

Introduction

- Esophagitis is the most common GI involvement from herpes simplex virus (HSV).
- HSV infection of the stomach is very rare with only a handful of cases being reported in immunocompromised patients.
- We present a case of herpes gastritis causing gastric outlet obstruction in an otherwise healthy, immunocompetent individual.

Case Description

- A 37-year-old male with a recent diagnosis of COVID-19 infection, presented to the hospital with intractable nausea, vomiting, bloating, and early satiety for two days. Upon evaluation, CBC and CMP were remarkable for a WBC of 12.5 k/mm³ and ALT and AST of 124 U/L and 129 U/L, respectively. Lipase was 373 U/L. A CT abdomen/pelvis w/contrast showed circumferential wall thickening with edematous changes in the antrum consistent with localized inflammatory response. There was suspicion for gastric lymphoma and patient was admitted for further workup. An EGD was performed which showed exudative esophagitis and antral wall edema with luminal narrowing of gastric antrum. Endoscopic ultrasound (EUS) showed a 2.5 x 3 cm antral wall lesion worrisome for linitis plastica. Esophageal biopsies showed focal cytologic changes consistent with herpes esophagitis. The FNA of the antral wall showed multinucleation of the basal cell layer with classic ground glass nuclei, consistent with herpes infection. No dysplasia or malignancy was seen. Both HSV1 and HSV2 IgG were elevated. HSV IgM was normal. A HSV PCR was ordered but never resulted. Patient was started on Valacyclovir 1g PO BID for 10 days. He underwent a follow-up EGD 3 months post treatment which showed complete resolution of the gastric antral changes.



FIGURE 1: EGD showing antral mucosal inflammation causing gastric outlet obstruction

