

A Case of Herpes Simplex virus Colitis

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Herpes simplex virus (HSV) infection is common across the world; worldwide more than 90% of people are seropositive for HSV by the fourth decade of life. Primary infection in immunocompetent individuals is characterized by a symptomatic or mild, self-limiting course whereas in immunocompromised patients HSV infection may cause severe infections of different organs with significant morbidity and mortality. If linked to exogenous or endogenous immunosuppression HSV infection is most commonly a result of reactivation. HSV infection itself is very uncommon in patients with inflammatory bowel disease, treatment with immunosuppressive agents like corticosteroids, azathioprine, cyclosporine, tacrolimus or methotrexate clearly increases infection risk. Ongoing inflammation by itself is also considered to be a predisposing factor for infection with HSV. But HSV infection causing colitis in patients with retroviral diseases is not commonly heard of.

I would like to present a case of HSV colitis in a diagnosed case of RVD and on HAART.

Patient is 43 YRS old gentleman with diagnosed RVD since 11 years and had H/O Extrapulmonary Koch's at diagnosis of HIV 1, received 9 months ATT and later was seen by various physicians and unfortunately had various changes in HAART regimen which were not as per standardized guidelines and at times received 2 drug regimen.

With history of 8 months of diarrhea patient presented with us in Mumbai, with significant wasting.

Patient was thoroughly investigated and all the causes were ruled out, had lots of clinical challenges while managing this patient, primary histopathology did not reveal any specific abnormality, also empirical treatment for CMV failed and later diagnosis was made as HSV colitis.

Diagnosis was confirmed by immunohistochemical staining and supported by colonoscopy and biopsy.

The patient recovered following three weeks of acyclovir.