

[PICTURES IN CLINICAL MEDICINE]

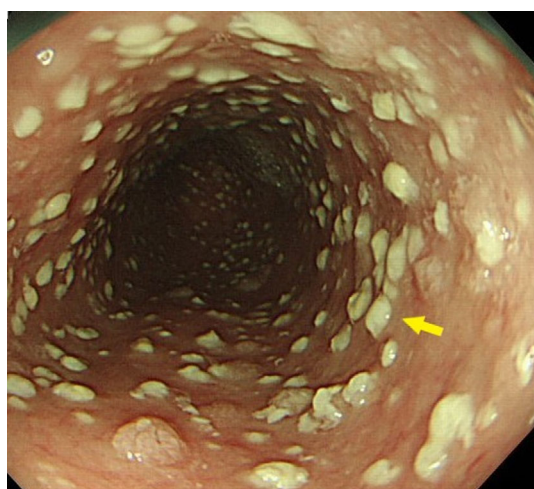
Eosinophilic Esophagitis Mimicking *Candida* Esophagitis

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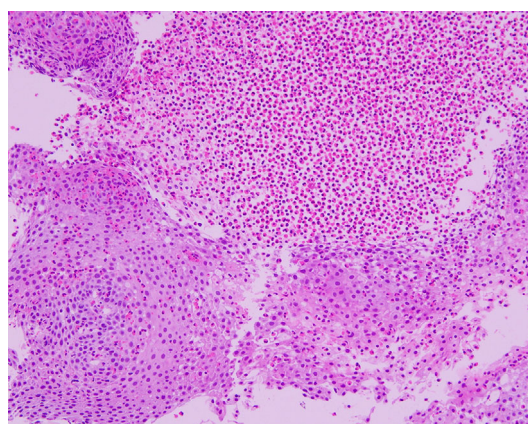
Key words: eosinophilic esophagitis, white plaques, *Candida* esophagitis

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Picture 1.



Picture 2.

A 74-year-old man presented with dysphagia that had persisted for several months. His family physician diagnosed him with reflux esophagitis, and he consulted our hospital. He had a two-year history of allergic rhinitis and no food allergies. Esophagogastroduodenoscopy revealed large, diffuse, white plaques throughout the esophagus (Picture 1). We suspected *Candida* esophagitis, but a biopsy (Picture 1, arrow) revealed marked epithelial eosinophil infiltration and eosinophilic microabscesses (Picture 2, Hematoxylin and Eosin). We performed multiple biopsies of these white plaques. No evidence of esophageal candidiasis was observed histologically. The white plaques histologically corresponded to eosinophilic abscesses. The patient was subsequently diagnosed with eosinophilic esophagitis (EoE). After two months on proton pump inhibitors (PPIs), he showed gradual improvement, and the plaques disappeared. The histopathologi-

cal findings revealed reduced eosinophil infiltration. Although white plaques are characteristic of EoE (1), distinguishing EoE from *Candida* esophagitis using endoscopy alone is difficult in patients such as our own who present with diffuse plaques typical of *Candida* esophagitis. The present patient is receiving PPIs while under observation.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Abe Y, Sasaki Y, Yagi M, et al. Diagnosis and treatment of eosinophilic esophagitis in clinical practice. *Clin J Gastroenterol* **10**: 87-102, 2017.

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