ISSN: 2634 - 680X

Journal of Clinical Case Studies Reviews & Reports

SCIENTIFIC Research and Community

Conference Proceedings

Open Access

When the Gut Speaks First: A Case of HIV Diagnosed through Gastrointestinal Opportunistic Infection

Facciuto AI*, Nasta C, Finelli M, Palumbo F, Morelli R, Puoti M and Giordano M

Internal Medicine and Emergency Department, Marcianise Hospital, University of Campania "L. Vanvitelli", Italy

***Corresponding author**
Antonia Ida Facciut, Internal Medicine and Emergency Department, Marcianise Hospital, University of Campania "L. Vanvitelli", Italy.

Received: November 02, 2025; **Accepted:** November 10, 2025; **Published:** November 20, 2025

Background: The gastrointestinal (GI) tract is a frequent site of clinical manifestations in HIV-infected individuals due to its direct contact with the external environment and susceptibility to opportunistic infections (OIs).

Case History: A 44-year-old male presented to the Emergency Department with dyspepsia, odynophagia and weight loss. His medical history included psoriasis, chronic obstructive pulmonary disease, past cerebral hemorrhage, smoking. Initial examinations were unremarkable, except for mild lymphopenia. Imaging revealed oesophageal mucosal thickening and lymphadenopathy, while upper GI endoscopy showed ulcerative oesophagitis and reduced gastric wall distensibility. An infectious etiology was suspected. Further investigation revealed HIV infection, so the patient was transferred to the Infectious Diseases Unit for HAART (Highly Active Antiretroviral Therapy) administration.

Discussion: GI OIs in HIV can affect multiple segments: oral cavity, oesophagus, hepatobiliary system, pancreas, anorectal area. Oesophageal involvement is particularly common in advanced stages, typically presenting with dysphagia, odynophagia or both. Candidal oesophagitis is the most prevalent, often coexisting with pathogens like CMV, HSV or Mycobacterium avium complex. HAART has significantly conditioned the clinical landscape, reducing immunodeficiency and GI complications through effective immune reconstitution. Clinicians must recognize both classic and subtle GI presentations in HIV to ensure timely diagnosis and management in view of HAART effects on patients' survival.

References

1. Al Anazi AR (2009) Gastrointestinal opportunistic infections in human immunodeficiency virus disease. Saudi J Gastroenterol 15: 95-99.
2. Mönkemüller KE, Wilcox CM (2000) Diagnosis and treatment of esophagitis in AIDS. Compr Ther 26: 163-168.

Citation: Facciuto AI, Nasta C, Finelli M, Palumbo F, Morelli R, et al. (2025) When the Gut Speaks First: A Case of HIV Diagnosed through Gastrointestinal Opportunistic Infection. Journal of Clinical Case Studies Reviews & Reports. SRC/JCCSR-E154. DOI: doi.org/10.47363/JCCSR/S2/2025(7)391