Gastric Mucormycosis Presenting as Gastrocolic Fistula: a Rare Entity

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Introduction

Mucormycosis is a rapidly progressive fungal infection which spreads by angioinvasion and carries high mortality rates. In the gastrointestinal tract (GIT), the stomach is the most common site involved [1]. But, gastrocolonic fistula as a sequela of this pathology is a very rare entity.

Case Report

A known diabetic 85-year-old gentleman was admitted in our hospital with 1-week history of abdominal pain, abdominal distension with repeated attacks of vomiting, decreased urine output, and off and on attacks of fever. His blood investigations revealed a total leukocyte count (TLC) of 22,200/mm³ and serum creatinine of 8.16 mg/dl. CT scan of the abdomen with oral contrast revealed evidence of gastrocolic fistula. Upper GI endoscopy shown a large ulcer covering almost half of the circumference of the gastric wall in the body area, and the ulcer is covered with necrotic slough. Our plan was to perform a damage control surgery in the first sitting and, after stabilization of

the patient's general condition, a second surgery to restore the entero-enteric continuity. As a part of the execution of our plan, he underwent distal gastrectomy with segmental resection of the transverse colon with gastrostomy, transverse colostomy, and feeding jejunostomy (FJ). He was weaned off from a ventilator on postoperative day (POD) 1. His urine output improved, and serum creatinine declined to 2.97 with a decline in the TLC levels. Feeding was started from FJ on POD 2. Amphotericin B was started in view of biopsy suggestive of mucormycosis. As per request of family members, the patient was transferred to a nursing home in his locality in a hemodynamically stable condition. On telephonic follow-up, we came to know that the patient died from multi-organ failure few days after discharge.

Discussion

Mucormycosis as a causative factor is a very rare condition and not yet been reported in the literature. Mucormycosis is a recently evolving opportunistic fungal infection commonly reported in immune-compromised individuals. The hallmark of this infection is invasion of fungal hyphae through the blood vessel wall causing vascular thrombosis, thus leading to tissue necrosis. Usually, mucormycosis involving the stomach has fatal course with a mortality rate of 98 % [2]. Strong suspicion is a prerequisite for diagnosis of this condition. A definitive mode of diagnosis is tissue biopsy. The aim of management should be directed to limit the systemic spread of infection with

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surgical resection of the involved part with systemic therapy by antifungal like amphotericin B.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no competing interests.

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