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Herpes Esophagitis - A Case Report

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Abstract **Case Report**

Herpes esophagitis is a very rare disease caused by Herpes simplex virus (HSV). The disease occurs primarily in immunocompromised patients, including post-chemotherapy, immunosuppression with organ transplants, and in AIDS patients but Herpes esophagitis can also occur in immunocompetent individuals. We report a case of 57yrs old male presented with complaint of epigastric pain.

Keywords: Herpes esophagitis, Herpes simplex virus (HSV), patients, organ transplants.

CASE REPORT

A 57yrs male patient presented to Emergency with complain of epigastric pain that started 3 days ago, the pain was an isolated upper gastrointestinal symptom, not associated with diarrhea or vomiting and not related to food or any other triggers, this episode of pain was not the first one.

The patient suffers from hypertension, ischemic stroke, a treated lymphoma with chemotherapy and radiotherapy 6 years before. There was no history of oral herpes.

His vitals were normal. On Physical examination- he was conscious, oriented and his general condition was good, he was not pale, no cyanosis were noticed, his heart sounds and chest were normal, and no edema was noticed. On abdominal examination, he had epigastric tenderness only and Murphy sing was negative. There were no palpated masses. His Lab investigation showed: Hemoglobin-11.3 g/dl, White Blood Cells- 14,800 cell/ul, Platelets -314,000 cell/ul, C-Reactive Protein -2 mg/l), Creatinine- 1.4 mg/dl, Urea-67 mg/dL, Alanine Transaminase- 12 U/L, Alkaline phosphatase -71 U/L and Amylase-160U/L.

On radiological examination, ultrasonography revealed no abnormal findings, the liver, gallbladder, and spleen all were normal, no masses or cysts were noticed in pancreas. Upper Gastrointestinal tract endoscopy was performed- found multiple rounded ulcers in the lower esophagus. Biopsy was taken and sent to department of pathology GGSMCH faridkot for histopathological examination.

Macroscopic examination showed very tiny multiple grey brown soft tissue pieces. Microscopic examination showed extensively ulcerated squamous epithelial lining along with dense neutrophilic infiltrate. Few of the squamous cels show viral cytopathic effect in the form of binucleate and multinucleate inclusion bodies (Figure-1).

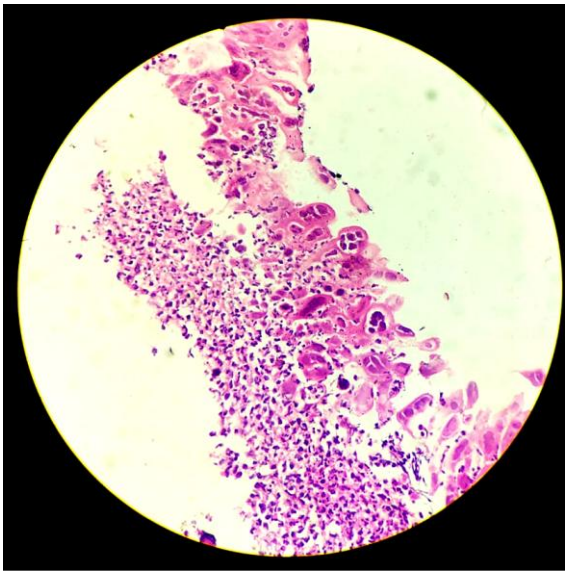

Figure 1: Shows viral cytopathic effects- binucleate and multinucleate inclusion bodies (H and E stain- 40x magnification)

DISCUSSION

Herpes esophagitis is a rare, usually a self-limited disease in healthy patients or immunocompetent patients. it can strongly affect immunocompromised patients including post-chemotherapy patients [1, 5], organ transplant patients with anti rejection treatment for acute rejection of transplanted organ [6], and HIV patients, it's a relatively rare clinical condition that affect esophagus which has been reported as the most frequent infection site for HSV-1 and HSV-2.

Pearce and Dagradi described first case of Herpes esophagitis in 1943. They reported four cases of esophageal ulceration in which intracellular inclusion bodies at autopsy are similar to those seen in viral infections [9].

The reported cases of herpes esophagitis have varied by the method of diagnosis, upper endoscopy "that was first made by Weiden and Schuffler" [10], often shows ulcers throughout esophagus that merge with normal mucosa of esophagus, blood tests for HSV IgM and IgG, PCR, viral tissue culture, but the accurate diagnosis is by obtaining biopsies from esophagus mucosa with microscopic evaluation.

The most common clinical symptoms that patients with herpes esophagitis show are epigastric pain, dysphagia, odynophagia, upper gastrointestinal bleeding, and hiccups. In this case, epigastric pain was the only feature the patient presented with, and this is not frequently described in the literature.

In our case, the differential diagnosis of epigastric pain was performed to rule out the common causes of epigastric pain, blood tests and endoscopy had been used for diagnosis, upper endoscopy had shown no signs of PUD [11] in the stomach and duodenum, lab tests of patients serum for pancreatic enzymes was negative which exclude pancreatitis [12], and HIV test was negative which exclude HIV infection as a cause of immunosuppression factor. Upper endoscopy showed multiple rounded ulcers in the lower esophagus. The definitive diagnosis was made on the basis of histopathological examination of the esophageal biopsy that revealed. These histological changes are extensively ulcerated squamous epithelial lining along with dense neutrophilic infiltrate. Few of the squamous cels show viral cytopathic effect in the form of binucleate and multinucleate inclusion bodies. These are characteristic for viral esophageal infection by human simplex virus.

Our patient was on prolonged steroidal treatment "prednisolone" for recurrent lymphoma, for epigastric pain no per-oral drugs "NPO" was applied, we only applied proton pump "PPI", IV fluids, and anti-spasmodic drugs as a first line therapy, after we ruled out the causes of epigastric pain, and histologic examination of the esophageal biopsy confirmed herpes esophagitis, we applied "Valacyclovir1000mg" twice a day for 2 weeks as an antiviral treatment, after 72 h the symptoms of our patient began to disappear gradually.

In our case we found that the patient complained of isolated epigastric pain which it is a new clinical feature for herpes esophagitis, and not discussed in the literature before. Herpes esophagitis maybe caused by prolonged steroidal treatment "prednisolone" for recurrent lymphoma due to its immunosuppressive effect.

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