

Introduction

- Esophageal Intramural Pseudodiverticulosis (EIP) is a benign condition that presents with dysphagia.
- EIP with HIV AIDS is rare, especially in the absence of concomitant esophageal candidiasis.
- We present a case of dysphagia in a patient with HIV, found to have EIP.

Case Description

- 51-year-old African American female with AIDS and noncompliance to Highly Active Antiretroviral Therapy (HAART) and a CD4 count of 0.5 cells/ mm³, presented with a 3-month history of progressively worsening dysphagia, to solids and liquids, odynophagia, and retrosternal burning.
- A barium esophagogram demonstrated an intramural pseudodiverticula.
- On upper endoscopy, multiple diminutive pseudo diverticula were visualized with no other gross abnormalities, including ulcers or stenoses (Figure B).
- Pathology from esophageal biopsies showed chronic inflammatory changes with no fungal or viral elements identified.
- The patient was reinitiated on HAART and high dose proton pump inhibitors with complete resolution of dysphagia on follow up.

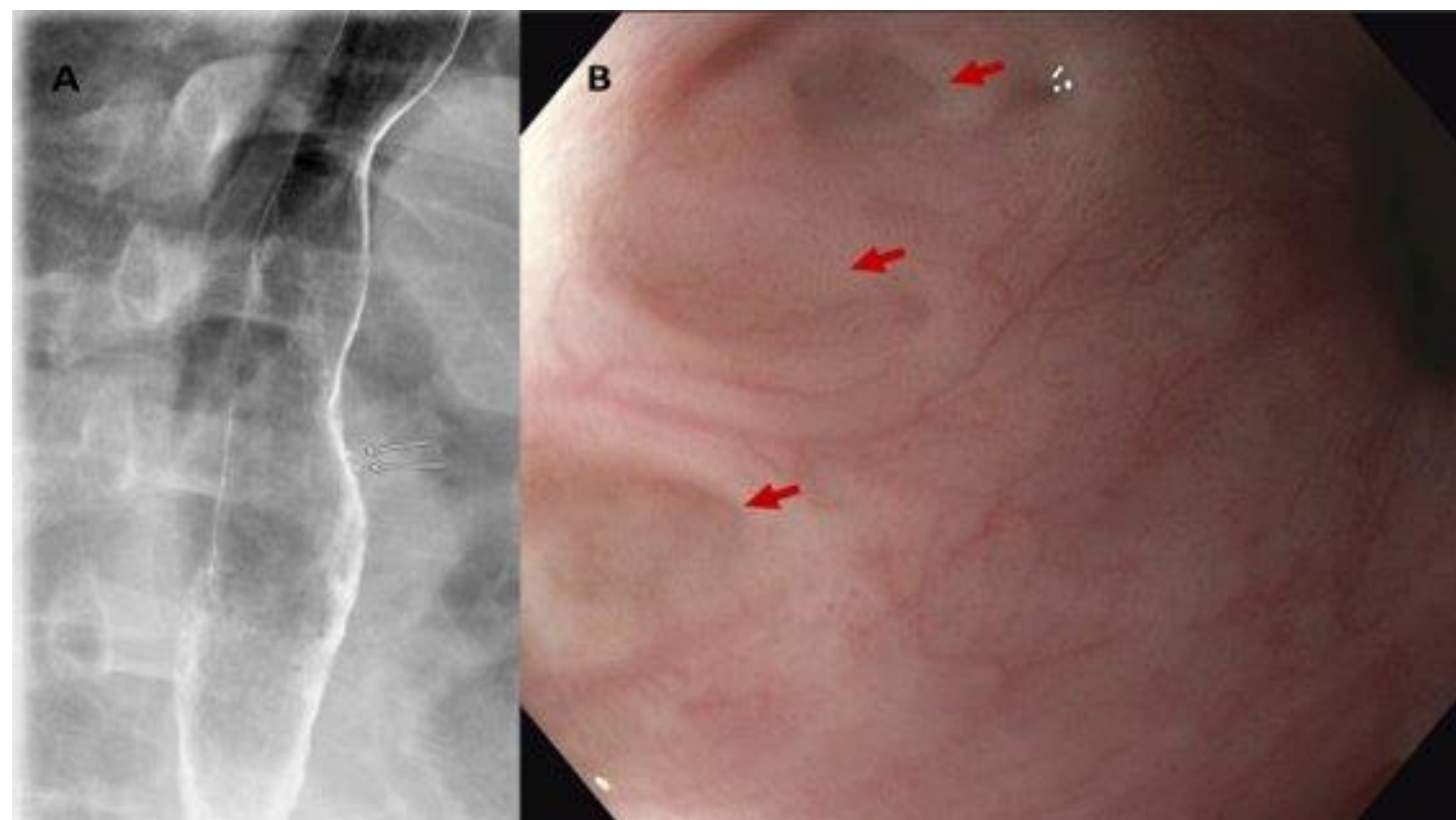


Figure A. Barium esophagogram shows psuedodiverticula (white arrows)

Figure B. Pseudodiverticula seen on upper endoscopy (red arrows)

