A SIGNIFICANT GASTROINTESTINAL BASIDIOBOLOMYCOSIS THAT EXTENDED TO THE RIGHT URETER: A CASE REPORT

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Background

Intra-abdominal basidiobolomycosis involving multiple organs and extending to the retroperitoneal viscera is exceedingly uncommon. However, we present a case of significant intra-abdominal basidiobolomycosis that extended to involve the right ureter.

Case Summary

A 33-year-old male persistent abdominal pain, distension, and constipation associated with nausea, anorexia, and weight loss without vomiting. He had a distended abdomen with a large, non-tender abdominal mass that occupied almost the entire right side. Laboratory investigations were unremarkable. A CT scan of the abdomen revealed a large heterogeneous soft tissue mass inseparable from the cecum and proximal part of the ascending colon, encasing the right ureter, no focal liver lesions. A colonoscopy showed a circumferential mass which was suspicious for malignancy. The biopsy specimen revealed chronic active colitis. The patient's symptoms worsened, necessitating a repeat CT scan, which demonstrated a progressive course with a marked increase in size (20x15x20 cm) and hydronephrosis. An image-guided biopsy was obtained, which confirmed the diagnosis of basidiobolomycosis. Based on an MDT recommendation, voriconazole was initiated, a double J stent was inserted into the right ureter, and an exploratory laparotomy was performed in an attempt to debulk the mass which was declined as the mass was adherent to multiple adjacent structures. Two weeks later, he developed abdominal wound dehiscence with a duodenal fistula, as confirmed by a CT abdomen, which also demonstrated necrosis of the pseudo-tumor. The stent was observed through the abdominal wound a week later, denoting a ureteric injury and prompting the insertion of a nephrostomy tube. The patient underwent repair of the duodenal fistula combined with right hemicolectomy and concluded with repair of the injured right ureter in a two-stage procedure. He is currently in good health and continues to receive voriconazole.

Conclusion

Despite diagnostic challenges, a high index of clinical suspicion supported by histology can lead to an accurate and prompt diagnosis. As the pseudotumor may occasionally respond to the initiated antifungal treatment with necrosis, it is imperative to anticipate the resulting complications and adopt an MDT approach to ensure a favorable outcome.

Image

