

Letters to the Editor

Idiopathic esophageal ulcer as an initial manifestation of HIV infection

Key words: Esophageal ulcers. HIV infection. Idiopathic esophageal ulcer. Antiretroviral therapy.

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Dear Editor,

An esophageal ulcer is a common complication in people affected by the acquired human immunodeficiency virus (HIV).

Case report

A male of 38 years of age attended the clinic due to dysphagia which had evolved over 2 months. A gastroscopy was performed showing a large, deep ulcer in the distal part of the esophagus. Biopsies were taken from the base and edges (Fig. 1). The histological study showed granulated tissue and necrotic-fibrinoid material with an ulcerous base without evidence of malignancy and no indication of CMV or HSV infection. A second gastroscopy was performed two weeks later and confirmed the persistence of the lesion. An immunohistochemical study and PCR for CMV-DNA and HSV-DNA was also negative. Serology for the two viruses also precluded an acute infection. As the patient was a homosexual, this led us to investigate the presence of the Human acquired immunodeficiency virus (HIV) and a positive result was obtained in two analyses (immunochemiluminescence). The lymphocyte population study was as follows;

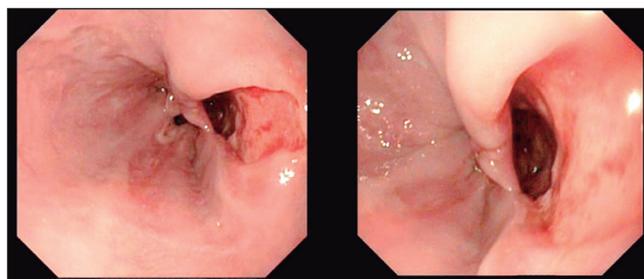


Fig. 1. Gastroscopy. Large, deep ulcer in the distal part of the esophagus.

206 CD4 (9% of the total). The patient started treatment with darunavir at 800 mg and ritonavir at 100 mg.

After one month of antiretroviral treatment, the improvement in the CD4 lymphocyte count was confirmed and a new gastroscopy showed that the esophageal ulcer had disappeared as well as mucosal healing.

Discussion

This case is peculiar, as the initial diagnosis of HIV infection was based on an idiopathic esophageal ulcer (1,2). Most infectious esophagitis in patients with HIV are related to the candida, CMV or HSV species. However, there is a subgroup of patients in which no specific agent is identified and they are labeled as idiopathic ulcers (3). In cases of an esophageal ulcer of unknown origin, the possibility of an associated HIV infection should be considered. As the antiretroviral treatment itself could lead to a favorable result (4,5).

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