

ABSTRACT

- Infective esophagitis (IE) is rare but well known to complicate the immunosuppressed state.
- Common infections include candida, cytomegalovirus, and herpes simplex virus (HSV)¹.
- Steroids have been used for symptomatic relief of an acute sore throat².
- Short courses are considered benign with low risk of infectious complications.
- We report an immunocompetent patient found to have herpes esophagitis after a short course of corticosteroids.

CASE REPORT

- A 41-year-old African American male with history of hypertension presented with worsening sore throat and odynophagia.
- Before presenting, he had a 10-day history of a sore throat, was diagnosed with streptococcal pharyngitis and was on antibiotics and steroids 7 days ago.
- Lack of response and inability tolerate P.O intake prompted admission.
- IV antibiotics and dexamethasone were given.
- Pain improved modestly however 8 days later he expressed worsening burning retrosternal chest pain and progressed oral intolerance.
- He underwent upper endoscopy revealing multiple circumferential erosions and Los Angeles grade D esophagitis of the lower third of the esophagus (Figure 1).
- Biopsies demonstrated viral intranuclear inclusions that stained positive for HSV1/HSV2 (Figure 2A-D).
- His symptoms abated with IV acyclovir allowing transition to oral valacyclovir.

FIGURES

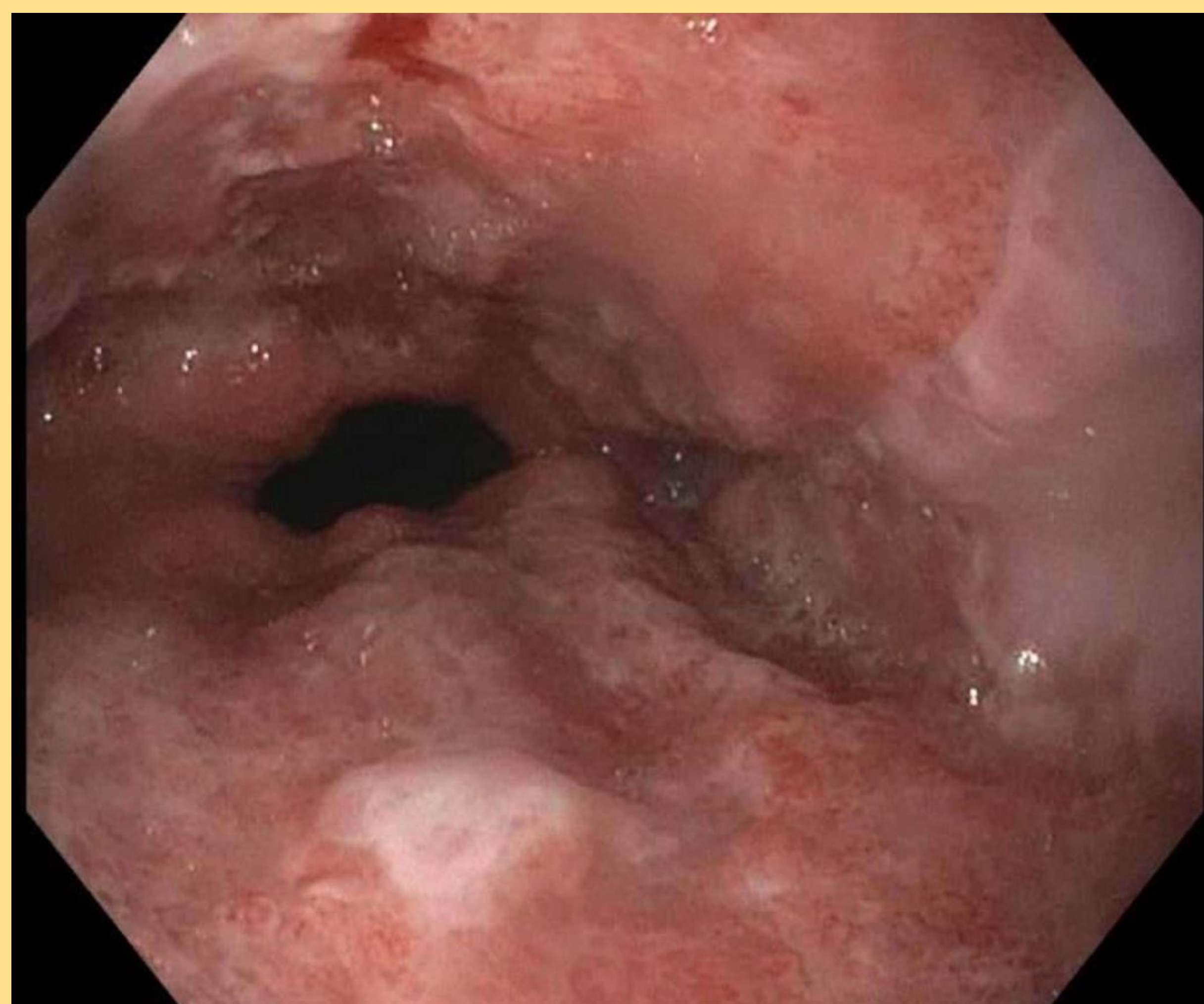


Figure 1. Endoscopic photograph displaying multiple circumferential erosions and Los Angeles grade D esophagitis of the lower third of the esophagus.

