CLINICAL IMAGE

A severe case of ulcerative esophagitis in an immunocompetent host

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A 19-year old woman presented to the emergency department of our hospital with a four-day history of severe epigastric pain without nausea, vomiting of postprandial symptom exacerbation. She had no relevant past medical history. Two days later she developed painful oral aphtosis, severe odynophagia and fever. Her general practitioner prescribed pain medication and proton pump inhibitors. However, the fever persisted and her pain increased to debilitating levels.

Gastroduodenoscopy showed the following picture (Figure 1-2).

Questions

These kind of lesions are usually seen in which part of the esophagus?

- Upper third
- Middle third
- Distal third
- Throughout the esophagus

Which is the most likely pathogen causing these type of lesions?

- HSV

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- CMV
- Candida
- Mycobacterium

When these lesions are seen, biopsies should be taken:

- From the edge of an ulcer
- At the center of an ulcer
- Between two ulcers

- Biopsies should not be taken due to the low diagnostic yield and high bleeding risk

Conclusion

Viral swab was positive for herpes simplex virus type 1, confirming the diagnosis of herpetic esophagitis. Herpetic esophagitis is believed to be self-limiting, however spontaneous esophageal perforation and gastrointestinal bleeding has been reported. Although these infections are almost exclusively seen in immunocompromised patients, seldom they erupt in immunocompetent patients, as in our case. The ulcerative lesions are commonly seen in the distal part of the esophagus, where they are typically described as "volcano-like" with well circumscribed



Figure 1. – Esophagogastroduodenoscopy.



Figure 2. — Esophagogastroduodenoscopy.

ulcers with macroscopically normal mucosa in-between. Biopsies ought to be taken from the lateral margin of an ulcer to ensure the highest diagnostic yield, because HSV infects the squamous epithelial cells found there. The patient was treated with oral Aciclovir during ten days and made a full recovery.

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