Question: A 70-year-old male patient, with a history of Made- lung disease, ischemic heart disease, hypertension, diabetes mellitus and dyslipidemia, was diagnosed with a stage IV adenocarcinoma of the cephalic portion of the pancreas.

The patient was asymptomatic, with a performance status of 0 (Eastern Cooperative Oncology Group) and a normal physical examination. Laboratory workup showed neither anemia (hemoglobin 15.6 g/dL) nor inflammation (6900/μL; C-reactive protein 0.30 mg/dL). Cholestasis parameters became normal after biliary stent placement (bilirubin 0.4 mg/dL). Positron emission tomography/computed tomography staging showed hyperfixation in the pancreas, on a single hepatic nodule and on a lesion in the ascending colon.

Colonoscopy revealed an ulcerated lesion in the distal ascending colon, with irregular and elevated borders and adjacent mucosal retraction (Figure A), associated with a stricture at the proximal limit of the lesion (Figure B) limiting device progression. Biopsies of the base and margin of the ulcer, as well as from the stricture, were taken. Histological evaluation included Periodic acid-Schiff (PAS) and Grocott’s methenamine silver (GMS) stain (Figure C, D).

What is the diagnosis?

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Conflicts of interest
The authors disclose no conflicts.

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Answer to: Image 3: Colonic Cryptococcosis

This is a rare case of colonic cryptococcosis, without systemic disease, in an immunocompetent patient. Colonoscopy identified an ulcerated lesion that could mimic a primary malignant lesion (Figure A, B). Biopsies showed fragments of colonic mucosa with ulceration, crypt abscesses, and granulomatous inflammation with multinucleated giant cells with hematoxylin and eosin staining (Figure C). These features were associated with countless yeasts, free and within granulomas, that, when stained with PAS and GMS, showed different shapes (some concave, with a narrow budding base), many of which surrounded by a clear halo, thus morphologically suggestive of Cryptococcus (Figure D).

This patient is considered immunocompetent (human immunodeficiency virus [HIV] negative and without immunosuppressive medication), but had some risk factors for an opportunistic infection, namely diabetes and a metastatic malignancy. The patient was referred for further investigation and no pulmonary or central nervous system involvement was documented.

Cryptococcosis is an opportunistic fungal infection, often associated with HIV infection or patients under immunosuppressive therapy, such as transplant recipients. Cryptococcus are basidiomycetes, which are encapsulated yeasts, with the 2 main pathogens in human being C neoformans (most frequent in temperate regions) and C gatti. Normally, this pathogen enters the pulmonary system (by inhalation) and most often involves the central nervous system. Gastrointestinal involvement is unusual, with few cases describing colonic infection in a context of systemic disseminated infection. Colonic involvement as the unique manifestation of Cryptococcosis is extremely infrequent. Colonic infection may have several presentations, including a solid malignant-like mass, ulcers, or nonspecific signs of inflammation. Pathology is, therefore, essential for diagnosis by identifying encapsulated PAS-positive circular bodies.

References