Oesophagography and AIDS

Str,—In a leading article on gastrointestinal tract involvement by AIDS Gazzard contends that oesophagography has such a poor sensitivity and specificity for diagnosing opportunistic—that is, fungal and viral—oesophagitis that it is an unsatisfactory technique for investigating oesophageal symptoms in HIV-positive patients. Recent evidence, however, suggests that double contrast oesophagography is in fact a valuable diagnostic test in these patients. In two separate studies double contrast oesophagography had a sensitivity of approximately 90% in diagnosing Candida oesophagitis.1 The major advantage of this technique over conventional single contrast barium studies is its ability to show mucosal plaques that cannot easily be seen with single contrast techniques. As a result, only mild cases of Candida oesophagitis are likely to be missed on the contrast examinations. Patients with AIDS often have a more fulminating form of candidiasis in which the oesophagus has an easily recognisable ‘shaggy’ appearance on oesophagography due to multiple plaques, pseudomembranes, and ulcers. In contrast, herpes oesophagitis is typically seen on double contrast radiographs by discrete, superficial ulcers without evidence of plaques.2 Recently, cytomegalovirus (CMV) has also been recognised as a cause of oesophageal ulcers in HIV-positive patients. Unlike herpes, CMV may be shown radiographically as large, relatively flat ulcers one or more centimetres in size.3 Because herpetic ulcers rarely become this large, the presence of a giant ulcer should be highly suggestive of CMV oesophagitis in patients with AIDS. A recent study of HIV-positive patients confirmed that these various types of opportunistic oesophagitis can usually be differentiated by their characteristic features on double contrast oesophagograms, eliminating the need for endoscopic intervention in many cases.4 We therefore believe that double contrast oesophagography is a valuable technique for investigating AIDS patients with oesophageal symptoms. Nevertheless, endoscopy may be required for a more definitive diagnosis if the radiographic findings are equivocal or if the patient fails to respond to appropriate treatment with antifungal or antiviral agents.

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