HERPES SIMPLEX VIRUS OESOPHAGITIS IN AN IMMUNOCOMPETENT YOUNG FEMALE

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HERPES SIMPLEX VIRUS OESOPHAGITIS IN AN IMMUNOCOMPETENT YOUNG FEMALE

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ABSTRACT

Herpes simplex virus oesophagitis is an uncommon condition in immunocompetent individuals but can present with severe and acute symptoms. We report a case of a female in her twenties who presented with dysphagia to both solids and liquids, severe epigastric pain, and a facial rash. Examination revealed cold sores and an erythematous vesicular rash on the right cheek and mouth. OGD identified moderately severe atypical oesophagitis, and histological analysis confirmed acute inflammation. HSV-1 was detected via PCR from skin swabs. The patient was treated successfully with intravenous acyclovir followed by oral acyclovir, resulting in rapid clinical improvement.

CASE PRESENTATION

A Caucasian female in her twenties with a medical history of eczema and hay fever presented to the emergency department with a six-day history of vomiting and progressively worsening dysphagia to solids and liquids. Initially, she complained of globus pharyngitis, which later progressed to severe epigastric pain following food ingestion. The patient experienced frequent vomiting shortly after eating and had significantly reduced oral intake.

BACKGROUND

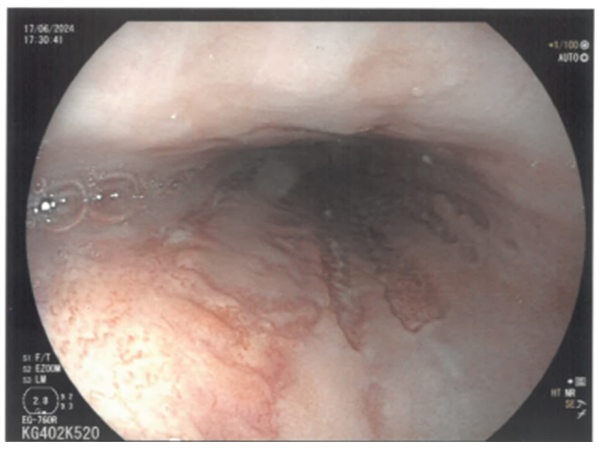
Herpes simplex virus (HSV) oesophagitis is rarely encountered in immunocompetent individuals but can present with severe symptoms such as dysphagia and odynophagia. Typically associated with immunosuppressed patients, this condition should also be considered in young, otherwise healthy individuals who present with oesophageal symptoms, especially when accompanied by cutaneous manifestations such as facial rash. Prompt recognition and treatment are essential to avoid complications

EXAMINATION

On examination, cold sores were noted on the lips, along with an erythematous vesicular rash with pustules on the right cheek and mouth, extending to her neck and chest. These skin lesions had developed two days prior to presentation. Additionally, small white lesions were observed on the dorsum of her tongue.

INVESTIGATIONS

Initial bloods showed elevated neutrophils (11.3 x 10^9/L) and CRP (159.45 mg/L), indicating inflammation. HIV tests were negative.



OGD revealed moderately severe atypical esophagitis located between 30-38 cm from the incisors. The stomach and duodenum appeared normal, with no additional abnormalities observed.

OUTCOME

HSV-1 was detected via PCR from skin swabs taken from the rash. The patient was diagnosed with HSV oesophagitis and commenced on a 5-day course of IV acyclovir, followed by an additional 5 days of oral acyclovir. She showed rapid clinical improvement, with resolution of dysphagia and healing of the rash.

CONCLUSION

- **Consideration of HSV Oesophagitis:** Clinicians should include HSV oesophagitis in the differential diagnosis of young, immunocompetent patients presenting with dysphagia and a facial rash.
- **Importance of Early Diagnosis:** Prompt identification and treatment can prevent severe complications, underscoring the need for early investigation in symptomatic
patients.
- **Comprehensive Evaluation:** A thorough clinical examination, including skin and mucosal inspection, is essential in diagnosing atypical presentations of common conditions