NOT ALL THAT APPEARS LIKE ORAL THRUSH IS CANDIDIASIS: A CASE OF ORAL ACTINOMYCOSIS



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INTRODUCTION

dialysis dependent patients, mimicking actinomycosis presentation.

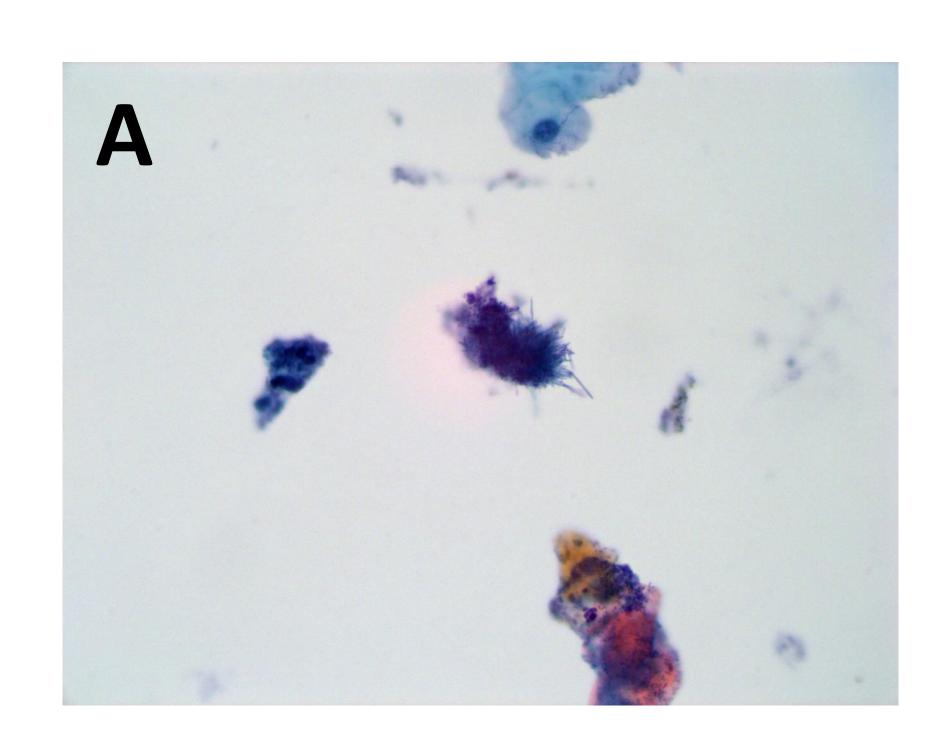
CASE DESCRIPTION

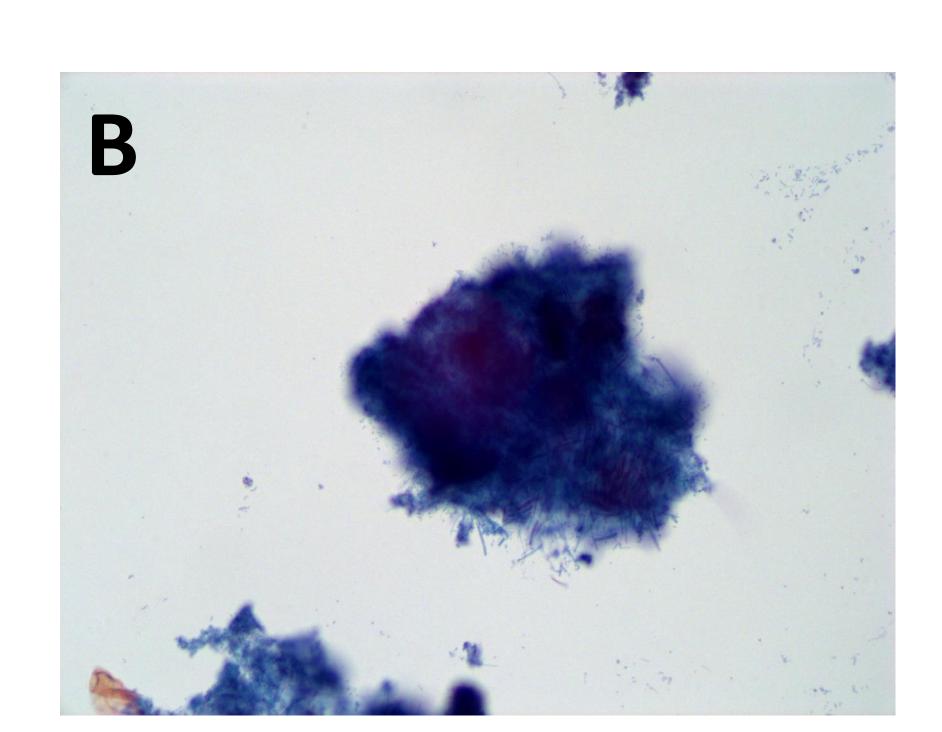
Oral thrush is one of the most common infections that 51-year-old female with a history of squamous cell esophageal cancer status post distal affect the oral cavity. The oral candidiasis lesions esophagectomy and gastric pull through operation 5 years ago. She presented with a chief classically present as whitish confluent plaques on oral complaint of odynophagia and recurrent episodes of dysphagia for solid foods that had been neck region. It is a partially acid-fast, filamentous gramcavity examination of tongue, palate, and buccal worsening since past few weeks. About 6 months ago, the patient had an upper endoscopy, positive microorganism. It was originally classified with fungi mucosa. Oral thrush has long been associated with suggestive of acute gastritis and pyloric stenosis, which was dilated. No obvious thrush was organisms as it possesses hyphae. Actinomycetes is considered overgrowth of Candida albicans in the mouth in identified during that visit. Patient was not on any immunosuppressive medication. A repeat to cause chronic suppurative infection. However, while diabetics, upper endoscopy was performed at this visit, which was revealing of thrush in the actinomycosis infection of the tongue is rare, it usually immunocompromised, and who are on corticosteroid oropharyngeal area and chronic gastritis. Tongue brushings were obtained for cytopathological presents as an abscess formation, draining sinus tracts, therapy. In this abstract we present a case of oral analysis, which were suggestive of Actinomycetes infection. The patient was started on fistulae, and tissue fibrosis. The gold standard for the upon amoxicillin therapy for 2 weeks, resulting in resolution of thrush as well as her clinical diagnosis of Actinomycetes is histological examination. symptoms. Other treatment alternatives for actinomycosis include doxycycline, clindamycin, Identification of the underlying pathogen is crucial for ceftriaxone, and imipenem.

