**Crystals in the bowel: culprit or curiosity?**

Shaadi Abughazaleh, MD¹, Daniel S. Zhang, MD², Mary R. Schwartz, MD³, Sudha Kodali, MD²,⁴

¹Department of Internal Medicine, Houston Methodist Hospital, Houston, Texas
²Division of Gastroenterology, Department of Medicine, Houston Methodist Hospital, Houston, Texas
³Department of Pathology and Genomic Medicine, Houston Methodist Hospital, Houston, Texas
⁴Sherrie and Alan Conover Center for Liver Disease, Houston Methodist Hospital, Houston, Texas

*Corresponding author:* Sudha Kodali, Sherrie and Alan Conover Center for Liver Disease, Houston Methodist Hospital, Houston, Texas.

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**Abstract**

A 35-year-old female with end-stage renal disease on peritoneal dialysis presented with altered mental status and abdominal discomfort. On admission, she was found to have a distended tympanic abdomen and elevated WBC. Microscopic examination demonstrated diffuse acute serositis associated with fungal organisms compatible with Candida species (Figure 2). There were focal two-toned crystals with fish scale pattern having characteristic features of sevelamer crystals (Figure 3, 4). The patient had previously received sevelamer for treatment of hyperphosphatemia related to end-stage renal disease. The potential etiologic role of sevelamer in the development of bowel ischemia, ulceration and perforation is not clear. The patient was treated with anti-fungal medications and had subsequent resolution of peritonitis.

![Resected terminal ileum and right colon showing multiple ulcers and thickened bowel with thickened folds, correlating with the bowel changes seen on CT scan](image)

**Figure 1.** Resected terminal ileum and right colon showing multiple ulcers and thickened bowel with thickened folds, correlating with the bowel changes seen on CT scan.
**Figure 2.** Diffuse serositis associated with fungal organisms compatible with Candida species (40x)

**Figure 3.** Numerous sevelamer crystals with classic two-toned color and fish scale pattern (20x)
Figure 4. Higher power of sevelamer crystals showing classic irregularly spaced fish scale pattern (40x)

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