

## A unique case of upper GI bleed

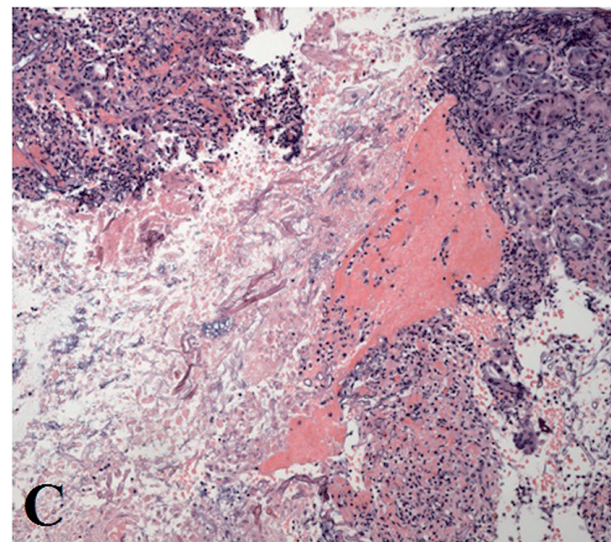
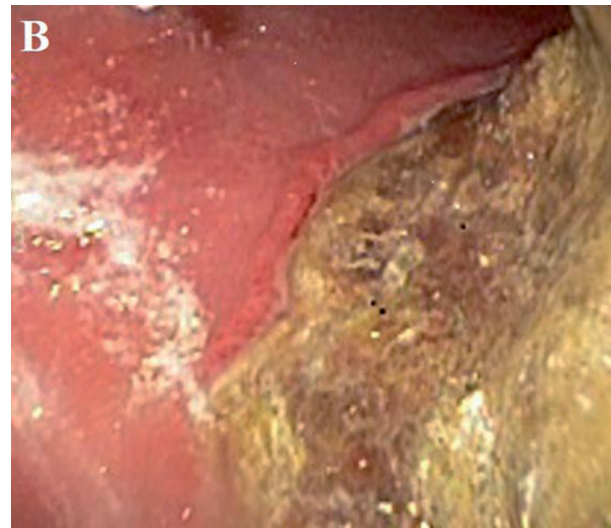
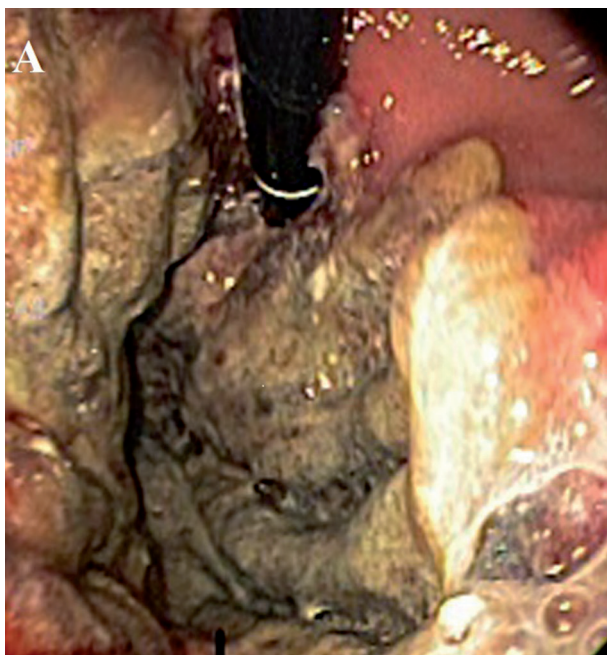
R. Bansal<sup>1</sup>, S. Duddempudi<sup>1</sup>, W. Thelmo<sup>2</sup>, I. Rajnish<sup>3</sup>

(1) Division of Gastroenterology, Wyckoff Heights Medical Center, Brooklyn, NY. ; (2) Division of Pathology, Wyckoff Heights Medical Center, Brooklyn, NY ; (3) Department of Medicine, Elmhurst Hospital Center, NY, USA.

A 57 year-old male chronic alcohol abuse with sarcoidosis on chronic prednisone was admitted with hematemesis. An urgent esophagogastroduodenoscopy (EGD) showed old blood clots without any evidence of active bleeding. Repeat EGD after 72 hrs revealed a large well demarcated ulcer with raised and hyperemic edges involving the fundus and lesser curvature (Fig. A & B). The base of the ulcer was very friable and covered with necrotic slough.

### What is the etiology?

Biopsies taken from the edge of the ulcer showed numerous variably sized, 90° angulated fungal hyphae favoring mucormycosis with evidence of capillary invasion (Fig. C). The patient was not deemed a surgical candidate for gastrectomy due to disseminated mucormycosis involving the urinary bladder. The patient was started on intravenous therapy and bladder irrigation using Amphotericin B. The patient was discharged home on Isavuconazonium for total of 6 months.



Correspondence to : Raghav Bansal, Room D3 -22F, 79-01 Broadway, Elmhurst, NY 11373, USA.

Email: raghav.bansal@mountsinai.org

Submission date : //2016

Acceptance date : //2016

Mucormycosis is a rare and life-threatening infection caused by fungi of the order Mucorales. It occurs most frequently in immunocompromised patients and those with diabetes mellitus and chronic alcohol use. Mucormycosis most commonly involves the nasopharynx and lungs. It rarely affects the gastrointestinal tract, with stomach being most commonly involved.

Gastric mucormycosis can be divided into invasive or non invasive. The invasive form is usually a rapidly progressive disease with fatal outcome. The successful management of mucormycosis depends on timely diagnosis, early initiation of broad spectrum antifungal therapy, surgical debridement of the necrotic tissue and correction of underlying immunosuppression.