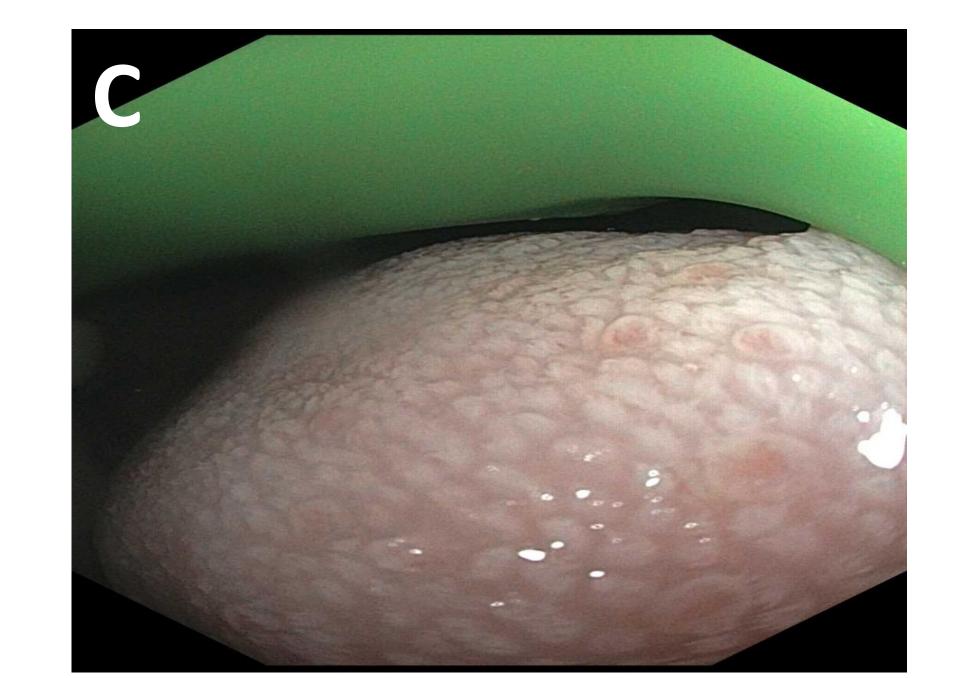
DISCUSSION

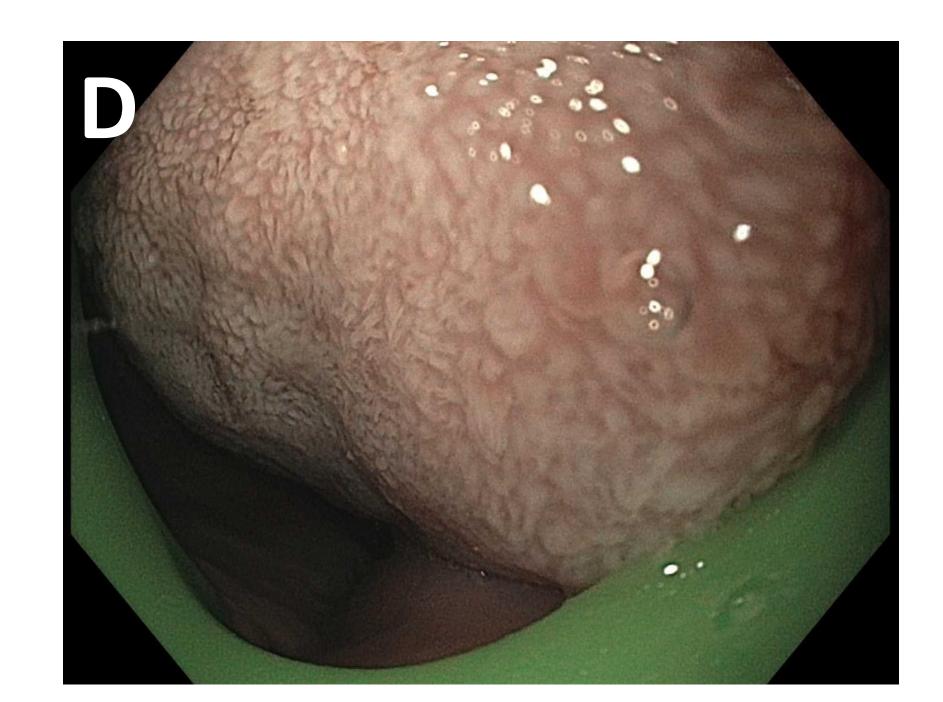
management of these patients. Candidiasis is treated with antifungals, however, for Actinomycetes the treatment is penicillin group of antibiotics. Therefore, it is important to have awareness for *Actinomycetes* in the setting of oral thrush for appropriate treatment.

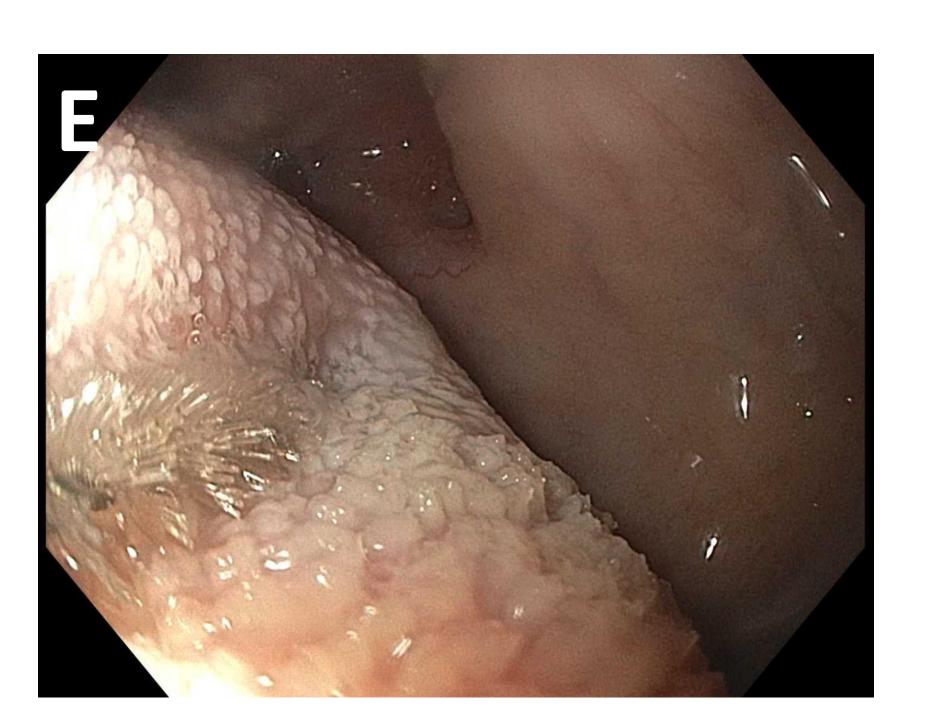
IMAGES











Microscopy Images: A.) and B.) Cell cytology of tongue brushings suggestive of actinomycetes.

Endoscopic images: C.) Actinomycosis of the tongue; D.) Candidiasis of the tongue; and E.) Normal tongue.

CONCLUSIONS

Our observations suggest that the gross and endoscopic appearance of the tongue may appear to be candida infection, however, tongue brushings are useful to distinguish between a normal tongue, candida infection, or Actinomycetes infection. It is pertinent to distinguish the underlying cause, as that would guide the treatment and prevent serious complications like abscess, fistula, or fibrosis of the tissue in the setting of Actinomycetes infection.