DIAGNOSTIC DILEMMA
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Not so Obvious: Acute Herpes Esophagitis

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PRESENTATION

The gross examination immediately suggested infection with *Candida* species, but biopsy results pointed to a different culprit. A 29-year-old woman sought care in the emergency department after experiencing sharp epigastric pain over 2 days. She was initially seen at an urgent care center and empirically treated for gastritis with omeprazole. However, her pain progressively worsened and was accompanied by vomiting, prompting her hospital visit. Her medical history included mild intermittent asthma, which was treated with albuterol, and morbid obesity, for which she had undergone gastric sleeve surgery.

ASSESSMENT

Physical examination revealed an uncomfortable but healthy-appearing woman with normal vital signs. Her abdomen was obese, and palpation produced epigastric tenderness. Results from oropharyngeal, cardiac, pulmonary, extremity, integumentary, and neurologic examinations were normal.

A complete blood count, tests of renal and hepatic function, and quantification of electrolyte levels all produced results within the normal range. Rapid screening for human immunodeficiency virus was negative, and viral load was undetectable. The patient underwent esophagogastroduodenoscopy, which revealed white plaque lesions extending from the gastroesophageal junction to the midesophagus (**Figures 1** and **2**). Biopsy samples were retrieved with a cold forceps.

The gross appearance of the esophageal white plaque lesions was consistent with a diagnosis of *Candida* esophagitis. Fluconazole was prescribed, but treatment provided no clinical improvement. Pathologic examination of the endoscopic biopsy specimen revealed ulcerating esophagitis with intranuclear viral inclusions (**Figure 3**), and immunostaining proved strongly positive for herpes simplex viruses 1 and 2 (**Figure 4**). Periodic acid–Schiff/Alcian blue staining was negative for fungal organisms or intestinal metaplasia.

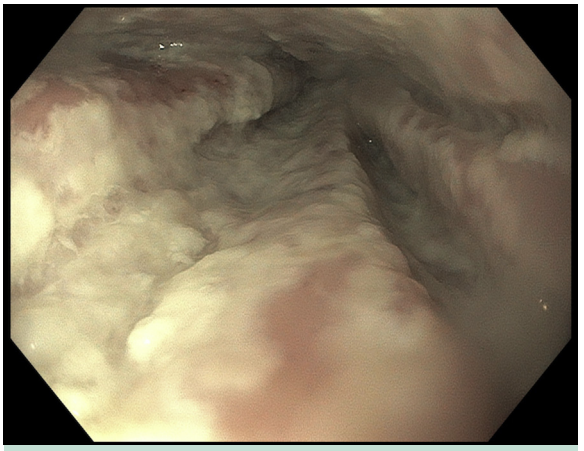

Figure 1 Esophagogastroduodenoscopy demonstrated white plaque lesions that extended from the gastroesophageal junction to the midesophagus.

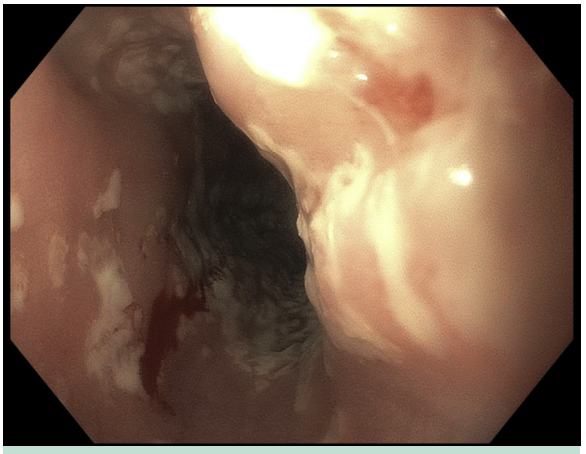

Figure 2 Another image obtained during esophagogastroduodenoscopy.

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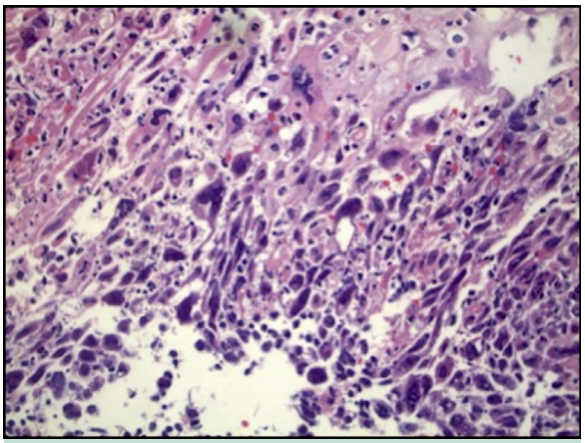

Figure 3 A biopsy specimen disclosed ulcerating esophagitis with intranuclear viral inclusions.

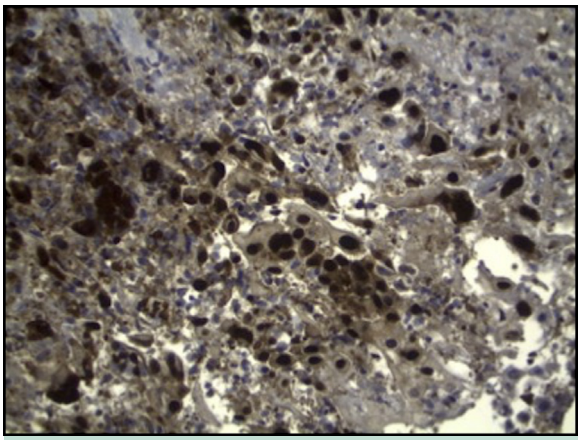

Figure 4 Immunostaining was positive for herpes simplex viruses 1 and 2.

DIAGNOSIS

The patient was diagnosed with herpes simplex virus esophagitis. Typical endoscopic findings include multiple discrete or coalescent ulcerations of the mid-distal esophagus.[1-3] Although white mucosal plaques are a classic endoscopic finding in *Candida* esophagitis, it is important to remember that herpes simplex virus esophagitis and eosinophilic esophagitis can look much the same.[4,5] In fact, white exudate may be present in 40% of patients with herpes simplex virus esophagitis.[2] When confronted with this type of esophageal lesion, clinicians should maintain clinical suspicion for entities other than *Candida* esophagitis to avoid misdiagnosis.

MANAGEMENT

Treatment began with intravenous acyclovir, 5 mg/kg, every 8 hours. The patient's symptoms resolved by the third day of antiviral treatment, and she was discharged home. She then completed a 14-day course of antiviral therapy with valacyclovir, 1 g, twice daily. Serum herpes simplex virus-1 immunoglobulin G was undetectable during her hospitalization. Four weeks after discharge, laboratory results were positive for herpes simplex virus-1 immunoglobulin G, confirming seroconversion.

CONCLUSIONS

Herpes simplex virus esophagitis in the immunocompetent host most commonly occurs in men aged less than 40 years and is usually self-limiting. Typical symptoms include odynophagia, retrosternal pain, and fever.[1-3] Our patient experienced marked improvement after initiation of antiviral therapy. Nonetheless, the general benefit of antiviral treatment for herpes simplex virus esophagitis in immunocompetent patients remains unclear because of a lack of clinical trials.[1-3] This presents an opportunity for future research.

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