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Original Research Article

Upper GI Lesions Associated with HIV Infection

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Abstract

Introduction: HIV infection is frequently responsible for a variety of digestive manifestations, both infectious and tumoral in origin. Upper GI endoscopy is a key diagnostic tool. ***Materials and methods:*** This study aims to describe the endoscopic aspects of upper digestive lesions in patients with HIV infection (PLHIV). Conducted between July 2017 and July 2024. ***Results:*** this study included 28 PLHIV patients who underwent oesophago-duodenal fibroscopy (FOGD) + Biopsies. The most frequently observed lesions were congestive gastritis (59.2%), mycotic esophagitis (25%) and erosive gastritis (22%). Histological study confirmed a predominance of chronic gastritis associated with Helicobacter pylori (77%). ***Conclusion:*** These results confirm the importance of endoscopy in the diagnosis and management of digestive complications of HIV.

Keywords: HIV infection, Upper GI endoscopy / Upper gastrointestinal endoscopy, Oesophago-duodenal fibroscopy (FOGD), Digestive manifestations, Helicobacter pylori (H. pylori).

INTRODUCTION

HIV infection is a chronic disease with epidemic potential, associated with progressive immunodepression. This immune deficiency exposes patients to frequent digestive complications of infectious, inflammatory or tumoral origin, which can sometimes inaugurate the disease or worsen its course. Upper GI endoscopy enables early identification of these lesions, orienting the etiological diagnosis and adapting therapeutic management. The aim of our study is to analyze the endoscopic aspects encountered in patients with HIV infection in our practice.

MATERIALS AND METHODS

We conducted a descriptive and retrospective study, carried out in the EFD-HGE department of Ibn Sina Hospital in Rabat between July 2017 and July 2024. All HIV-positive patients who underwent FOGD + Biopsies were included. Epidemiological, clinical, endoscopic and pathological data were extracted from endoscopy registers and medical records. Results are expressed as numbers and percentages.

RESULTS

Among the 4528 FOGD performed during the study period, 28 patients (0.61%) were carriers of a retroviral infection. The mean age of the patients was 37.8 years with extremes ranging from 27 to 70 years and the sex ratio was 1.25 in favor of men.

The main indications for FOGD were an assessment of the extension of Kaposi's disease in 26%, epigastralgia in 22% of cases, upper gastrointestinal bleeding in 18.5%, iron deficiency anemia in 18.5% and dysphagia in 17.8%.

Endoscopically, esophageal involvement was revealed by mycotic esophagitis in 25%, gastric involvement of which congestive gastritis was the most frequently found abnormality in 59.2% of patients followed by erosive gastritis in 22% while gastric ulcer and hypertensive gastropathy were each observed in 3.7% of cases and erosive bulbitis was observed in 22%. Fibroscopy was normal in 1 case (3.7%).

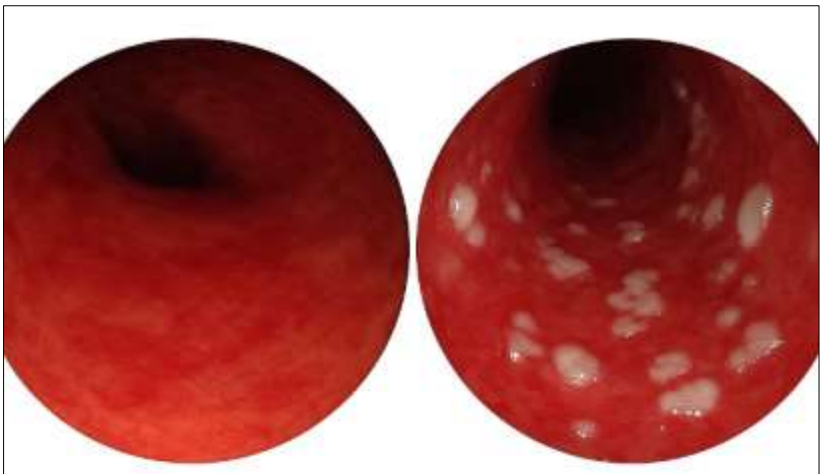

Figure 1: Gastrite congestive – aspect endoscopique

Figure 2: Œsophagite mycosique – aspect endoscopique caractéristique

Pathologically, biopsies showed chronic gastritis associated with Helicobacter pylori in 77% of cases, chronic gastritis without H. pylori in 22% of cases, and mycelial filaments suggestive of Candida albicans on esophageal biopsies in 14.8% of cases.

DISCUSSION

Upper gastrointestinal (UGI) disease in PLHIV remains frequent, despite advances in antiretroviral therapy (ART). Our study shows a predominance of Helicobacter pylori chronic gastritis and mycotic esophagitis.

Several recent studies concur with these findings. An international meta-analysis by Wang *et al* (2024) estimated the mean prevalence of H. pylori infection in HIV patients at around 35%, with marked geographical variation ranging from 17% in sub-Saharan African countries to 49% in Asia [1].

However, some data suggest a complex interaction between H. pylori and the immune status of PLHIV. A Moroccan study in 2023 showed a high prevalence of H. pylori in this population, close to 70%, which corroborates our findings [2].

Mycotic esophagitis remains a frequent opportunistic pathology, particularly when CD4 counts are below 200 cells/µL. A European multicenter study estimates its prevalence at between 20% and 30% in untreated patients, and around 8% in patients on ART with stabilized CD4 counts [3].

Furthermore, the erosive and ulcerative lesions observed are comparable to those reported in a Tunisian study, which found a prevalence of 18% for erosive gastritis and 12% for gastric ulcers in PLWHA [4].

CONCLUSION

Upper GI lesions are common in patients with HIV infection, dominated by Helicobacter pylori chronic gastritis and mycotic esophagitis. Oesophago-duodenal fibroscopy plays a vital role in the diagnosis of these conditions, and helps guide the appropriate therapeutic management.

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