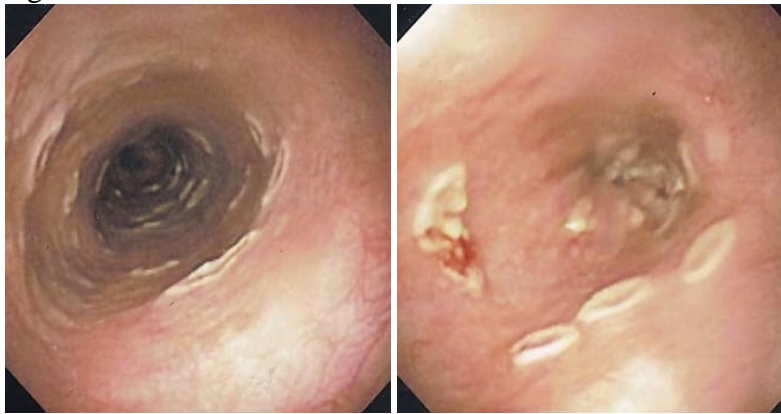


Question 17 – Week of April 2

35 year-old HIV positive female not on HAART presents with odynophagia and dysphagia for the last 3 weeks. The patient had an EGD that showed the images in Figure 1 and histology from the lesion is shown below in Figure 2. What is the diagnosis?

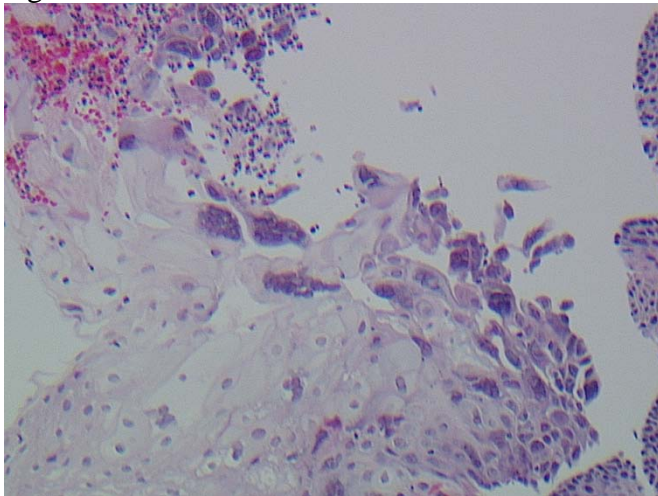
- A. Candida esophagitis
- B. CMV esophagitis
- C. Herpes esophagitis
- D. Idiopathic esophageal ulcer
- E. Pill induce ulcer

Figure 1:



(Courtesy of Julian Perez, MD Gastroenterology department, Albert Einstein Medical Center, Philadelphia)

Figure 2:



(Courtesy of Julian Perez, MD Gastroenterology department, Ronald Miick, MD Pathology department. Albert Einstein Medical Center, Philadelphia)

Answer: C

Written explanation of answer: Herpes esophagitis lesions affect the squamous mucosa where the earliest manifestation is a vesicle, although it is rarely seen. The lesions coalesce to form ulcers (usually less than 2 cm), frequently with normal-appearing intervening mucosa. The ulcers are well circumscribed and have a "volcano-like" appearance, distinguishing them from the ulcers seen in CMV infection, which tend to be linear or longitudinal and deeper (FIGURE 1) Histologic findings include multinucleated giant cells, with ground-glass nuclei and eosinophilic inclusions that occupy up to one-half of the nuclear volume esophageal. The biopsy shows in FIGURE 2 multiple multinucleated cells containing intranuclear clearing and inclusions

Reference:

McBane RD, Gross JB Jr. Herpes esophagitis: clinical syndrome, endoscopic appearance, and diagnosis in 23 patients. *Gastrointest Endosc.* 1991;37:600–603.