HIV ENTEROPATHY: CLINICAL, ENDOSCOPIC AND HISTOPATHOLOGICAL FEATURES IN A PATIENT WITH GASTROINTESTINAL ONSET OF HIV INFECTION

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A 30-year-old male with newly diagnosed HIV presenting with chronic diarrhea, weight loss, and malabsorption achieved complete clinical and virologic response following HAART and treatment of opportunistic infections including esophageal candidiasis and multi-viral duodenal involvement.

KEY POINTS

- Patient presented with chronic diarrhea, abdominal pain, and 6kg weight loss over 4 months, with abdominal ultrasonography revealing small intestinal invagination and mesenteric lymphadenopathy.
- HIV testing was positive and HAART with Dolutegravir/Lamivudine was initiated; patient subsequently developed deep vein thrombosis and wasting syndrome requiring hospitalization.
- Esophagogastroduodenoscopy revealed esophageal candidiasis, herpetic erosions, and duodenal scalloping with mosaic pattern; histology showed intermediate-severity villous atrophy with HSV, EBV, and CMV positivity on immunostaining.
- Treatment included HAART, antiviral and antifungal therapy, albumin, fluid therapy, enoxaparin, and nutritional supplements.
- At follow-up, the patient achieved full viral suppression, weight gain, resolution of diarrhea, and normalization of malabsorption markers on blood tests.

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