A biopsy from the lesions was deferred due to thrombocytopenia. The clinical and radiological features were suggestive of hepatosplenic candidiasis. He was started on IV Amphotericin-B 50mg IV once daily and supported with blood transfusions. His fever subsided, alkaline phosphatase values returned to normal level and cytopenias resolved. He was later discharged on oral fluconazole.

Hepatosplenic candidiasis is due to disseminated infection by candida. It occurs in patients receiving cytotoxic chemotherapy, who have just recovered from a neutropenia.\textsuperscript{1} Candida are normal commensals of the gastrointestinal tract. Neutropenia together with break in mucosal integrity during chemotherapy facilitates candida to enter the bloodstream from the gastrointestinal tract to reach the portal system, liver and spleen. High spiking temperature in a patient who just recovered from neutropenia with elevation in alkaline phosphatase should alert the clinician to the possibility of hepatosplenic candidiasis. As the neutrophil counts recover, a strong inflammatory response occurs around the fungi causing immune reconstitution inflammatory syndrome.\textsuperscript{2} CT or magnetic resonance imaging reveals classical fungal microabscesses, together with the clinical background is sufficient to make the diagnosis. Biopsy is the gold standard to establish the diagnosis, but is often not possible due to thrombocytopenia as in our patient. Prolonged treatment with antifungal agents is often necessary for complete cure.\textsuperscript{3}

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None.

**Conflicts of interest**

The author declares there is no conflicts of interest.

**References**

