Primary Gastric Mucormycosis Responded Amphotericin B Single Therapy

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Background: Primary gastric mucormycosis is an uncommon opportunistic fungal infection that may develop in immunocompromised patients. The standard therapy is a combination of surgical debridement and antifungal therapy. We report a case of primary gastric mucormycosis cured by Amphotericin B single therapy without surgical debridement.

Case: A 47-year-old woman underwent cadaveric liver transplantation due to a liver failure of chronic hepatitis B related cirrhosis. Twenty one days after liver transplantation, she presented with postprandial abdominal pain. Her body temperature was 39 degree. On the abdomen CT, gastric perforation was suspicious. Endoscopy showed a 10×5 cm sized huge mass covered with yellow necrotic materials was noticed on the grate curvature (GC) of upper third stomach (Fig. 1). Pathologic finding of this lesion was compatible with mucormycosis. She was diagnosed with primary gastric mucormycosis. Fever and abdominal pain was subsided shortly after administration of amphotericin B without surgical debridement, Six weeks later after amphotericin B single therapy, endoscopy revealed only 0.5 cm sized oval shaped ulcer on the GC of fundus (Fig. 2). Amphotericin-B therapy was discontinued 1 week after last endoscopic examination. To our knowledge, this is a rare case of extensive gastric mucormycosis that responded to amphotericin B single therapy without surgical debridement.