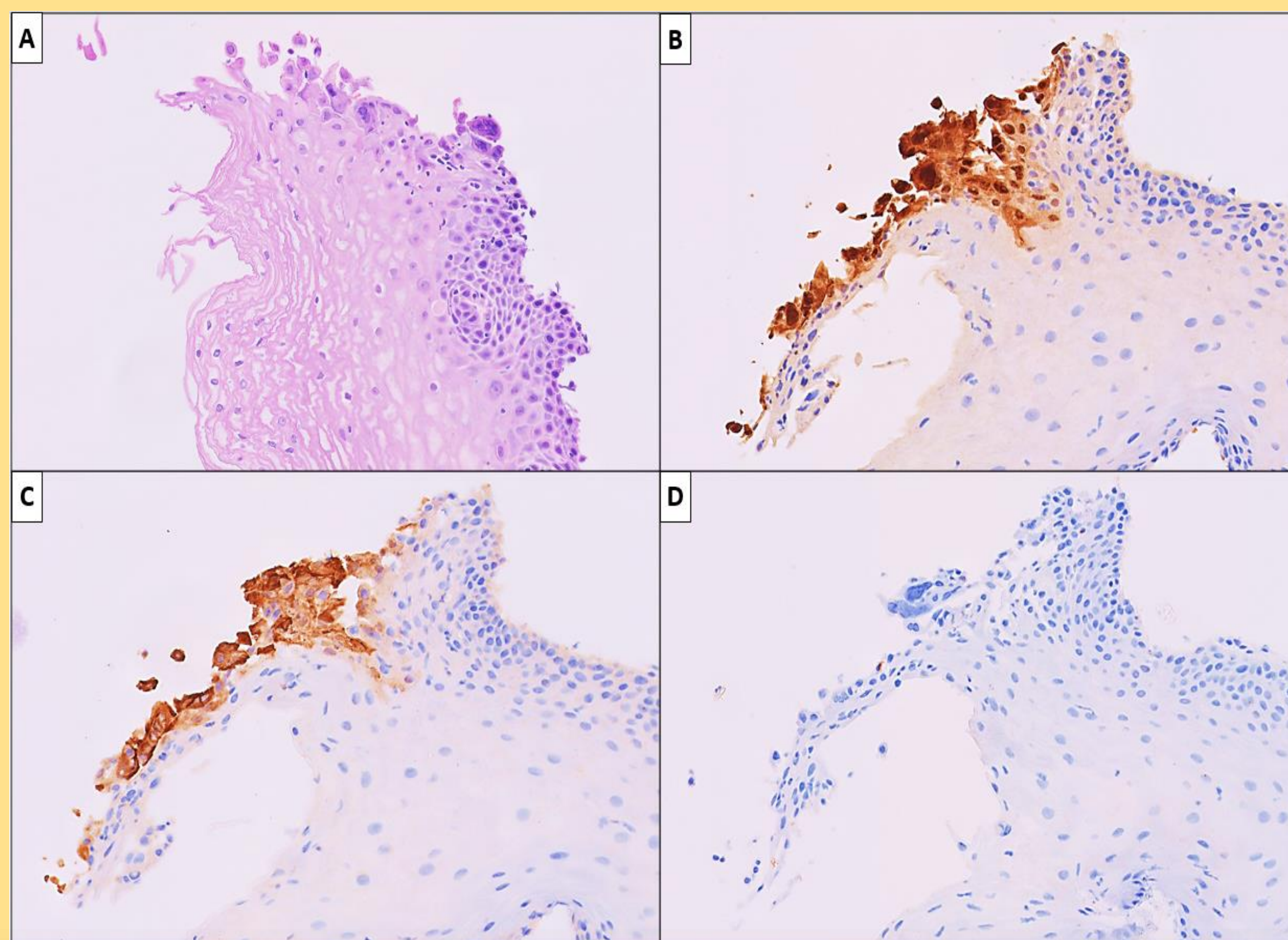


Figure 2. A (x200): Photomicrograph of hematoxylin and eosin-stained section of the esophageal biopsy, showing multiple multinucleated epithelial cells. Cowdry type A is observed. A-B and C (x200): IHC study using antibodies against HSV-1 and HSV-2, respectively. Numerous intranuclear viral inclusions are positive with HSV-1 and HSV-2 within the infected cells. A-D (x200): IHC study using antibodies against CMV shows no reaction in infected cells.

DISCUSSION

- Corticosteroids are well known for their anti-inflammatory effect, but their immunosuppressive effects may be underestimated.
- Although shown to reduce the duration and severity of sore throat³, risk of adverse effects ought to be weighed.
- Infectious sequelae such as herpetic esophagitis may complicate steroid use even when therapy duration is short⁴
- Symptoms may be difficult to differentiate from viral or bacterial pharyngitis.
- Lack of response to antibiotic therapy, prolonged duration and severity of symptoms may hint towards opportunistic infectious esophagitis
- It is easy to overlook IE as a cause of odynophagia in the immunocompetent, however, with history of steroid use, a diagnosis of IE, especially HSV esophagitis, should be considered in the differential.
- Endoscopy with biopsy is required for confirmation of the diagnosis therefore one should have a low threshold for endoscopic evaluation in assessing patients with esophagitis symptoms and recent glucocorticoid use.

REFERENCES

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