Saint Luke's Health System

An Unusual Cause of Massive Upper Gastrointestinal Bleeding: HSV Esophagitis

Christina Gomez, MD[1]; Daniel Merrill, MD, MBA[1]; Laith Al Momani, MD, PhD[1]; Wendell Clarkston, MD[1]
[1]University of Missouri-Kansas City

UMKC

Introduction

Herpes simplex virus (HSV) esophagitis is more commonly diagnosed in immunocompromised patients and generally presents with acute onset dysphagia and odynophagia.
This is a case of HSV esophagitis in an immunocompetent patient presenting with massive GI bleeding without dysphagia or odynophagia.

Case Presentation

- A 64-year-old man with no past medical history presented to the emergency room with massive hematemesis.
- He had sudden onset vomiting and subsequently developed large volume bright red bloody emesis and melena. He denied any history of alcohol or heavy NSAID use.
- Initial labs were significant for
  - Hemoglobin **9.5 g/dl**
  - Platelets **42,000/uL**
  - WBC **41,600/uL**
  - AST **117 U/L**
  - ALT **104 U/L**
  - Alk phos **134 U/L**
  - Total bilirubin **4.9 mg/dl**

Case Presentation Continued

- After initial resuscitation, the patient was given pantoprazole bolus and drip and taken for EGD
- First EGD showed a large amount of adherent blood clots in the middle and lower third of the esophagus without any obvious source of bleeding.
- The patient was transferred to the ICU due to hemodynamic instability and subsequently required 8 units pRBCs, 1U FFP and 2U platelets over 48 hours.
- Repeat EGD the following day showed grade D esophagitis in the mid to lower third of the esophagus, as well as multiple shallow irregular ulcerations with raised margins (image 1).
- Biopsies showed acute esophagitis with necropurulent debris and immunostain positive for HSV. HIV returned negative.
- Subsequent workup ruled out portal hypertension or cirrhosis.
- Abnormal liver enzymes and thrombocytopenia improved over the course of his hospitalization and were attributed to an E. Coli urinary tract infection with sepsis.
- The patient received an empiric course of acyclovir and overall improved with resolution of bleeding upon discharge.

Diagnosis

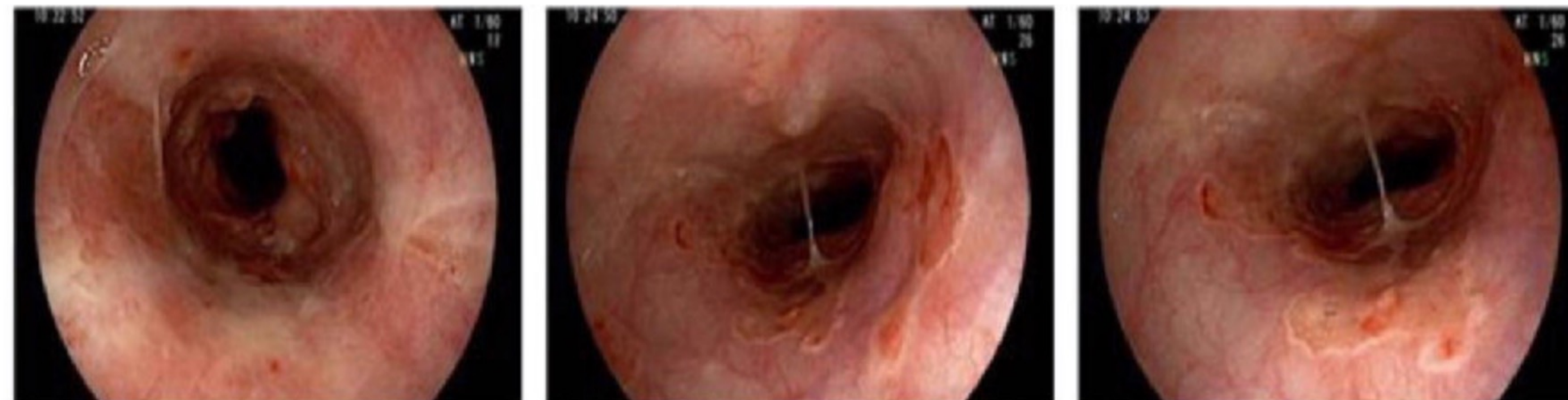

Image 1: Shallow irregular ulcerations with raised margins noted in the mid-lower (left) and upper esophagus (middle, right) suspicious for infectious esophagitis of herpetic origin

Discussion

- There are a few reports of infectious esophagitis in immunocompetent patients – of these, they most commonly present with dysphagia and/or odynophagia.
- The diagnosis is distinct endoscopically demonstrated by multiple punched-out ulcers with raised margins.
- Biopsies should be obtained from the margins of these ulcers and the diagnosis is confirmed by histological examination.
- After treatment initiation, it is crucial to rule out any underlying immune disorder including HIV infection.

Conclusions

This case highlights an unusual presentation of HSV esophagitis with massive GI bleeding. Furthermore, endoscopic findings suggestive of viral esophagitis should prompt tissue acquisition to facilitate a swift diagnosis and proper management.

References

1. Pisello, F & Modica, G & Volsi, F & Cajozzo, Massimo & Sciume, Carmelo. (2009). Herpes Simplex Esophagitis in Immunocompetent Host: A Case Report. Diagnostic and therapeutic endoscopy. 2009. 717183. 10.1155/2009/717183.
2. Wilcox CM. Infectious Esophagitis. *Gastroenterol Hepatol (N Y)*. 2006;2(8):567-568.
3. Chien RN, Chen PC, Lin PY, Wu CS. Herpes esophagitis: a cause of upper gastrointestinal bleeding in an immunocompetent patient. J Formos Med Assoc. 1992 Nov;91(11):1112-4. PMID: 1363215.
4. Rajasekaran, V., Rahaman, V., Hou, X., & Steele, R. W. (2021). HSV Esophagitis in an Immunocompetent 17-Year-Old. *Global pediatric health*, *8*, 2333794X211052914. https://doi.org/10.1177/2333794X211052914
5. Eymard, D., Martin, L., Doummar, G., & Piché, J. (1997). Herpes simplex esophagitis in immunocompetent hosts. *The Canadian journal of infectious diseases = Journal canadien des maladies infectieuses*, *8*(6), 351–353. https://doi.org/10.1155/1997/397147

© Poster Template by Genigraphics® 1.800.790.4001 www.genigraphics.com