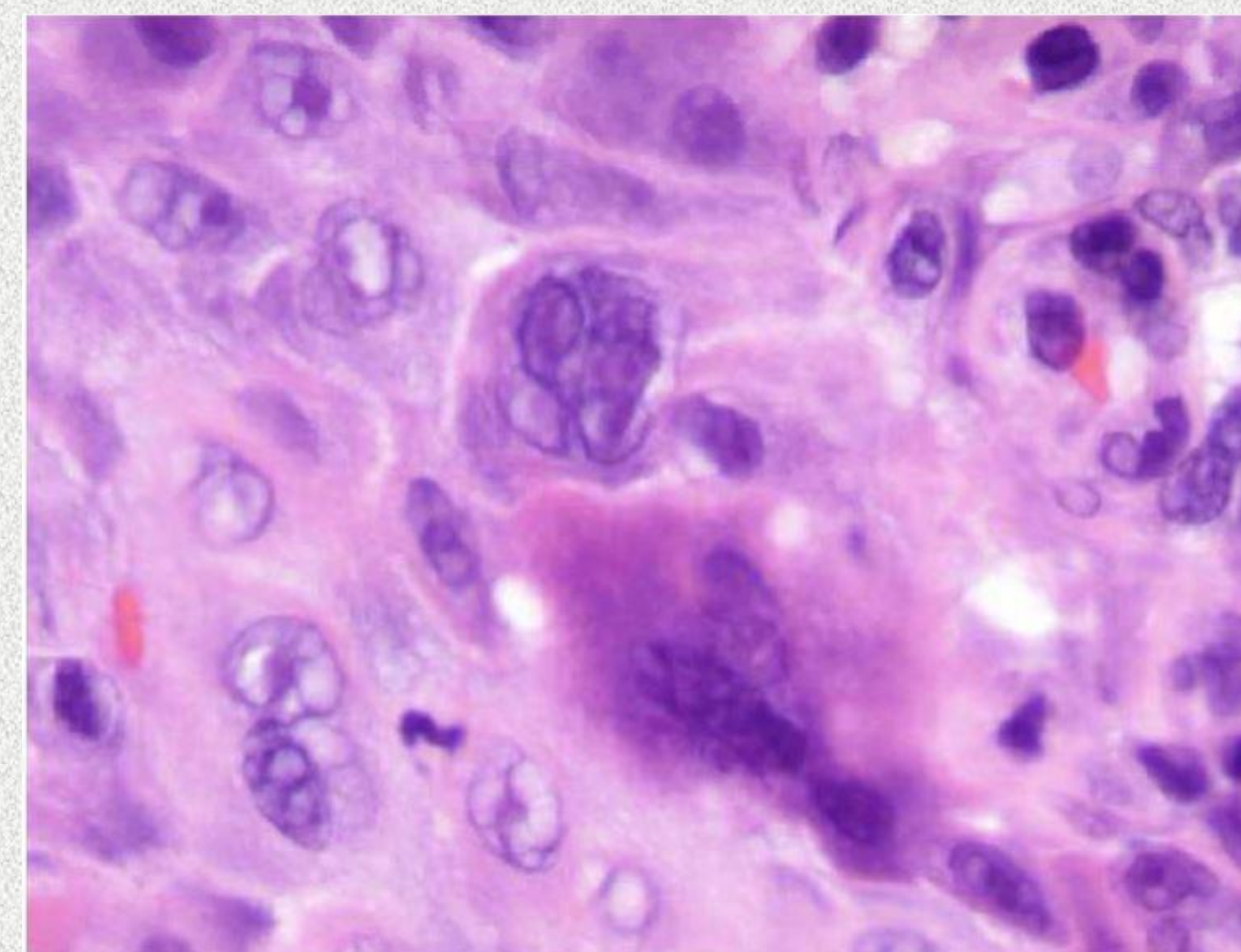


FIGURE 2: Biopsy showing classic ground glass nuclei

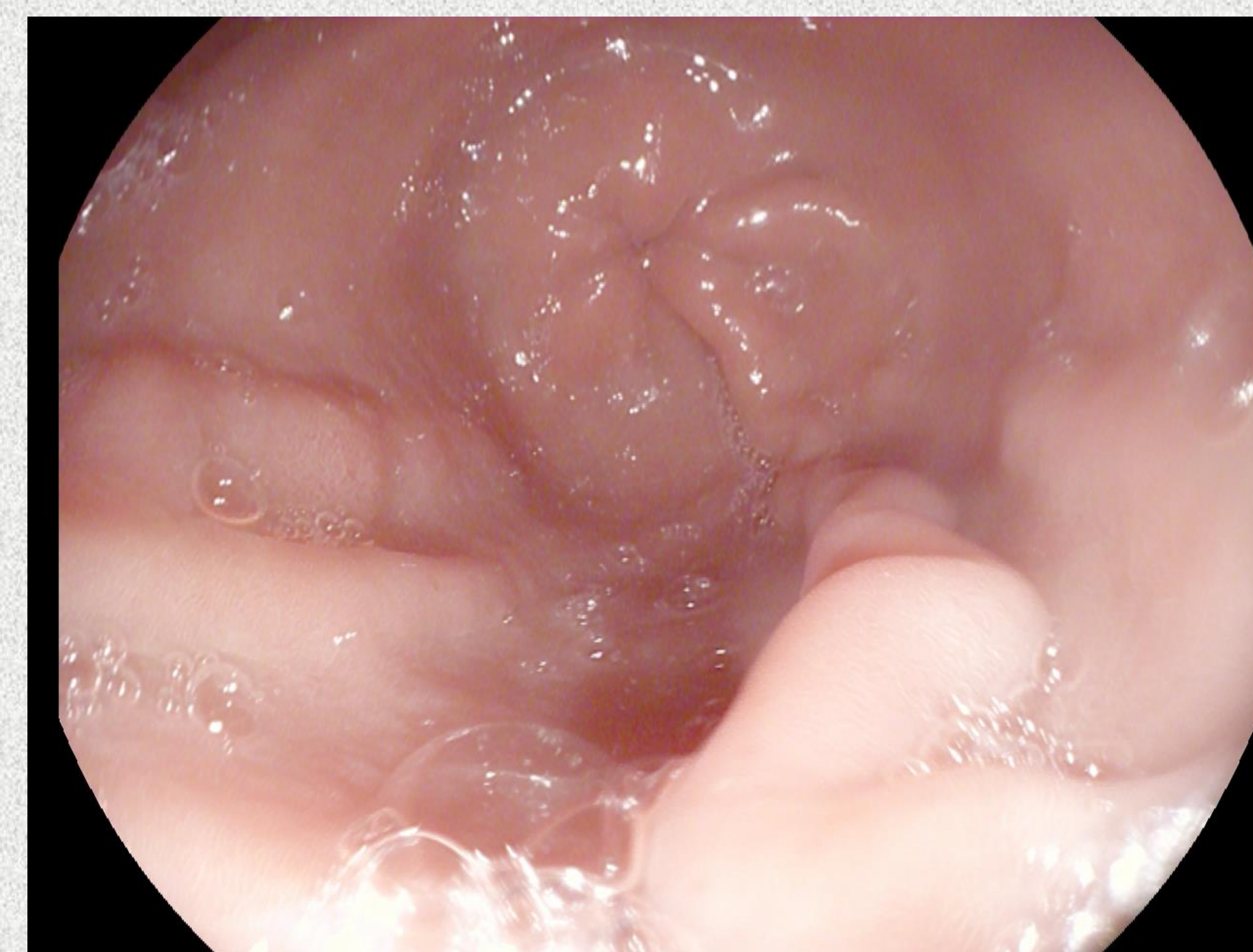


FIGURE 3: Repeat EGD three months post treatment with Valacyclovir showing complete resolution of antral changes

Discussion

- Herpes gastritis is extremely rare. Literature review has revealed only 3 case reports of herpes gastritis; and all involved immunocompromised patients. To the best of our knowledge, this is the first case of herpes gastritis in an immunocompetent patient.
- Our patient presented with symptoms of gastric outlet obstruction which was caused by local inflammation from herpes simplex virus, as confirmed by FNA biopsy.
- It is unclear if having a recent COVID 19 infection, albeit mild and not requiring hospitalization, contributed to patient's HSV infection.
- No established guideline exists for treatment duration of herpes gastritis. Our patient received 10-day course of Valacyclovir, and his symptoms improved.
- Furthermore, patient had complete resolution of the herpes infection on follow-up EGD, indicating adequate treatment response.

Conclusion

- Although extremely rare, this case demonstrates the importance of expanding the differential list to include HSV infection for a patient with gastric outlet obstruction.
- Although prior cases have been reported in patients on chronic immunosuppressants, immunocompetent patients are also at risk.
- A 10-day course of oral Valacyclovir is sufficient for treatment regimen. Repeat EGD post treatment is recommended for monitoring.

References

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- Sperling HV, Reed WG. Herpetic gastritis. Am J Dig Dis. 1977 Nov;22(11):1033-4. doi: 10.1007/BF01076207. PMID: 920702.