Clinical microbiological case: esophageal lesion in an AIDS patient
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CASE REPORT
A 31-year-old HIV-infected man was admitted because of a 3-week history of progressive dysphagia. His medical history included previous admissions for Pneumocystis carinii pneumonia, pulmonary tuberculosis, and cytomegalovirus esophagitis, successfully treated with ganciclovir. Treatment was started with zidovudine, lamivudine and indinavir: his CD4 lymphocyte count rose to 150/mm$^3$ and his blood viral burden became undetectable (80 copies/mL). Physical examination revealed a well-nourished, afebrile patient without hepatomegaly, splenomegaly or lymph node enlargement. He had not traveled outside Spain. The leukocyte count was $5.9 \times 10^9$/L, the hemoglobin level was 14.8 g/dL, and the platelet count was $185 \times 10^9$/L. Upper gastrointestinal endoscopy disclosed a 3-cm, excrescent, nonulcerated lesion in the middle esophagus (Fig. 1). Examination of his stomach and duodenum showed no abnormalities. Bone marrow biopsy disclosed no microorganisms and bone marrow cultures were negative. An abdominal ultrasonography showed no hepatosplenomegaly or lymph node enlargement.

QUESTIONS
1. What is your diagnosis?
2. What are the clinical-epidemiological characteristics of patients coinfected with human immunodeficiency virus?
3. What diagnostic methods would you employ?
4. What is the best therapeutic approach?

Figure 1 Upper gastrointestinal endoscopy showing a 3-cm, excrescent, non ulcerated lesion at the middle esophagus.