

Candida necrotizing pn. complicating esophagopulmonary fistula associated with esophageal cancer

전남대학교병원 내과¹, 전남대학교병원 호흡기내과²

최시영¹, 나영옥^{1,2}, 박화경^{1,2}, 이재경^{1,2}, 김유일^{1,2}, 권용수^{1,2}, 고보진^{1,2}, 김태옥^{1,2}, 임성철^{1,2}, *신홍준^{1,2}

Background: We report a rare case of fatal primary candida necrotizing pneumonia complicated with esophagopulmonary fistula (EPF) associated with newly detected esophageal cancer.

Case presentation: A 73-year-old man presented to our emergency room (ER) with 3-day history of dyspnea. He had no known immunocompromised conditions. Initial chest computed tomography (CT) without contrast enhance revealed airspace consolidation with parenchymal necrosis in right upper lobe suggesting necrotizing pneumonia. The patient received intravenous cefepime and metronidazole for necrotizing pneumonia. Follow-up enhanced chest CT scan revealed necrotizing pneumonia associated with bacterial or fungal infection. Moreover, EPF was suspected on chest CT scan. On the Subsequent bronchoscopy with transbronchial lung biopsy revealed invasive pulmonary candidiasis. Cultures of bronchoalveolar lavage fluid and lung tissue were reported as growing *Candida albican*. Ulcerative mucosal lesion with mass and fistular orifice was noted at upper esophagus on endoscopy. Squamous cell carcinoma was diagnosed from the esophageal mucosal biopsy. Wide resection of lung and esophageal resection was considered, however, surgery was not performed due to old age and advanced esophageal cancer. Though fluconazole was administered continuously, the patient died from sepsis and respiratory failure.

Conclusion: malignant EPF associated with esophageal cancer can cause primary candida necrotizing pneumonia rarely even in immunocompetent patient, and medical treatment without surgical resection can be fatal.

Keywords: esophagopulmonary fistula, candida, pneumonia