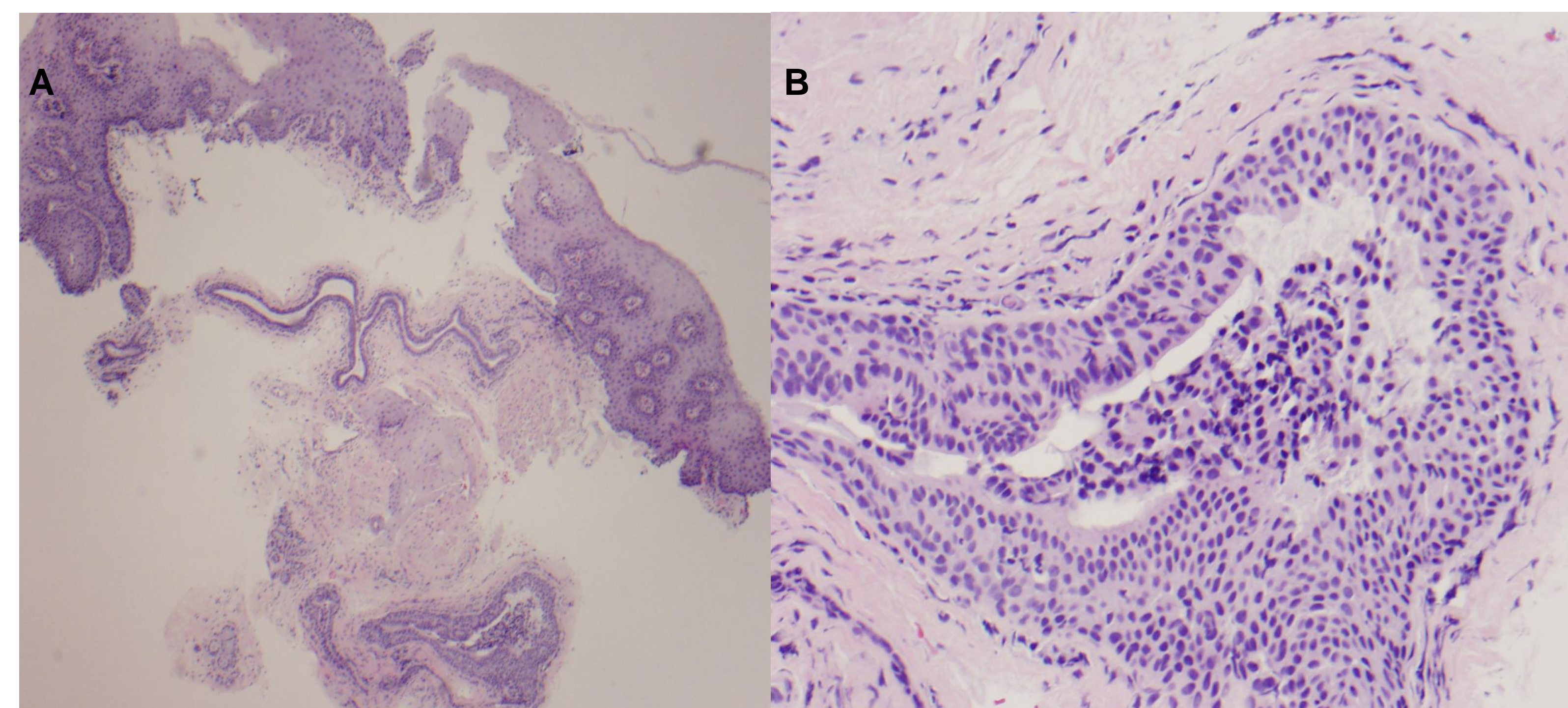


Figure A and B: Non-specific chronic inflammatory changes seen on esophageal biopsy.

Discussion

- The pathogenesis of EIP involves esophageal excretory ductal obstruction and submucosal fibrosis from chronic inflammation and duct dilation from dysmotility.
- Risk factors include HIV, diabetes mellitus, esophageal candidiasis, chronic alcohol abuse, Mallory-Weiss syndrome, Crohn’s disease, GERD, corrosive esophageal injury and esophageal malignancies. Single contrast barium esophagogram remains the study of choice and demonstrated numerous 1–4 mm flask-shaped diverticula.
- An upper endoscopy can be performed to corroborate imaging findings and diagnose concomitant structural and infectious etiologies. Management includes PPI therapy, treatment of underlying etiology, and dilation of any stenoses.
- Surveillance endoscopy can be considered due to an association with esophageal malignancies.
- The association of HIV with EIP, especially in the absence of esophageal candidiasis, is rarely reported. Clinicians should consider EIP as part of the differential diagnosis for HIV patients presenting with dysphagia.

References

- Ali O, Asumu H, Kaur T, Mathew A, Kim R. A rare cause of dysphagia due to esophageal intramural pseudodiverticulosis: a case report and review of literature. *BMC Gastroenterol.* 2020;20(1):72. Published 2020 Mar 16. doi:10.1186/s12876-020-01209-y