

## Case Report

## A Case of Herpes Simplex Oesophagitis

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## ABSTRACT

Herpes simplex virus (HSV) oesophagitis results from direct extension of oral pharyngeal infection into the oesophagus or occurs *de novo* by reactivation and spread of HSV to the oesophageal mucosa through the vagus nerve. The predominant symptoms are odynophagia, dysphagia, substernal pain and weight loss. Multiple ulcerations appear on an erythematous base with or without a white pseudomembrane. The distal oesophagus is most commonly involved. Endoscopically obtained secretions for cytologic examination and culture or deoxyribonucleic acid detection by polymerase chain reaction provide the most useful material for diagnosis. Upper gastrointestinal endoscopy biopsy was diagnostic in this case.

**Keywords:** Herpes simplex virus, Herpes simplex virus esophagitis, Upper gastrointestinal endoscopy, Acyclovir

## INTRODUCTION

HSV is a rare disease. It usually develops in immunocompromised individuals. It causes inflammation and irritation in esophagus. Both HSV 1 and HSV 2 can cause oesophagitis.<sup>[1,2]</sup>

## CASE REPORT

A 57-year-old female patient, non-diabetic, non-hypertensive, came to the outpatient department with chief complaints of painful progressive difficulty in swallowing and weight loss since two months. Difficulty in swallowing was for both solids and liquids. There was no history of fever/cough/cold.<sup>[3]</sup> The patient is a known case of mixed connective tissue disorder with Raynaud's phenomenon currently on steroid therapy.<sup>[4-7]</sup>

## Examination

Pallor present; rest within normal limits.

## Investigations

Complete blood count: Haemoglobin – 8.5, Total leukocyte count – 2800, Platelets – 110000.

Peripheral smear: Normocytic normochromic.

Upper gastrointestinal endoscopy (UGI Endoscopy):

Superficial ulcers in the entire oesophagus with exudates [Figure 1].

Histopathological examination of biopsy from oesophageal lesions: Ground glass nuclei, multinucleation and nuclear moulding. Intranuclear inclusions with perinuclear halo suggestive of herpes simplex [Figure 2].

## Treatment

Tab. acyclovir 800 mg QID for 21 days.

Review UGI endoscopy was done which revealed healing of oesophageal ulcers [Figure 3].

## CONCLUSION

HSV commonly affects immunocompromised individuals. The main symptoms of HSV oesophagitis are odynophagia, dysphagia, substernal pain and weight loss. Oral ulcers can also be seen. Histopathological examination of UGI endoscopic biopsy sample is diagnostic. Treatment includes antiviral therapy and analgesics.

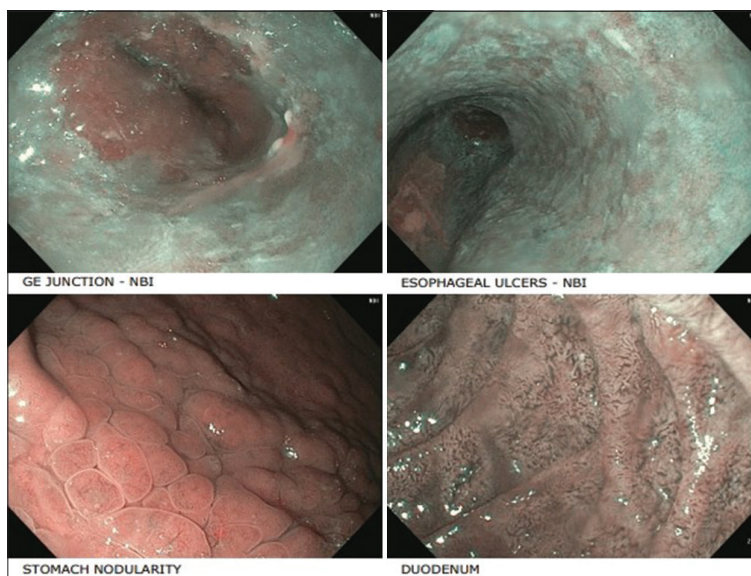
## Acknowledgement

This case report would not have been possible without the support and guidance of Dr Tanuja Manohar (Professor

