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A Rare Case Report of Herpes Simplex Esophagitis in an Immunocompetant Host.

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ABSTRACT

Herpes simplex esophagitis is a rare condition in immunocompetant host.[1] We present a case of Herpes simplex esophagitis in a 30 year old healthy patient who presented in our hospital with the complaints of dysphagia, odynophagia associated with hiccups . Clinical examination revealed aphthous ulcer and mild epigastric tenderness. He underwent an esophagogastroduodenoscopy(EGD) which revealed shallow ulcerations with intervening normal mucosa. Biopsy taken from the ulcerations confirmed Herpes simplex esophagitis. The diagnosis of Herpes simplex esophagitis should not be ruled out in an immunocompetant individual even without an evident cause.

Keywords: Herpes simplex, distal esophagus, dysphagia, cowdry type A.

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CASE REPORT

A 30 year old man presented to our hospital with complaints of dysphagia, odynophagia associated with hiccups. Clinical examination revealed aphthous ulcer and mild epigastric tenderness. He underwent an esophagogastroduodenoscopy which revealed shallow ulcerations with intervening normal mucosa in the distal esophagus. Biopsies taken from the ulceration and sent for histopathological examination. H & E sections taken from the 0.5 cm greyish white soft tissue showed fragments of hyperplastic stratified squamous epithelium with nuclei showing clear halo, focal loss of polarity and ulcerations(Fig (i)). Several intranuclear inclusions with ground glass appearance(Fig (iii)) were seen in the squamous epithelium. Subepithelial stroma showed lymphocytes, eosinophils(Fig(ii)), lymphoid aggregates and granulation tissue. Correlating with clinical, endoscopic and microscopic findings, final diagnosis of Herpes simplex esophagitis was made.

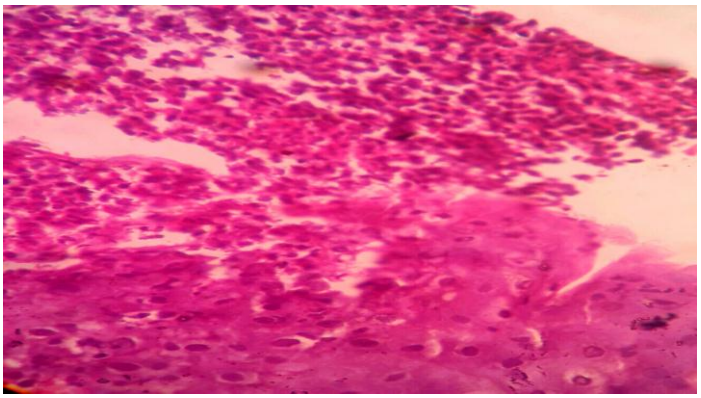


Fig (i) H&E 60X Ulcerations in the mucosa

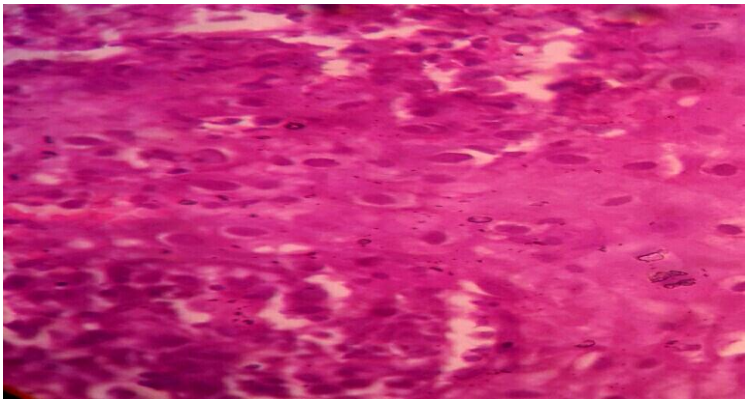
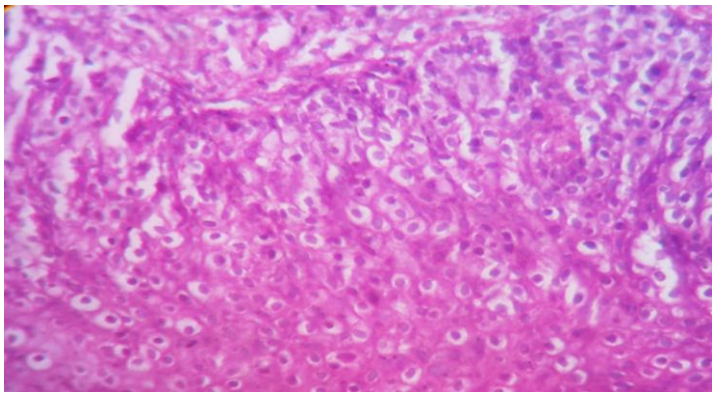


Fig (ii) H&E 60X Eosinophilic infiltrations in the submucosa



Fig(iii) H&E 60X Ground glass inclusions in the squamous epithelium

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DISCUSSION

Herpes simplex is commonly seen in immunocompromised patients and one of the common causuative agent for infective esophagitis but infrequent in immunocompetant host [1,2]. It can be either primary or represent a latent infection. Family history of Herpes simplex infection has been reported in 20 % of cases [3,4]. Patients typically present with acute onset of esophageal symptoms. Volcano ulcers in distal esophagus are characteristic endoscopic feature in Herpes simplex esophagitis. Ulcerations, inflammation and cowdry type A inclusions(multinucleated giant cells with eosinophilic intranuclear inclusions) are the typical microscopic findings of this disease [5]. However, similar multinucleated cells can also be seen in other types of esophagitis. Cytomegalo virus, candida, Cryptococcus are some of the differential diagnosis for herpes virus infection.

CONCLUSION

The diagnosis of Herpes simplex esophagitis should not be ruled out in an immunocompetant individual even without an evident cause. In our case, patient was health in terms of immunocompetency and with no family history of herpes simplex infection, but clinical examination gave a clue to viral etiology of esophageal origin which led to the diagnosis of Herpes simplex esophagitis. Whenever Herpes simplex esophagitis is diagnosed, a careful history, assessment of the patient with subsequent follow up is essential to rule out immunodeficiency disorders such as HIV infection [6].

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