

KURS Øsofagus – Ventrikkel – Duodenum Bergen 2022

Tirsdag 10. mai 2022 kl. 13.00 – 13.30

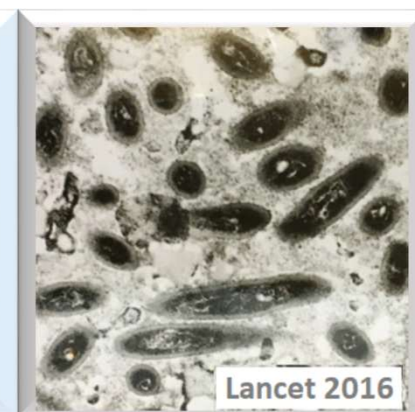
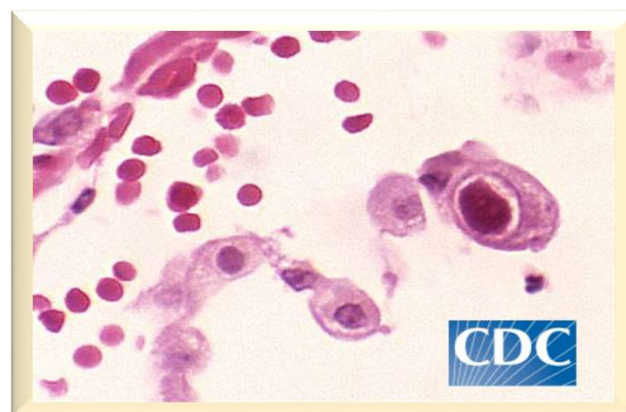
Infeksjoner i øvre GI-traktus

(Giardia, CMV, Whipple, etc)