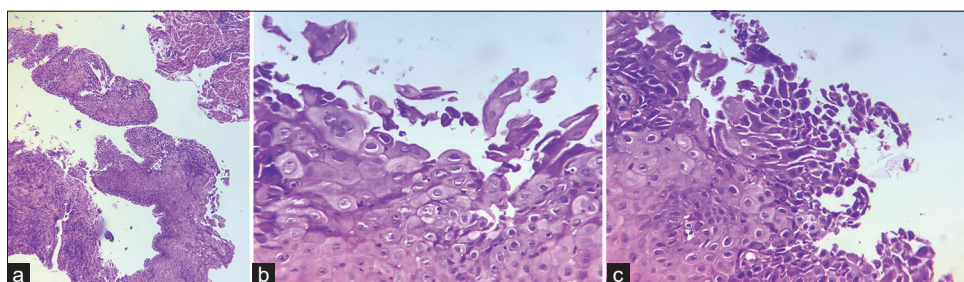
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Received: 15 May 2024 Accepted: 01 July 2024 Epub ahead of print: 28 January 2025 Published: XXXXXX DOI: 10.25259/VJIM\_11\_2024

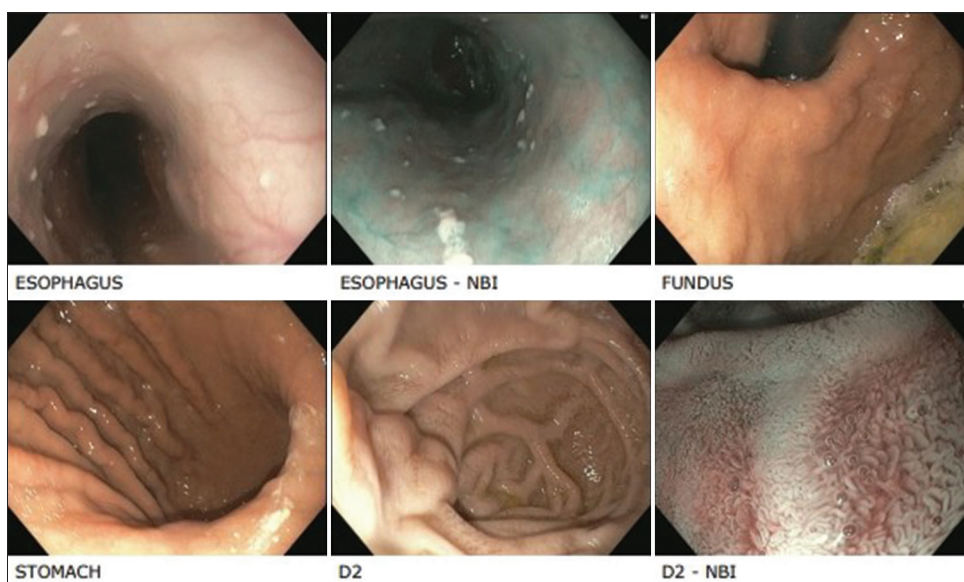
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**Figure 1:** First endoscopy. GE junction: Gastro-intestinal junction, NBI: Narrow band imaging.



**Figure 2:** (a-c) Biopsy histopathological examination slides.



**Figure 3:** Review endoscopy. NBI: Narrow band imaging, D2: 2nd part of the duodenum.

and HOD, Department of Medicine, NKPSIMS). We thank all the staff of Department of Medicine, NKPSIMS for their help. Finally, we thank NKPSIMS for providing the necessary facilities and resources. Special thanks to the VJIM for accepting our manuscript and publishing our case report. Lastly, we are thankful to our friends and families for their love and encouragement. All may not be mentioned, but none are forgotten.

### Ethical approval

The Institutional Review Board approval is not required.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

### Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the

writing or editing of the manuscript and no images were manipulated using AI.

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**How to cite this article:** Gattani NA, Dhande S, Pande V. A Case of Herpes Simplex Oesophagitis. *Vidarbha J Intern Med*. doi: 10.25259/VJIM\_11\_2024