CANDIDA ESOPHAGITIS IN INFANTS WITH GASTROESOPHAGEAL REFLUX AND FEEDING INTOLERANCE. AM Billings, CJ Billings, KD Crissinger, DA Gremse. Departments of Pediatrics and Internal Medicine, University of South Alabama College of Medicine, Mobile, Alabama.

**Background:** Candida esophagitis has been reported in normal infants in association with gastroesophageal reflux disease (GERD). We have observed several infants with symptoms not only of GERD, but also significant feeding intolerance who were found to have candida esophagitis.

**Methods:** We queried a clinical database to identify all children diagnosed with both candida esophagitis and GERD since year 1999. 10 such patients were identified, and data was collected regarding their formulas, medications, growth, and responses to prior therapies. All of these patients had undergone esophagogastroduodenoscopy (EGD) with biopsies and esophageal brushings.

**Results:** There were 10 infants aged 1 wk – 7 mo (0.32 yr ± 0.26, x ± SD), 70% male, 50% African American, 40% Caucasian, 10% Hispanic. All of the patients had vomiting, 80% had feeding intolerance, 60% had diarrhea, 50% had allergic colitis, and 30% had oral candidiasis. As a group, these patients were below the mean for weight for age (z-score, -1.43 ± 1.30, x ± SD). One of the infants had received recent antibiotic therapy. There had been no improvement in the above symptoms despite multiple formula changes, as well as appropriate therapy with ranitidine, metoclopramide, and various proton pump inhibitors. After Candida esophagitis was diagnosed at EGD, all patients were started on fluconazole. All 10 patients demonstrated improvement of their symptoms following treatment with fluconazole. Follow up was obtained in 5 patients (range 1-7 months, mean 5.6 months). There was a significant improvement in the patients’ weight-for-age z-scores following treatment (-2.3 ± 1.1 vs. -0.38 ± 0.78, pre-treatment vs. final follow-up visit, respectively, p=0.01).

**Conclusion:** Candida esophagitis should be included in the differential diagnosis of infants presenting with symptoms of GERD and feeding intolerance not responsive to appropriate therapy. EGD should be considered in the diagnostic evaluation of such patients. The absence of oral candidiasis does not rule out the possibility of Candida esophagitis.