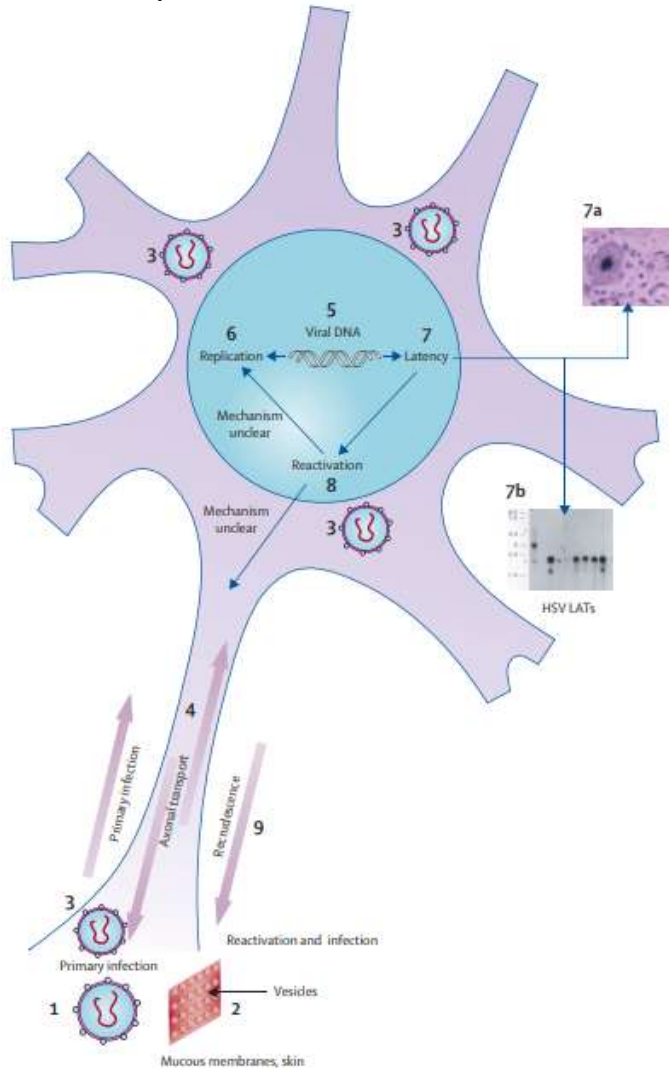
Overlege Alexander Leiva

Infeksjonsseksjonen

Haukeland universitetssjukehus



Nevrotropt virus



Herpes simplex virus

HSV1 – labial herpes

HSV2 – genital herpes

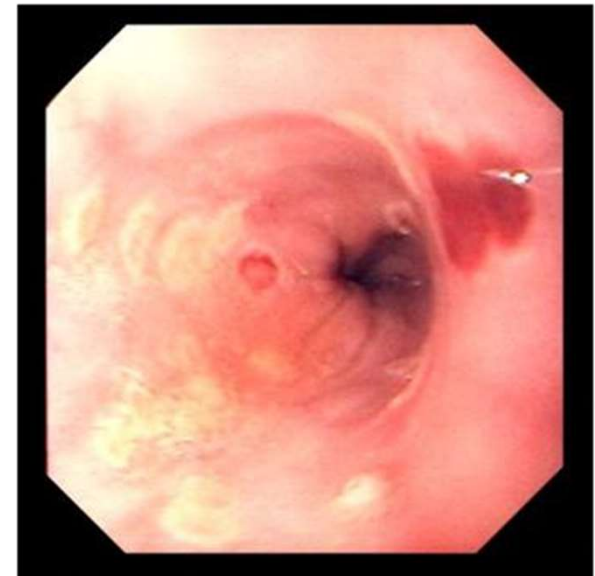
Primærinfeksjon

Latent infeksjon → reaktivering

HSV øsofagitt

- Øsofagus er **vanligste lokalisasjon** for HSV-infeksjon i GI-traktus
- Vanligste symptom:
 - **Odonyfagi** (svelgsmerter)/**dysfagi**
- Ofte paramalign tilstand:
Postkjemoterapi/postradioterapi
- **Diagnose:** HSV1(2)-PCR fra lesjon

Herpes Simplex Esophagitis

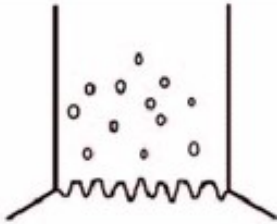
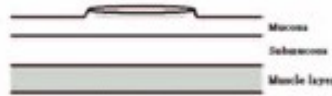

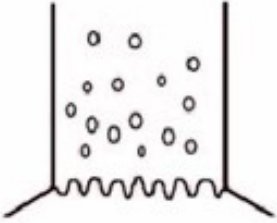


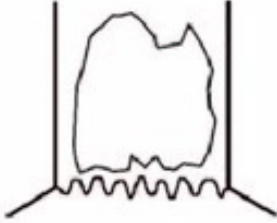
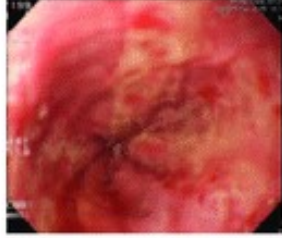


Focal ulcerations are typical of herpes simplex virus esophagitis.

Merck Manual

David M. Martin, MD.

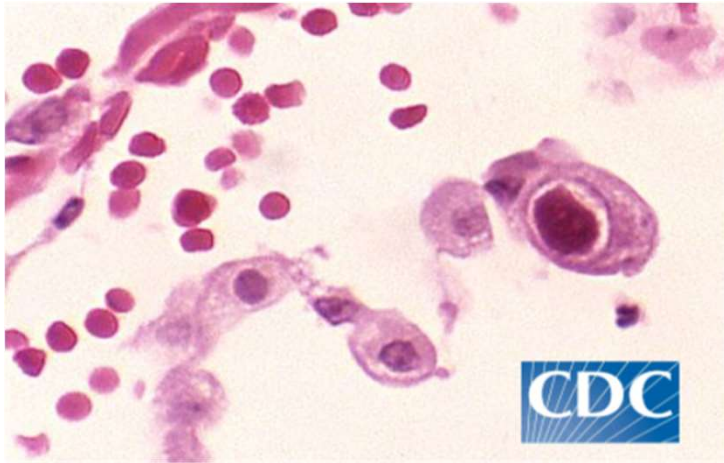
Herpes simplex øsofagitt

Type	Typical gross appearance†	Histology†	Endoscopic image	Description and location
I				<p>Description: small, punched-out lesions with raised margins; a slightly yellowish color and fibrin exudation at the centers of lesions</p> <p>Location: the middle and lower thirds of the esophagus</p>
II				<p>Description: small, punched-out lesions without raised margins; no color and no exudation</p> <p>Location: the middle and lower thirds of the esophagus</p>
III				<p>Description: multiple ulcers become confluent, like a map</p> <p>Location: the extended esophageal lesions</p>

