中文題目：罕見上消化道出血

英文題目：A Rare Cause of Gastrointestinal Bleeding in 56 year old Male

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Introduction：Gastrointestinal mucormycosis is a rare and life-threatening disease that is commonly seen in immunocompromised patients such as malignancies, solid organs transplant, long term steroid therapy and poorly controlled diabetes.

We present a case of 56-year-old diabetic male presented with melena stool associated with hematemesis, and diagnosed gastric mucormycosis,he recovered only proton - pump inhibitor treatment without antifungal therapy

Case Presentation：A 56-year-old man, with a known history of diabetes for 1 year, presented with a 5-day history of melena that was associated with one episode of haematemesis. One month prior, he had completed a course of oral amoxicillin for a dental infection that occurred after a tooth extraction. The only other significant past medical problem was hypertension for 10 years. Physical examination only showed pallor and abdominal examination was normal. Laboratory investigations revealed haemoglobin level of 8.4 g/dL and HbA1C of 7.8%. His upper GI endoscopy showed a diffuse irregular friable exudative ulcerative lesion involving the gastric fundus (figure A). Endoscopic ultrasonography demonstrated disrupted gastric wall layers with wall thickening of 5.1 mm and regional lymph nodes (figure B). Abdominal CT also showed gastric wall thickening and cluster of regional lymph nodes (figure C). Upper GI series showed a focal irregular mucosal pattern with relatively flattened gastric fundus. Histopathology from gastric biopsy revealed ulcerative necrotic debris and wide, aseptate, right-angle branching fungal hyphae (figure D) consistent with gastric mucormycosis.

Conclusions：Mucormycosis is a rare and life-threatening disease, which is commonly seen in immunocompromised patients such as those with malignancies, solid organs transplant, major trauma, longterm steroid therapy, those receiving deferoxamine therapy and those with a poorly controlled diabetes.Portal of entry includes surgical wound, presence of medical devices such as intravascular devices, catheters, adhesive tape, wooden tongue depressors and dental extraction. The most common types of infection were sinus (39%), pulmonary (24%) and cutaneous (19%). GI involvement is very rare and mortality rate is close to 85%, primarily due to bowel perforation. Among GI mucormycosis, stomach (58%) is the most commonly affected organ followed by colon (32%) and ileum (7%).

Clinical manifestations include fever, non-specific abdominal pain and distention, nausea and vomiting, abdominal mass, GI bleeding and perforation.Management includes prompt diagnosis, reversal of predisposing factors, antifungal therapy and surgical debridement if necessary. The prevalence and overall mortality of mucormycosis in a patient with diabetes were 36% and 44%, respectively. Roden et al reported that survival was only 3% in untreated cases.

In our patient, dental extraction and diabetes are the two major predisposing factors and he recovered with proton pump inhibitor treatment (without antifungal therapy) and better management of his diabetes.