INTERNAL MEDICINE

□ PICTURES IN CLINICAL MEDICINE □

Candidal Tracheobronchitis in Poorly Controlled Diabetes Mellitus

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Key words: Candida, tracheobronchitis, diabetes mellitus

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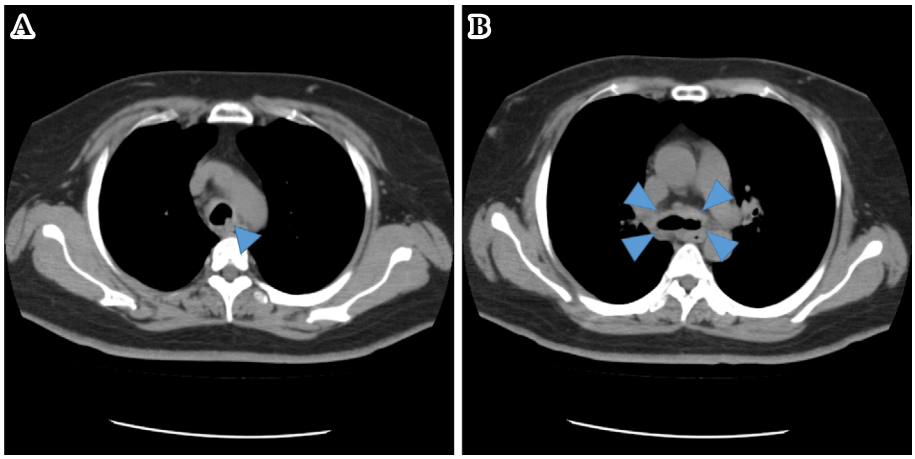
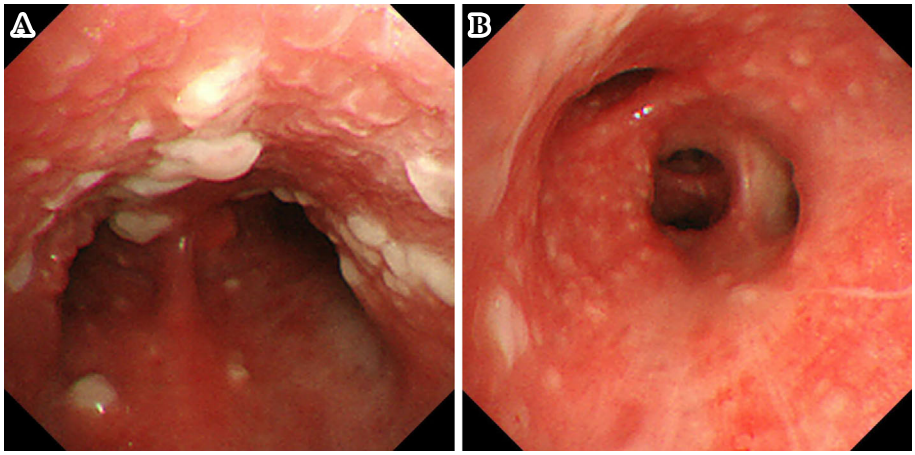


Picture 1.



Picture 2.

A 40-year-old woman with poorly controlled diabetes mellitus (DM) visited our hospital complaining of persistent cough. Chest radiography showed no abnormal shadows, but chest CT revealed a raised lesion of the trachea and thickened walls of the bilateral main bronchi (Picture 1). The laboratory findings indicated poorly controlled DM (HbA1c

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14.1%) and mildly elevated C-reactive protein levels. A bronchoscopic examination showed multiple white plaques on the edematous mucosa from the trachea to the entrance of the bilateral segmental bronchi (Picture 2). *Candida albicans* was detected on culture of the bronchial lavage fluid. The administration of fluconazole improved her symptoms and the tracheobronchial lesions, as confirmed by follow-up bronchoscopy. We diagnosed her with candidal tracheobronchitis. Esophageal candidiasis is frequently reported for patients with poorly controlled DM, while candidal tracheobronchitis seems to be rarely reported (1, 2). Candidal tracheobronchitis should be considered as a differential diagnosis of persistent cough in patients with poorly controlled DM.

The authors state that they have no Conflict of Interest (COI).

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