A RARE CASE OF CANDIDA INFECTION LEADING TO THE DEVELOPMENT OF A CECAL CANDIDOMA

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Introduction

Colonic masses are often linked to malignancy, as colorectal cancer ranks third in cancer incidence and is the second leading cause of cancer-related death. Polyps are another frequent cause. Candida species, usually part of the gut microbiome, can become pathogenic under certain conditions, especially in immunocompromised patients, those treated with broad-spectrum antibiotics, or those who have undergone abdominal surgery. Disruption of the gut microbiome, mucosal barrier, or immune response may allow Candida to invade. Invasive candidiasis is rare, occurring in 2.49 per 1,000 hospital admissions, and can occasionally lead to mass formation. This case highlights invasive candidiasis causing obstructive symptoms due to candidal overgrowth in the cecum, treated with a right hemicolectomy.

Case Report

A 78-year-old male with multiple comorbidities was admitted for evaluation of a lower gastrointestinal bleed (GIB). He reported two weeks of abdominal pain and hematochezia, with no other significant symptoms. A prior colonoscopy revealed a cecal mass, which was tattooed. His vital signs were stable, and labs showed moderate anemia without leukocytosis. A CT scan of the abdomen and pelvis with contrast showed an unidentifiable mass in the cecal region without bowel obstruction (**Figure 1**).

Results

The patient was medically stabilized, and surgical resection was planned. Tests for CA19-9 and CEA were normal. On hospital day three, a robotic-assisted right hemicolectomy was performed, resecting the right colon, cecum, and distal terminal ileum, with dense adhesions noted around the cecum (**Figure 2**). A side-to-side anastomosis was completed without complications. Pathology showed a cecal lesion with ulceration, inflammation, and necrosis. Grocott staining identified fungal yeast forms consistent with Candida, likely colonizing around the necrotic tissue. The patient recovered well, with bowel function restored, and was discharged on post-operative day ten.

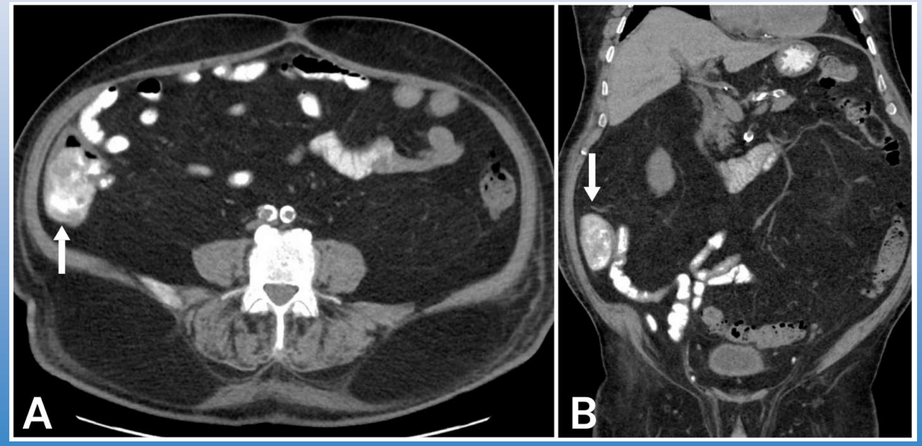
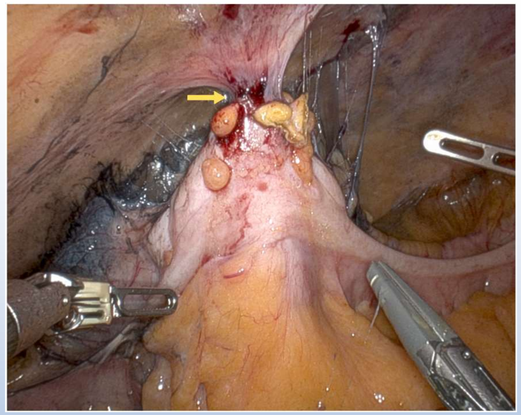


Figure 1.

Figure 2.



Conclusion

This rare case of invasive candidiasis leading to focal colonization and mass formation is unique. Through a thorough literature search, there does not appear to be any reported case of a Candida mass. While aspergillomas are known in lower respiratory tract infections, Candida-related masses are not well-documented. The right hemicolectomy was performed due to the mass's obstructive features and suspicion of malignancy. This case highlights the adaptability of Candida species and their ability to thrive once given the opportunity to invade local tissue, which should be considered in the differential for unidentifiable colonic masses, particularly in the absence of other signs of malignancy.