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Oesophageal Candidiasis

Candida Oesophagitis is the most common type of non-peptic inflammation of the gullet. Oesophageal candidiasis is a thrush infection of the gullet or oesophagus and is associated with numerous medical conditions or use of medications. The most common symptom it causes is difficulty swallowing or pain on swallowing and sometimes pain behind the breastbone. It is important to diagnose and treat because of the other associations. The best way to diagnose the condition is by endoscopy with biopsies.

The infection usually occurs in patients receiving either a course of antibiotics or whose immune system is suppressed by therapy for other medical conditions such as steroids. Asthmatic patients who use inhaled steroids are also at risk for this infection as are patients with HIV infection. Diabetics are also at risk and those who have obstruction to the gullet or other forms of malignancy. Patients with malnutrition are also at risk. The gullet infection may be accompanied by infection of the mouth.

At endoscopy, white plaques on a red background are seen which can progress to ulceration and more invasive diseases. Diagnosis is confirmed by a biopsy with those specimens being sent to the laboratory for confirmation.

Therapy is aimed at treating the yeast infection as well as excluding other conditions that may be associated with it. The usual treatment is Nysyatin as a first line. Amphotericin lozenges may also be prescribed. For severe and invasive cases other anti-fungal therapy such as Ketoconazole or Fluconazole may be prescribed. Patients taking antacid therapy should receive Fluconazole as it does not require acid in the stomach for absorption.

Your doctor may suggest a blood test looking for diabetes or HIV infection if that is clinically appropriate and may even investigate your immune system further if recurrent problems with this infection become evident.

