A Case of Severe Undifferentiated Ulcerative Esophagitis as an AIDS-Defining Illness in Acute HIV Infection

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BACKGROUND

The esophagus is a common target organ in acute HIV infection (fungal or viral agents). Idiopathic esophageal ulcers are less common. We present a case of severe idiopathic ulcerative esophagitis in acute HIV infection

CASE REPORT

29-year old male with no prior medical history presented with symptoms of odynophagia, dysphagia and limited oral intake for two weeks. Due to his symptoms, he lost 25lbs at presentation.

Esophagogastroduodenoscopy (EGD):
- Long cratered ulcerations with friability to the edges (figures 1a and 1b).

Histology (at edges and base):
- Fungal stains: undifferentiated hyphae type mold elements
- Viral stains: negative

Laboratory studies (HSV, CMV, HIV):
- Viral serology were normal but HIV RNA testing was positive

Management:
- Valgancyclovir for presumed CMV esophagitis.
- HAART therapy also initiated

Repeat EGD (2weeks later):
- Significant improvement in the mid and distal esophageal mucosa (fig 2a)
- New scattered white plaques throughout the entire esophagus (fig 2b)
- Histology consistent with candida esophagitis and treated with fluconazole

Follow up:
- Patient is well controlled on HAART therapy with excellent immunologic and virologic response.

DISCUSSION

- Idiopathic esophageal ulcers occur in about 10% of patients with acute HIV infection or AIDS. Prior reports have described giant (greater than 5cm) ulcers with profound depth usually located in the mid esophagus.
- The exact pathophysiology of idiopathic esophageal ulcers in HIV is unknown.

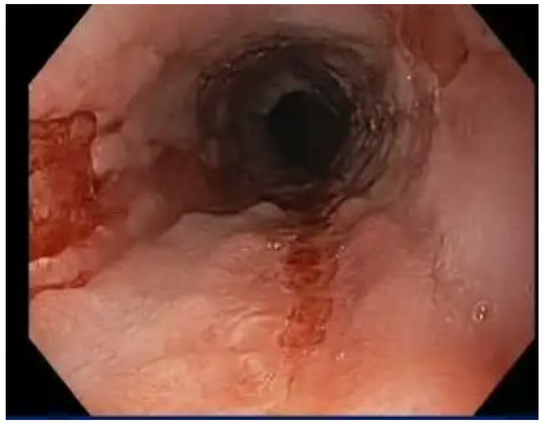

Figure 1a: The mid and distal esophagus revealed long cratered ulcerations with friability to edges and normal mucosa in between ulceration. The proximal esophagus appeared normal

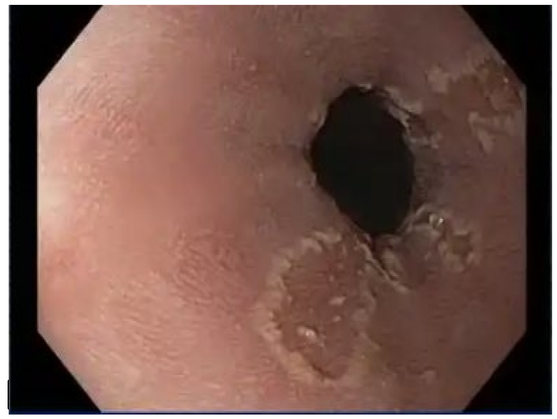

Fig 1b: Closer to the gastroesophageal junction (GEJ), there was evidence of healing ulcers without friability or cratered appearance.

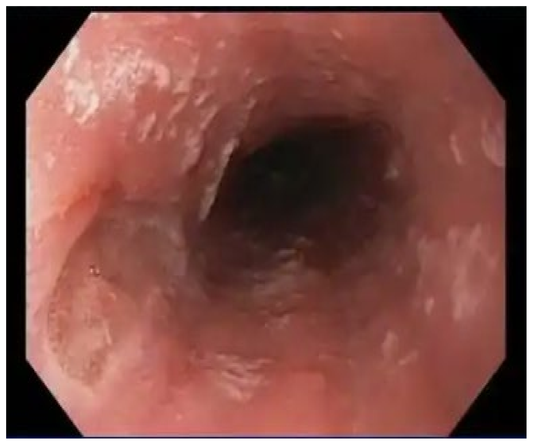

Fig 2a: Significant improvement in the mid esophageal mucosa ulceration with only one ulcer that was cratered with clean base and raised edges

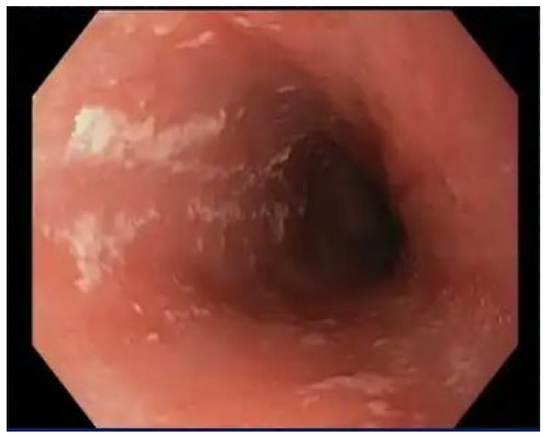

Fig 2b: New scattered white plaques throughout the entire esophagus up to the level of the GEJ

Gastroenterologists should maintain a high index suspicion for an immunocompromised state in all patients presenting with odynophagia or dysphagia. Upon diagnosis, compliance with HAART therapy is key for treatment of HIV related esophageal ulcers.

References available upon request.