†Typical gross appearance and histology pictures were modified from schematic figures of herpes simplex esophagitis.⁷

Wang HW et al. Clinical Characteristics and Manifestation of Herpes Esophagitis in Taiwan. Medicine (Baltimore). 2016

Monocytotropt virus



Inklusjonslegeme, ugleøye

Cytomegalovirus (CMV)

Alvorlig CMV-infeksjon
hovedsaklig ved
immunsvikt/suppresjon

- > Organtransplanterte
- > Cytostatikabehandling

Primærinfeksjon

Mild/asymptomatisk

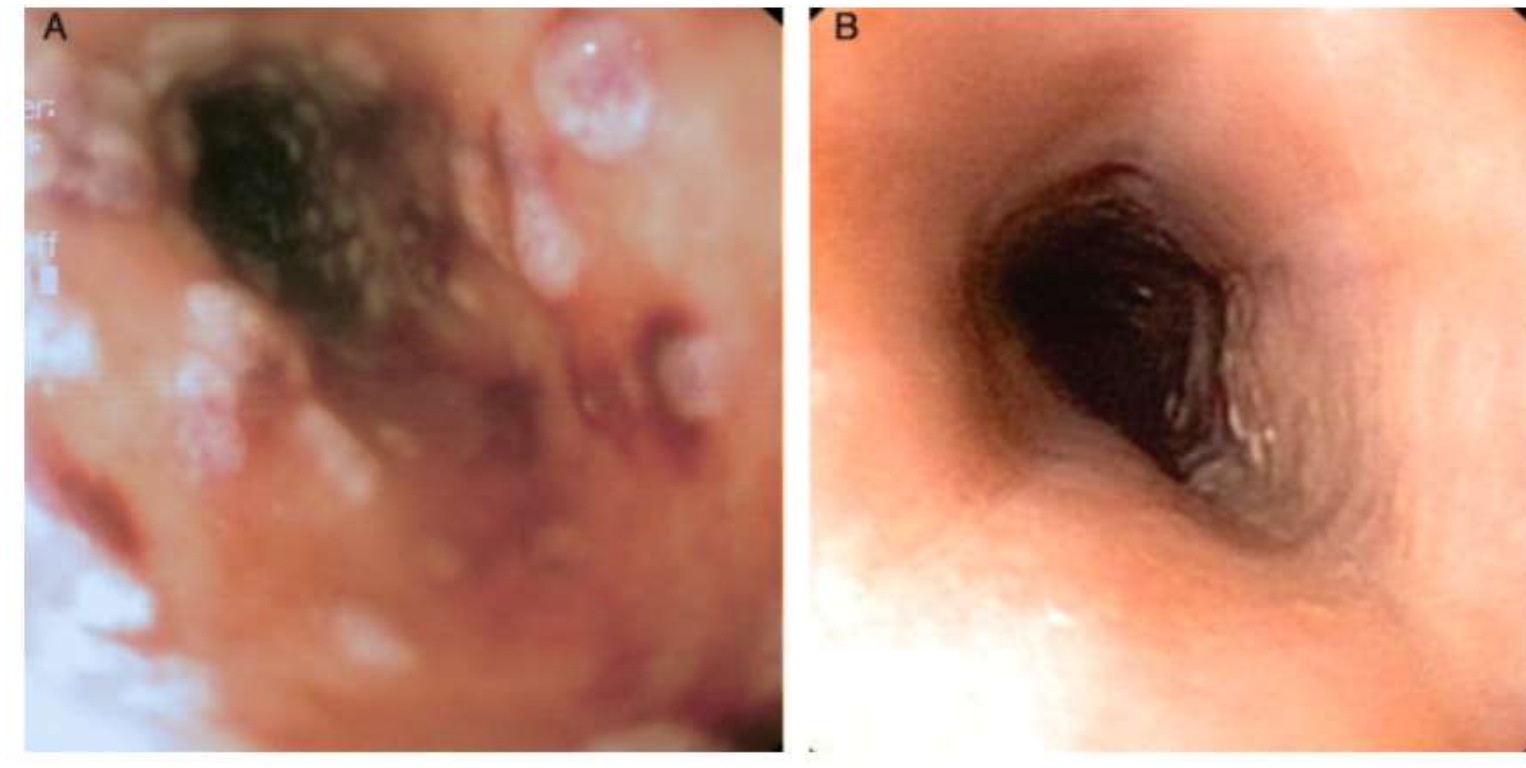
Latent infeksjon → reaktivering

Alvorlig/livstruende ved immunsvekkelse

CMV-øsofagitt

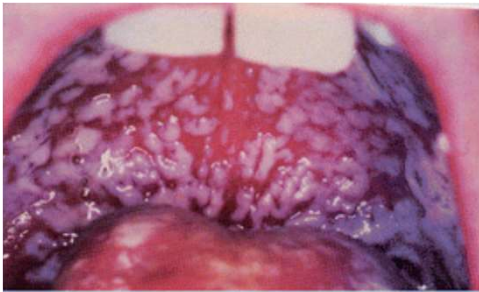
- Representerer som regel **reaktivering hos immunsupprimerte/immunsvekkede**
- Sikker diagnose krever **biopsi** siden CMV-PCR fra sekret er positiv dersom sekretet inneholder monocytter
- **plasma-CMV-DNA (PCR)**: kvantitativ undersøkelse, kan indikere infeksjon i organ
- serologi: **CMV IgG og IgM**: kan indikere reaktivering
- Behandling:
 - **Ganciclovir**: Cymevene induksjon, vedlikeholdsbehandling
 - **Valganciclovir**: Valcyte, vedlikeholdsbehandling, profylakse
 - **Foscavir**: ved ganciclovirresistens

CMV-øsofagitt før og etter iv ganciclovir



