IgM), and autoimmune workup (ANA, Anti-dsDNA) negative, Stool PCR and ova and parasites negative, fecal calprotectin was 2399 ug/g
- **Imaging:** CT of the abdomen and pelvis showed pan-colitis.

Bi-directional Endoscopy

Patient subsequently underwent upper and lower endoscopy revealing innumerable ulcers with white exudate on the oropharynx and multiple ulcers throughout the colon. Biopsies demonstrated severe colitis, cryptitis, and crypt abscesses, and a diagnosis of CD was made.

EGD



Figure 1: Oropharynx

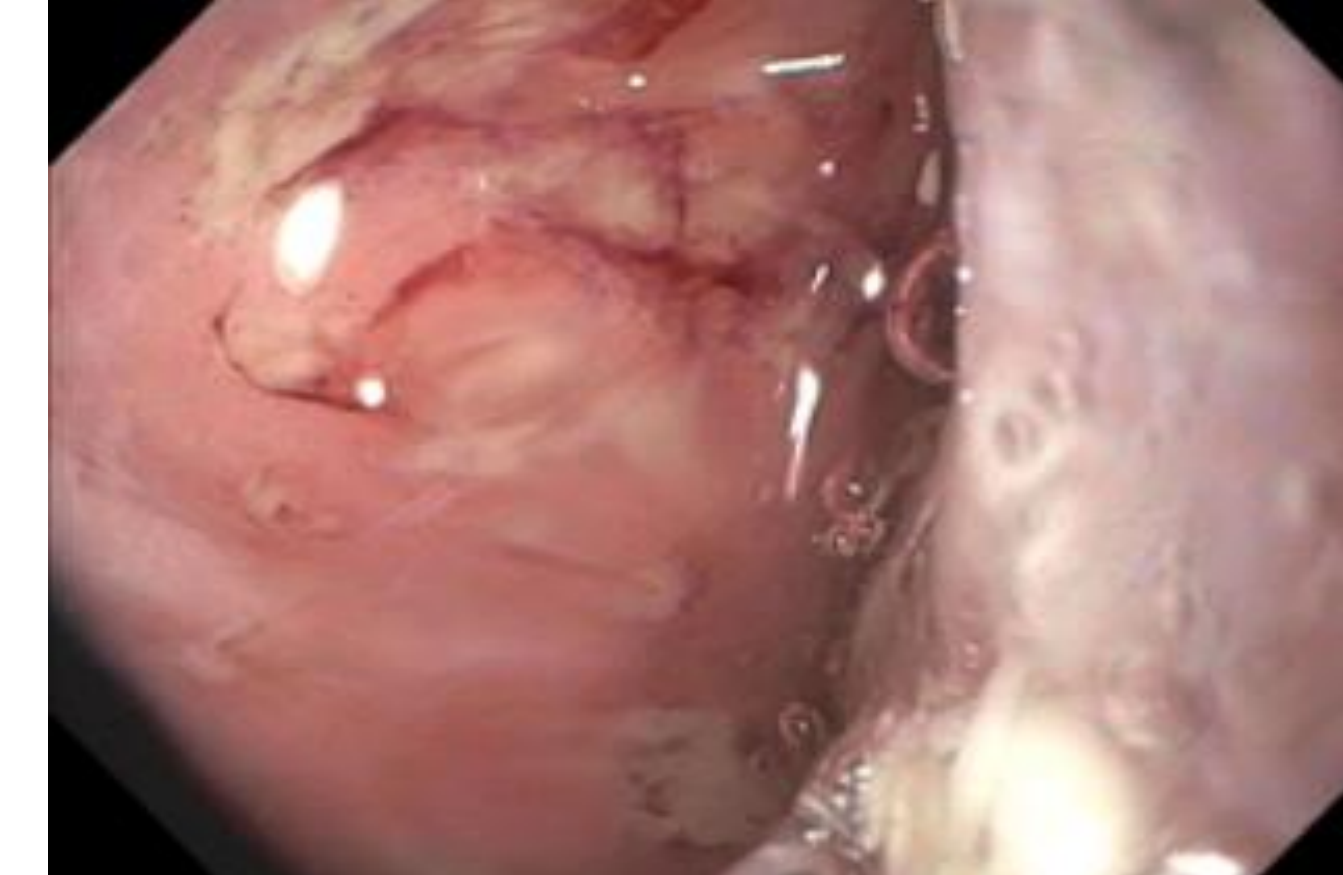


Figure 2: Nasopharynx

Colonoscopy



Figure 3: Transverse colon showing ulcers & inflammation



Figure 4: Descending colon showing ulcers & inflammation

Risk Factors for Oropharyngeal Candidiasis

- local or systemic immunosuppression
- hematological disorders
- broad-spectrum antibiotic use
- inhaled or systemic corticosteroids, Xerostomia
- Diabetes, wearing dentures, smoking **

CONCLUSION

- ❖ Oropharyngeal candidiasis is commonly seen in patients with a recent use of antibiotics, steroids, and immunocompromised states.
- ❖ In patients with CD, it is almost exclusively related to the use of steroids, biologics, or other immunosuppressant medications
- ❖ Oropharyngeal candidiasis as a presenting symptom in CD is extremely rare with only one case being reported in the medical literature.
- ❖ Our case highlights the importance of keeping a broad differential in patients presenting with oropharyngeal candidiasis, but seemingly without typical risk factors.

References

- *Lichtenstein GR, Loftus EV, Isaacs KL, Regueiro MD, Gerson LB, Sands BE. ACG Clinical Guideline: Management of Crohn's Disease in Adults. Am J Gastroenterol. 2018;113(4):481. Epub 2018 Mar 27.
 ** Pankhurst, C. Candidiasis (oropharyngeal). BMJ Clin Evid. 2013 Nov 8; 2013:1304