

WAS IT THE FAULT OF THE EOSINOPHILIC? DISCOVERING A NEW ACCOMPLICE

Juan Luis Mendoza Hernández

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Poster

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A case report describes HSV1 esophagitis in an untreated eosinophilic esophagitis patient and discusses three hypotheses linking the two conditions, emphasizing that inadequately treated EoE may increase HSV esophagitis risk.

KEY POINTS

- A 46-year-old male with untreated EoE since 2016 presented with dysphagia, odynophagia and fever; gastroscopy revealed distal esophageal ulcers with biopsies positive for HSV1, which resolved after Acyclovir and PPI treatment.
- Three hypotheses are proposed for the EoE-HSV esophagitis relationship: untreated EoE causes epithelial barrier disruption allowing HSV entry; HSV infection damages mucosa promoting antigen exposure and Th2 eosinophilic response; topical corticosteroids cause local immunosuppression increasing viral infection risk.
- The authors conclude that lack of EoE treatment is an essential factor in increased HSV esophagitis risk and that adequate EoE treatment to contain tissue inflammation is key to preventing such complications.
- This case report is most relevant to gastroenterologists managing patients with eosinophilic esophagitis, particularly regarding treatment adherence and infection risk.

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