Weile J. Journal of Clinical Microbiology. 2009.

Candida-øsofagitt



Hiv-Therapy 2010



Diffuse whitish plaques are typical of *Candida* esophagitis.

Merck Manual

Kristle Lynch, MD.



ScienceLabPhoto

- **Hiv**, aidsdefinerende symptom
- **Steroid**behandling
- Annen immunsuppresjon

Diagnostikk:

Penselprøve/biopsi til dyrkning.

→ Candidaart + resistens

Hiv-screening

Behandling:

- **Azol** (flukonazol): lokal sykdom
- **Ekinokandin** eller **amfotericin B** ved systemisk sykdom

Whipple's disease - Tropheryma whipplei infeksjon

- Sjelden, invasiv kronisk bakteriell infeksjon
- Beskrevet første gang av Georg Whipple 1907
- Dødelig infeksjon før antibiotika ble tilgjengelig
- Bakterien dyrket fra makrofager i 1997



Symptomer - forekomst

- Weight loss: 90%
- Arthropathy: 85%
- Diarrhoea: 75%
- Abdominal pain: 60%
- Fever: 45%
- Lymphadenopathy: 45%
- Hyperpigmentation: 35%
- Hypotension: 35%
- Peripheral oedema: 30%
- Cardiac murmurs: 30%
- Occult blood loss: 25%
- Myalgia: 25%
- CNS involvement: 15%
- Chronic cough: 15%
- Splenomegaly: 15%
- Hepatomegaly: 10%
- Ascites: 10%

Lancet 2016

Whipple's sykdom - Tropheryma whipplei infeksjon

Diagnostikk:

