

SEVERE HERPETIC ESOPHAGITIS IN IMMUNOCOMPETENT YOUNG ADULT

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Poster

Oesophagus

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A 23-year-old immunocompetent male presented with severe herpetic esophagitis from HSV-1 primo-infection, initially mimicking candidal esophagitis on endoscopy but confirmed by biopsy and seroconversion.

KEY POINTS

- The patient presented with retrosternal chest pain, odynophagia, dysphagia, fever, hematemesis, leukocytosis, and C-reactive protein of 93.5 mg/L.
- Esophagogastroduodenoscopy showed multiple round and coalescing white plaques throughout the esophagus with severe distal involvement, initially suggesting candidal esophagitis.
- Biopsies confirmed herpetic esophagitis, and serological testing revealed positive HSV 1/2 IgM with negative IgG, followed by HSV-1 seroconversion confirming primo-infection.
- Treatment included fluconazole 400mg daily and intravenous acyclovir 5mg/Kg every 8 hours, with clinical improvement allowing discharge on day 3 and complete endoscopic resolution on follow-up.
- Herpetic esophagitis in immunocompetent hosts is usually related to primo-infection in young healthy males and may mimic Candida esophagitis endoscopically, though evidence indicates acyclovir may shorten disease duration.

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