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Successful treatment of invasive gastric mucormycosis in kidney transplant recipient

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Case Study: Mucormycosis is an extremely rare, but potentially life-threatening fungal infection. Gastrointestinal (GI) mucormycosis is rare and occurs primarily in the extremely malnourished patients especially infants or children. A 55-year-old man with end-stage renal disease due to diabetic nephropathy underwent deceased donor kidney transplantation on 2 years ago. He complained of abdominal pain and distension on 3 days ago at admission. A computed tomography (CT) scan revealed diffuse gastric wall thickening. A gastrointestinal (GI) endoscopy showed huge grey colored elevated necrotic debris surrounded by erythematous erosive mucosa at antrum to upper body. Microscopic examination obtained from a GI endoscopic specimen demonstrated peptic detritus with numerous nonseptate mucor hyphae was noted in the mucosa and submucosa. Mucormycosis was diagnosed according to the clinical findings and morphological features. A total gastrectomy was performed and antifungal agent was supplied. Microscopic examination obtained from a surgical specimen demonstrated invasive mucormycosis with numerous fungal hyphae with invasion into mucosa to subserosa. The patient and graft successfully treated to the infection with total gastrectomy and antifungal therapy.

GI endoscopy showed gastric mucormycosis

