1130-0108/2013/105/1/56-57
Revista Española de Enfermedades Digestivas

Rev Esp Enferm Dig (Madrid)
Vol. 105, N.° 1, pp. 56-57, 2013

Letters to the Editor

Infectious esophagic fistula: A common virus with an extraordinary presentation

Key words: Cytomegalovirus. Fistula. Elderly. Immunosuppression. Corticosteroids. Valganciclovir.

Dear Editor,

Cytomegalovirus (CMV) is an *herpesvirinae* virus widely spread thorough general population, with a global prevalence between 40-100%. After primo-infection, the virus remains in latent phase and can reactivate under immunosuppression situations from different etiologies, like drug therapy -immunosuppressants (1), chemotherapy (2)- or immunodeficiencies -primary or acquired (3,4)-. CMV is a known opportunistic pathogen of the gastrointestinal tract and can cause a wide spectrum of lesions in esophagus, stomach and bowels (5).

Case report

We present an 88-year-old woman with polymyalgia rheumatica on treatment with oral corticosteroids (prednisone 30 mg b.i.d) who was admitted to our institution because of dysphagia, odynophagia and fatigue in the last two weeks. Some days before admission, the patient had complained of an episode of atypical thoracic pain irradiated to her neck, with a normal cardiologic study. One day after her admission she presented with hematemesis without hemodynamic instability or anemia. An upper endoscopy was performed, showing a partially fibrin-covered orifice with an apparently blind end, located in the cervical esophagus (Fig. 1A). Biopsies from the orifice borders were taken. An esophagogram and a computerized tomography scan were performed (Fig. 1B and C), showing a fistula in the lateral face of the cervical esophagus, in communication with a pseudo-cavity filled with oral contrast (esophagogram). The biopsies demonstrated the presence of the characteristic cytopathic CMV effect (Fig. 1D). After diagnosis of

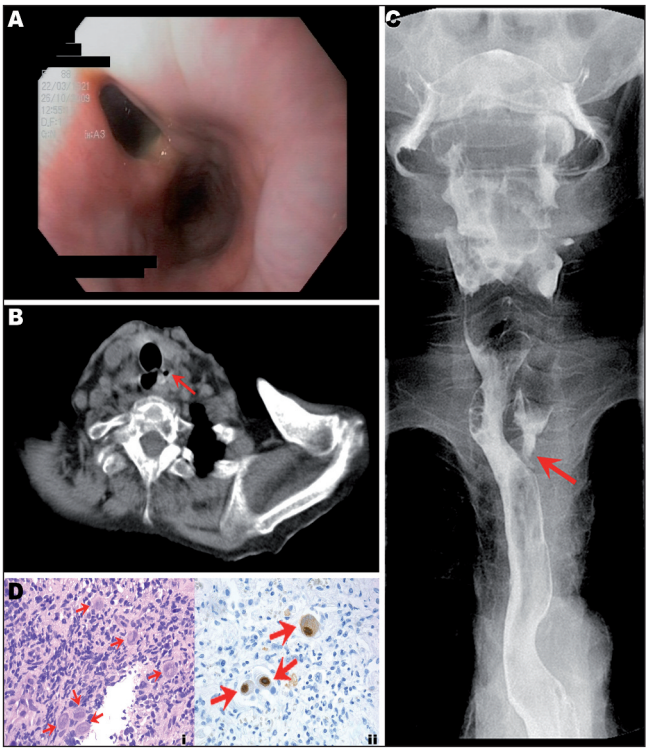

Fig. 1. A. Endoscopic image of cervical esophagus showing the fistula entrance. B. Cervical computed tomography scan: esophagic fistula in the lateral left side (red arrow). C. Barium study that demonstrates filling of the esophagic fistula (red arrow). D. Histological examination of esophagic mucosa with cytomegalic inclusions in the fistulous tract (i, red arrows) (HEX400). These inclusions expressed immunopositivity for anti-CMV monoclonal antibody (ii, red arrows).

esophagic fistula secondary to CMV infection was established, treatment with valganciclovir (900 mg b.i.d.) was started, reducing prednisone dose. The patient experienced a significant clinical improvement in a few days. Endoscopic examination was performed 12 weeks later, and complete healing of the fistula was observed.

Discussion

There are scarce reports of CMV esophagic fistulae in scientific literature, usually involving a multimicrobial etiology (generally in HIV positive patients) (3,4). To our knowledge, this is the first report of esophagic fistula secondary to CMV in which the unique precipitating factor was steroids-treatment. CMV infection in immunosuppression situations must be considered in the pathogenesis of atypical digestive tract lesions, and this is not only limited to classic severe immunosuppressive settings (HIV, chemotherapy), but also possible under common treatment like steroids use.

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