Eosinophilic esophagitis and herpetic esophagitis: cause or consequence?

Dear Editor,

Herpetic esophagitis (HE) and eosinophilic esophagitis (EE) are both conditions that may in themselves represent a cause for dysphagia in young males. Their association has been suggested in the literature, but remains controversial (1).

Case report

A 17-year-old male presented with retrosternal pain, dysphagia, and fever at 39 °C. Oral endoscopy revealed deep longitudinal erosions with irregular, elevated borders from the mid to distal esophagus (Fig. 1A). He was prescribed acyclovir for suspected HE, which was later histologically confirmed. Furthermore, the eosinophil count in the proximal esophagus was > 15 per field, consistent with EE. Follow-up endoscopy at one month after treatment revealed persistent endoscopic and histologic signs suggestive of EE (Fig. 1B) in the absence of HSV-I.

A 36-year-old male with a history of asthma, who was not taking bronchodilators, corticoids or antibiotics, presented with acute dysphagia of three days duration. Oral endoscopy revealed a longitudinal, ulcerated, subcentimetric cardial lesion, which a pathological analysis showed that it included Cowdry A inclusions suggestive of HE. Histologically, there was esophageal candidiasis and EE comorbidity. At eight weeks after treatment with fluconazole, acyclovir, and pantoprazole changes suggestive of infectious esophagitis had cleared, whereas those consistent with EE persisted.

The immunological study was normal for both patients.

Discussion

Two theories have been postulated with regard to the association of EE and HE. The first one suggests that EE predisposes to altered Th2 responses, thus inducing dysfunction in the mucosal barrier, which facilitates viral infection. The second theory supports that HE acts as a sensitizing antigen to increase the immune response, which results in hyper reactivity and eosinophilic infiltration of the esophageal mucosa (2,3). Hence, HE and EE may seemingly act as predisposing factors for each other.

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References