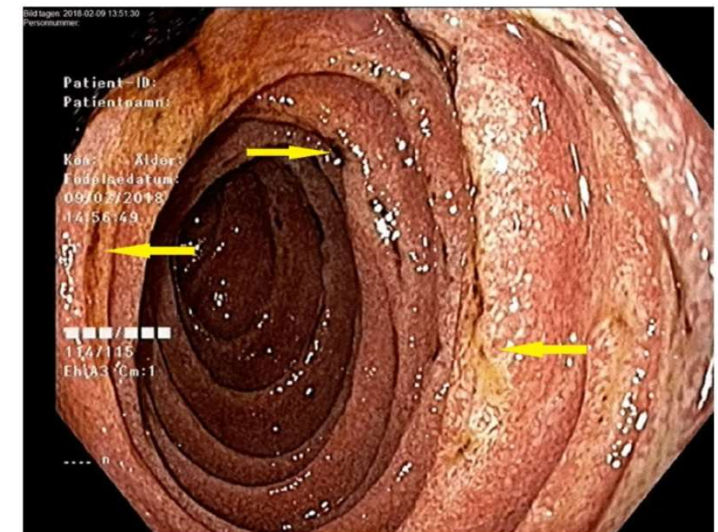
- **Biopsi fra duedenalslimhinne**
Histopatologisk diagnose: Makrophage foamy cells
- **PCR fra biopsi**, angi mistanke om Whipple's sykdom
- Dyrkning: vanskelig å dyrke frem.

Behandling:

- **IV ceftriaxon eller meropenem** i 14 dager, etterfulgt av
- **PO Trimetoprim-sulfa** i 12 måneder

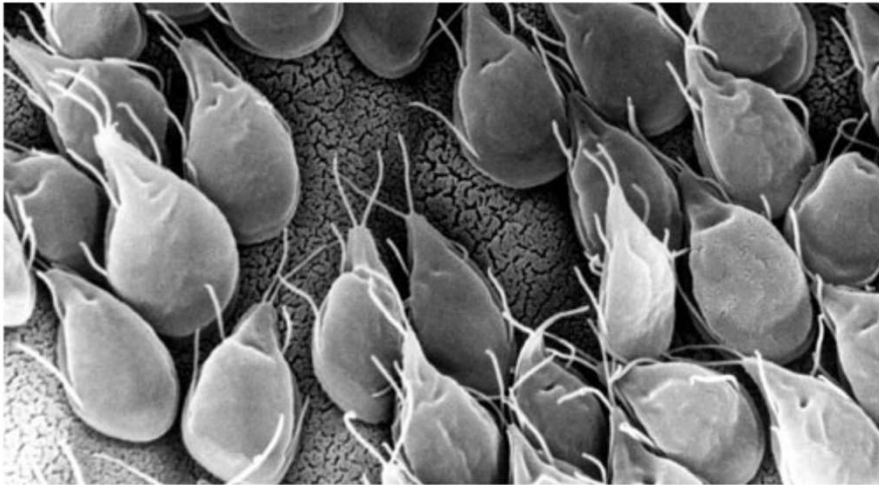


Fig. 4



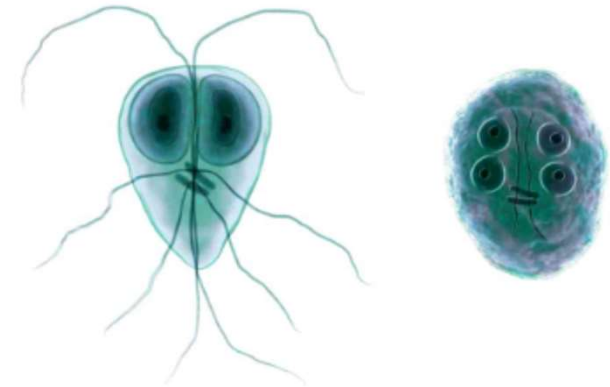
Gastroscopy. Duodenum. Diffuse mucosal redness with white-colored villi, especially abundant on folds where there are also longitudinal fibrin and hematine-coated ulcerations. Patient 1

Giardiainfeksjon



Kurt Hanevik
Tropesenteret
Helse-Bergen

Duodenal parasittose
Smitte via kontaminert drikkevann
Diagnostikk: Feces PCR-panel + mikroskopi
Behandling: albendazol



Giardia i form av flagellat og hvilecyste.

Giardia
Av Shutterstock.
Lisens: [Begrenset gjenbruk](#)